REAL WORLD TESTING PLAN TEMPLATE

GENERAL INFORMATION

Plan Report ID Number: [For ONC-Authorized Certification Body use only] Developer

Name: NextGen Healthcare

Product Name(s): NextGen Enterprise EHR

Version Number(s):

- NextGen Ambulatory EHR 5.9 CHPL ID: 15.04.04.2054.Next.59.03.1.171127
- NextGen Enterprise EHR 5.9.1 CHPL ID: 15.04.04.2054.Next.59.04.1.180508
- NextGen Enterprise EHR 5.9.2 CHPL ID: 15.04.04.2054.Next.59.05.1.181024
- NextGen Enterprise EHR 5.9.3 CHPL ID: 15.04.04.2054.Next.59.06.1.190221
- NextGen Enterprise EHR 5.9.2020.1 CHPL ID: 15.04.04.2054.Next.59.07.1.200203
- NextGen Enterprise EHR 6.2021.1 CHPL ID: 15.04.04.2054.Next.60.08.1.210305

Developer Real World Testing Page URL: https://www.nextgen.com/certifications

JUSTIFICATION FOR REAL WORLD TESTING APPROACH

- Because the functionality is the same in all products, all RWT will occur in NextGen Enterprise 6.2021.1
- This plan will cover NextGen Healthcare's approach to real world testing for our ambulatory care client base.
- Data will be gathered primarily in an automated fashion through the use of database queries and logs. Where that is not possible, we will engage clients to gather the data in a direct approach.
- Each criterion will have between one to two metrics defined to showcase how the criterion is being used in real clinical scenarios. The numbers of customers used for each criterion will be defined as part of each metric, as well as the time period where applicable examined to collect each metric.
- The main care settings used throughout this testing is the Ambulatory Care Setting including multi-specialty practices including community health centers and primary care organizations due to the larger volume of providers and patients and greater use of each implemented criterion. No supported specialty types were excluded from metric and data collection.
- Success will be defined by our ability to highlight how each of these criteria is being used by providers in real patient care. Some criterion, for example (b)(3) ePrescribing, are going to have a much higher volume of use than (f)(7) Healthcare Surveys due purely to the nature of the criterion and its use for daily patient care.

STANDARDS UPDATES (INCLUDING STANDARDS VERSION ADVANCEMENT PROCESS (SVAP) AND UNITED STATES CORE DATA FOR INTEROPERABILITY (USCDI))

Standard (and version)	Not Applicable
Updated certification criteria and associated product	Not Applicable
Health IT Module CHPL ID	Not Applicable
Method used for standard update	Not Applicable
Date of ONC ACB notification -	Not Applicable
Date of customer notification (SVAP only)	Not Applicable
Conformance measure	Not Applicable
USCDI -updated certification criteria (and USCDI version)	Not Applicable

MEASURES USED IN OVERALL APPROACH

Description of Measurement/Metric

§ 170.315(h)(1) Direct Project and § 170.315(b)(1) Transitions of Care

Measurement/Metric	Description
Collect the count of sent/received direct messages using NextGen® Share and compare to the count of total imported/exported CCD and Referral Note type C-CDAs into the EHR using either NextGen® Share or NextGen® Rosetta Interface Messenger within a 3-month timeframe: • Number of successfully	A requirement of **170.315(b)(1)** is the ***sending*** of Transitions of Care. In the EHR these will always be triggered from a Consult order for the sending of C-CDAs. Counting the number of Consult Orders created compared to the count of **Direct Messages 170.315(h)(1)** sent with C-CDAs attached will prove that this functionality is being used in production.

sent/received Direct Messages • Number of failed to send/receive Direct Messages • Number of imported/exported CCDAs with validation successes • Number of imported/exported CCDAs with validation failures	

Associated Certification Criteria

Measurement/Metric	Associated Certification Criteria
Collect the count of sent/received direct messages using NextGen® Share within a 3-month timeframe: • Number of Successfully sent/received Direct Messages • Number of Failed to send/receive Direct Messages	**§ 170.315(h)(1) Direct Projct**
Count of total imported/exported CCD and Referral Note type C-CDAs into the EHR using either NextGen® Share or NextGen® Rosetta Interface Messenger within a 3-month timeframe:	**§ 170.315(b)(1) Transition of Care**

• Number of imported/exported CCDA validation successes Number of imported/exported CCDA validation failures	

Justification for Selected Measurement/Metric

Measurement/Metric	Justification
§ 170.315(h)(1) Direct Project Collect the count of sent/received direct messages using NextGen® Share within a 3-month timeframe: • Number of Successfully sent/received Direct message's • Number of Failed to send/receive Direct Messages	This demonstrates our EHR's ability to send/receive correctly formatted Direct messages. This metric will also identify how frequently this protocol is used.
§ 170.315(b)(1) Transition of Care Count of total imported/exported CCD and Referral Note type C-CDAs into the EHR using either NextGen® Share or NextGen® Rosetta Interface Messenger within a 3-month timeframe: • Number of imported/exported	This demonstrates the ability to import/export CCD and Referral notes into and out of the EHR using our relied upon software. This will also demonstrate the frequency over a 3-month timeframe the Transition of Care actions are occurring.

CCDA validation successes Number of imported/exported CCDA validation failures	

Expected Outcomes

Measurement/Metric	Expected Outcomes
§ 170.315(h)(1) Direct Project Collect the count of sent/received direct messages using NextGen® Share within a 3-month timeframe: • Percentage of successfully sent/received Direct Messages • Percentage of failed to send/receive Direct Messages	Count of sent/received messages with a success/failed status. Errors in transmission will be tracked and analyzed as part of this metric. Expected outcome to meet or exceed 80% success rate.
§ 170.315(b)(1) Transitions of Care Count of total imported/exported CCD and Referral Note type C-CDAs into the EHR using either NextGen® Share or NextGen® Rosetta Interface Messenger within a 3-month timeframe: • Percentage of imported/exported CCDA validation successes Percentage of imported/exported CCDA validation failures	Count of imported/exported C-CDA documents with validation successes/failures. Errors in standard validations will be tracked and analyzed as part of this metric. Expected outcome to meet or exceed 80% successful validation.

MEASURES USED IN OVERALL APPROACH

Description of Measurement/Metric

of **§ 170.315(b)(2) Clinical Reconciliation**

Measurement/Metric	Description
Percentage of CCDA records received within a one-month timeframe where medications, allergies, and problems were reconciled.	A requirement of **§ 170.315(b)(2) Clinical Reconciliation** is to receive a transition of care or summary (CCDA) and display the patient's active clinical data including their medication list, allergy history, and problem list within the EHR alongside the external content. We will use database records to count number of CCDA documents received during the specified timeframe and were reconciled into patient charts.
Percentage of CCDA records that were generated within a one-month timeframe that included medication, allergy, and problem data.	A requirement of **§ 170.315(b)(2) Clinical Reconciliation** is to demonstrate the creation of a CCDA document containing the reconciled clinical data. We will use database records to count number of CCDA documents created by our Health IT during the specified time frame containing content within those required medication list, allergy history and problem list sections.

Associated Certification Criteria

Measurement/Metric	Associated Certification Criteria
Not Applicable	Not Applicable

Justification for Selected Measurement/Metric

Measurement/Metric	Justification
Percentage of CCDA records received within a one-month timeframe where medications, allergies, and problems were reconciled.	This demonstrates our EHR's ability to receive and incorporate CCDA documents in compliance with the 170.315(b)(2) criterion. This metric also quantifies how often this type of document is being generated by practices in real-world settings.
Percentage of CCDA records that were generated within a one-month timeframe that included the required medication, allergy, and problem data.	This demonstrates our EHR's ability to generate CCDA documents in compliance with the 170.315(b)(2) criterion and quantifies how often this type of document is being generated by practices in real-world settings.

Expected Outcomes

Measurement/Metric	Expected Outcomes

Percentage of CCDA records received within a one-month timeframe where medications, allergies, and problems were reconciled.	Real World Testing will demonstrate the ability of organizations to receive and reconcile medications, allergies, and problems data within CCDAs in accordance with the 170.315(b)(2) criterion. We expect that the CCDA Reconciliation rate will exceed 75%.
Percentage of CCDA records that were generated within a one-month timeframe that included medication, allergy, and problem data.	Real World Testing will demonstrate the ability of organizations to generate CCDAs that include medication, allergy, and problem data in accordance with the 170.315(b)(2) criterion. We expect that the percentage of CCDAs generated with medication, allergy, and problem data will exceed 75%.

MEASURES USED IN OVERALL APPROACH

Description of Measurement/Metric

§ 170.315(b)(3) Electronic Prescribing

Measurement/Metric	Description
Calculation of the percentage of successful transactions for each supported message type over a two-week timeframe, along with total counts for each transaction type.	The primary requirement of **§ 170.315(b)(3) Electronic Prescribing** is to demonstrate compliance with sending and receiving specified prescription transactions electronically as per the NCPDP Script 2017071 standard. We will use database records to calculate the percentage of successful transactions for each supported transaction type along with total counts for each. Transaction types included: NewRx, CancelRxRequest and Response, Renewal Request and Response, RxChange Request and Response, RxFill Notification and Indicator change, & Medication History Request and Response.

Associated Certification Criteria

Measurement/Metric	Associated Certification Criteria
Not Applicable	Not Applicable

Justification for Selected Measurement/Metric

Measurement/Metric	Justification
Calculation of the percentage of successful transactions for each supported message type over a two-week timeframe, along with total counts for each transaction type.	This measurement will demonstrate our ability to generate and receive ePrescribing transactions in accordance with the **170.315(b)(3)** standards. The volume of transactions in the two-week time-frame will provide feedback on the frequency of use for each of these transaction types in real world patient care. Note: A two-week timeframe for data collection was identified for this criterion due to the high volume of ePrescribing transactions seen on a daily basis. As part of this testing, we will analyze five random samples of each transaction type from different providers to ensure compliance with the 2017071 NCPDP Script format requirements. All our ePrescribing transactions are transmitted to and from our EHR product through the Surescripts network, and we use First Databank as our medication compendium data source.

Expected Outcomes

Measurement/Metric	Expected Outcomes
Calculation of the percentage of successful transactions for each supported message type over a two-week timeframe, along with total counts for each transaction type.	Real World Testing will demonstrate our EHR's conformance to the **170.315(b)(3)** criterion. We anticipate a least 95% success rate for each of the supported transaction types as we have employed a rigorous process for message formatting and internal error handling, therefore, we anticipate that the majority of the sample transactions would pass message validation. Note: While we do anticipate a high success rate of transactions, there will be some transactions resulting in error as part of data validation implemented to ensure prescriptions are compliant with the network standards.

MEASURES USED IN OVERALL APPROACH

Description of Measurement/Metric

§ 170.315(b)(6) Data Export

Measurement/Metric	Description

Count of export summaries created during a three-month timeframe.	A requirement of **§ 170.315(b)(6) Data Export** is that technology can be configured to create export summaries using the CCDA for a specified set of patients or date range as a way to share information externally. We will use database records to count number of export summaries created during the specified timeframe. We will provide a count of successful patient record exports compared to the total initiated.

Associated Certification Criteria

Measurement/Metric	Associated Certification Criteria
Not Applicable	Not Applicable

Justification for Selected Measurement/Metric

Measurement/Metric	Justification
Count of export summaries created during a three-month timeframe.	This measurement demonstrates our EHR's ability to create single patient or batch export summaries for multiple patients containing specified data elements within a designated date or time period using the CCDA standard. This metric will also provide information on the prevalence of this capability.

Expected Outcomes

Measurement/Metric	Expected Outcomes
Count of export summaries created during a three-month timeframe	Real World Testing will demonstrate the ability of organizations to create patient record summaries in accordance with **170.315(b)(6)** criterion. We expect that organizations will have used this functionality in different ways to export single or multiple patient records for various reasons. The expected outcome is that the count will be non-zero since clients don't use the workflow much we are unable to determine an estimation of the count. We will track error rates as part of the logged export events.

MEASURES USED IN OVERALL APPROACH

Description of Measurement/Metric

§ 170.315(b)(9) Care Plan

Measurement/Metric	Description
Count of Care Plan documents received	A requirement of **§ 170.315(b)(9)** Care Plan is that users can receive electronic Care Plan documents in the form of a specific

within a three-month timeframe	CDA template. We will use database records to count number of Care Plan documents received by our organizations during the specified timeframe to demonstrate our ability to receive Care Plan templates.
Count of Care Plan documents generated within a three-month timeframe.	A requirement of **§ 170.315(b)(9)** Care Plan is that users can record, access, and create Care Plan documents in the specified CDA format. We will use database records to count the number of Care Plan CCDA documents that were created by organizations using our EHR.

Associated Certification Criteria

Measurement/Metric	Associated Certification Criteria
Not Applicable	Not Applicable

Justification for Selected Measurement/Metric

Measurement/Metric	Justification
Count of Care Plan documents received within a three-month timeframe	This demonstrates our EHR's ability to electronically receive Care Plan CCDA documents, adding those records into patient charts. This number count will also provide data on how often this CCDA type is being used within healthcare networks.
Count of Care Plan documents generated within a three-month timeframe.	This demonstrates our EHR's ability to generate Care Plan CCDA documents in compliance with the **170.315(b)(9)** criterion and provides data for how often this type of document is being generated by practices in real-world settings.

Expected Outcomes

Measurement/Metric	Expected Outcomes
Count of Care Plan documents received within a three-month timeframe	Real World Testing will demonstrate the ability of organizations to receive Care Plans in accordance with **170.315(b)(9)** criterion. We are not aware of many organizations generating this specific type of document, so we do not anticipate a large number of organizations that are receiving the Care Plan.
Count of Care Plan documents created within a three-month timeframe	Real World Testing will demonstrate the ability of organizations to send Care Plans in accordance with **170.315(b)(9)** criterion. Errors in transmission or standards validations will be tracked and analyzed as part of this metric. We do not anticipate a high volume of this specific CDA document type is being used by our care settings yet.

MEASURES USED IN OVERALL APPROACH

Description of Measurement/Metric

§ 170.315(c)(1) Clinical Quality Measures – Record and Export
§ 170.315(c)(2) Clinical Quality Measures – Import and Calculate
§ 170.315(c)(3) Clinical Quality Measures – Report

Measurement/Metric	Description
Overall count of QRDA CAT I files generated and **EXPORTED**	A requirement of 170.315(c)(1) Clinical Quality Measures – Record and Export is the **export** of Clinical Quality Measures via QRDA CAT I. In the EHR these will always be generated in the relied upon software HQM by clients who have configured eCQM's for reporting. Counting that QRDA CAT I files have been exported will demonstrate that a user can **export** data formatted to QRDA Category I for one or more patients without needing additional developer support.
Count of QRDA CAT I files **EXPORTED**) / (Count of QRDA CAT I files generated) to calculate the percentage of successful QRDA CAT I files **EXPORTED** during the reporting period	A requirement of 170.315(c)(1) Clinical Quality Measures – Record and Export is the **export** of Clinical Quality Measures via QRDA CAT I. Counting the number of QRDA CAT I files **exported** compared to the number of files generated for eCQM reporting will demonstrate that a user can **export** data formatted to QRDA Category I for one or more patients without needing additional developer support.
Overall count of QRDA CAT I files **IMPORTED**	A requirement of 170.315(c)(2) Clinical Quality Measures – Import and Calculate is the **import** of Clinical Quality Measures via QRDA CAT I. These files are generated by the relied upon software, HQM. Counting that QRDA CAT I files have been **imported** will demonstrate that a user can **import** data formatted to QRDA Category I for one or more patients without needing additional developer support.
(Count of QRDA CAT I files **IMPORTED**) / Count of QRDA CAT I files uploaded) to calculate the percentage of successful QRDA CAT I files **IMPORTED** during the reporting period	A requirement of 170.315(c)(2) Clinical Quality Measures – Import and Calculate is the **import** of Clinical Quality Measures via QRDA CAT I. In the EHR these will always be imported into the relied upon software, HQM by clients who have configured eCQM's for reporting and need to incorporate data from another EHR. Counting the number of QRDA CAT I files successfully imported compared to compared to the number of files uploaded to HQM will demonstrate that a user can **import** data formatted to QRDA Category I for one or more patients from other systems in a standardized format without needing additional developer support.
Validate data imported from a QRDA CAT I exists in the patient record from a random	A requirement of 170.315(c)(2) Clinical Quality Measures – Import and Calculate is to use imported data to **CALCULATE** certified eCQM's. A random sampling of patients with imported QRDA CAT I data will be reviewed to validate that imported data is present in the patient record in the relied upon software for use

sample of **IMPORTED** patient QRDA CAT I files	in measure calculation. This will demonstrate that users can import a data file formatted in accordance with the QRDA I standard for the CMS for one or multiple patients, and that data is available for use in order to perform calculations on the certified CQM measures.
Overall Count of QRDA CAT III files **EXPORTED** by supported program file type CPC+, PCF, MIPS Quality	A requirement of 170.315(c)(3) Clinical Quality Measures – Report is for the user to be able to electronically create a data file for transmission of CQM data in the CMS QRDA Category III IG format for ambulatory measures. In the EHR these will always be exported from the relied upon software HQM by clients who have configured eCQM's for reporting for specific quality measure programs. Counting the number of QRDA CAT III files exported will demonstrate that a user is able to electronically create a data file for transmission of CQM data formatted to the CMS QRDA Category III IG format for multiple supported programs without intervention from a developer.
(Count of QRDA CAT III files successfully submitted / Count of QRDA CAT III files **EXPORTED**) from a random sample of 5 files per supported CMS Program (CPC+, PCF, MIPS Quality INDV, MIPS Quality Group) to calculate a percentage of QRDA CAT III files in the correct format	A requirement of 170.315(c)(3) Clinical Quality Measures – Report is the ability a user to electronically create a data file for transmission of CQM data in accordance with CMS QRDA Category III IG for ambulatory measures. In the EHR these will always be exported from the relied upon software HQM by clients who have configured eCQM's for reporting for specific quality measure programs. Counting the number of QRDA CAT III files exported compared to the number of files successfully submitted will demonstrate that the files were in the correct format.

Associated Certification Criteria

Measurement/Metric	Associated Certification Criteria
We will query the HQM database to determine the total number of QRDA CAT I files generated and **EXPORTED** and calculate the percentage of successful QRDA CAT I files **EXPORTED** during Q1 of 2022	A requirement of **170.315(c)(1)** is that the EHR must be able to record all data necessary to calculate CQMs selected for export and that a user can export a data file formatted in accordance with HL7 QRDA Category I for one or multiple patients that includes all the data captured in the EHR.

We will query the HQM database to determine the total number of QRDA CAT I files **IMPORTED** and calculate the percentage of successful QRDA CAT I files **IMPORTED** during the Q1 of 2022	A requirement of **170.315(c)(2)** is that a user can import a data file formatted in accordance with HL7 QRDA Category for one or multiple patients.
We will validate data imported from a QRDA CAT I exists in the patient record from a random sample of **IMPORTED** patient files during Q1 of 2022	A requirement of **170.315(c)(2)** is to perform calculations on the CQMs presented for certification using the data imported from the QRDA CAT I file.
We will query the total number of QRDA CAT III files generated and **EXPORTED** by program to determine a utilization rate for each file format and validate successful integration/submission during Q1 of 2022.	A requirement of **170.315(c)(3)** is to enable a user to electronically create a data file for transmission of CQM data in accordance with the CMS QRDA Category III IG for ambulatory measures. This metric also measures **170.315(c)(3)**, the ability of the EHR to calculate each CQM selected by the provider or practice and validate the correct calculation of CQMs for reports submitted in the QRDA Category III format.

Justification for Selected Measurement/Metric

Measurement/Metric	Justification
170.315(c)(1) Overall count of QRDA CAT I files generated and **EXPORTED** by querying the HQM database	Counting that at least one (1) QRDA CAT I file has been exported will show the total number of users who were able to export data in accordance with the **170.315(c)(1)** standard of a file formatted to the QRDA CAT I standard for one or more patients without needing additional developer support. By querying the system to capture number of exports will prove that this functionality is available for our users.
170.315(c)(1) (Count of QRDA CAT I files **EXPORTED**) / (Count of QRDA CAT I files generated) to calculate the percentage of successful QRDA CAT I files **EXPORTED** during the 3-month reporting period **EXPORTED** by	We will count the QRDA CAT I files generated and exported in the production environment (excluding test accounts), calculate the use rate of the functionality, and validate that the file export capability is successfully being used in production by providers in accordance with the **170.315(c)(1)** criteria. By querying the system to capture the number of exports attempted and the % of attempts that were successful versus failures/non-attempts we will prove that this functionality is highly available for our users.

querying the HQM database	
170.315(c)(2) Overall count of QRDA CAT I files **IMPORTED** by querying the HQM database	Counting that at least one (1) QRDA CAT I file has been exported will show the total number of users who were able to import data in accordance with the **170.315(c)(2)** standard of a file formatted to the QRDA Category I standard for one or more patients without needing additional developer support. By querying the system to capture the number of imports we will prove that this functionality is highly available for our users
170.315(c)(2) (Count of QRDA CAT I files **IMPORTED**) / (Count of QRDA CAT I files uploaded) to calculate the percentage of successful QRDA CAT I files **IMPORTED** during the reporting period by querying the HQM database	We will count the QRDA CAT I files imported in the production environment (excluding test accounts), calculate the use rate of the functionality, and validate that the file import capability is successfully being used in production by providers in accordance with the **170.315(c)(2)** criteria. By querying the system to capture number of exports attempted and the % of attempts that were successful versus failures/non-attempts we will prove that this functionality is highly available for our users.
170.315(c)(2) Validate imported QRDA CAT I data exists in a random sample of **IMPORTED** patient files by visually inspecting the patient level data in the HQM Production environment and producing a SQL query of the data in the underlying tables in the HQM database being used for calculation Measure rate of success vs failure of visual inspection	We will select a random sample of 20 patients whose data was imported via QRDA CAT I file and verify that data from the QRDA CAT I was imported into the patient record in the Relied Upon Software NextGen ®HQM and is available for use in the clinical quality measure calculations in accordance with the **170.315(c)(2)** criteria. By importing the QRDA CAT III files, and then visually inspecting the patient record, we will prove that we are compliant with the above requirement. Any discrepancy or delta will be counted as a failure of visual inspection.
170.315(c) (3) Overall Count of QRDA CAT III files EXPORTED by supported program file type (CPC+, PCF, MIPS Quality) by querying the HQM database	Counting that at least one (1) QRDA CAT III file has been exported for each program will show the total number of users who were able to **export** data in accordance with the **170.315(c)(3)** standard of a file formatted to QRDA CAT III for one or more patients without needing additional developer support. By querying the system to capture number of exports we will prove that this functionality is available for our users.
170.315(c)(3) (Count of QRDA CAT III files	A random sample of five clients per supported program, who exported QRDA CAT III files will be contacted to validate that

successfully submitted) / Count of QRDA CAT III files EXPORTED) from a random sample of 5 files per supported CMS Program (CPC+, PCF, MIPS Quality INDV, MIPS Quality Group) to calculate a percentage of QRDA CAT III files in the correct format by contacting the clients by phone or email to confirm successful submission	their QRDA CAT III files uploaded successfully to the supported program agency. Calculating the percentage of successful submissions in the random sample will demonstrate that the generated QRDA CAT III file was in the correct format in accordance with the **170.315(c)(3)** standard. By querying the system to capture number of exports attempted and the % of attempts that were successful versus failures/non-attempts we will prove that this functionality is highly available for our users. By validating that the QRDA CAT III files were successful, we will prove that we are compliant with the above requirement.

Expected Outcomes

Measurement/Metric	Expected Outcomes
170.315(c)(1) Overall count of QRDA CAT I files **EXPORTED** by querying the HQM database	We will count the number of **exported** QRDA CAT I files and expect that it will be greater than zero which will validate that the functionality being used successfully in production by our providers.
170.315(c)(1) (Count of QRDA CAT I files **EXPORTED**) / (Count of QRDA CAT I files generated) to calculate the percentage of successful QRDA CAT I files **EXPORTED** during the reporting period **EXPORTED** by querying the HQM database	We will abstract counts of **exported** QRDA CAT I files and compare that to the number of files generated to calculate what percentage of generated files are being exported to calculate a utilization rate. The expectation is that 80-90% of generated files are exported.
170.315(c)(2) Overall count of QRDA CAT I files **IMPORTED** by querying the HQM database	We will count the number of **imported** QRDA CAT I files and expect that it will be greater than zero which will validate that the functionality being used successfully in production by our providers.
170.315(c)(2) (Count of QRDA CAT I files **IMPORTED**) / (Count of QRDA CAT I files uploaded) to calculate the percentage of successful QRDA CAT I files **IMPORTED** during the reporting period by querying the HQM database	We will abstract counts of **imported** QRDA CAT I files and compare that to the number of files uploaded for import to validate what percentage of uploaded files are being successfully imported and calculate a utilization rate. We expect that -95% or more uploaded files are successfully imported, and that 5% or less of patient files uploaded will be unsuccessful due to no data being present in the file, NPI mismatches or source formatting errors.

170.315(c)(2) Validate data imported from a QRDA CAT I exists in the patient record from a random sample of **IMPORTED** patient QRDA CAT I files and calculate success rate	We will visually inspect each patient record selected in the random sample to validate that the expected imported data is present in the patient record. We expect to find a 95-100% success rate with data import.
170.315(c)(3) Overall Count of QRDA CAT III files **EXPORTED** by supported program file type (CPC+, PCF, MIPS Quality) by querying the HQM database	We will count the number of **exported** QRDA CAT III files by file type and expect that it will be greater than zero for each file type which will validate that the functionality being successfully used in production by our providers.
170.315(c)(3) (Count of QRDA CAT III files successfully submitted) / Count of QRDA CAT III files EXPORTED) from a random sample of 5 files per supported CMS Program (CPC+, PCF, MIPS Quality INDV, MIPS Quality Group) to calculate a percentage of QRDA CAT III files in the correct format by contacting the clients by phone or email to confirm successful submission	We will randomly select 5 examples of **exported** QRDA CAT III files of each file type and validate successful submission to the appropriate reporting entity to calculate what percentage of those exported files were successfully submitted. If we find that a specific file was not submitted via QRDA CAT III, but was submitted via another method (QPP JSON), we will select another random file for validation. We expect that 100% of submitted files generated using the relied upon software will be successful.

MEASURES USED IN OVERALL APPROACH

Description of Measurement/Metric

§ 170.315(e)(1) View, Download, and Transmit to 3rd Party

Measurement/Metric	Description
Visual inspection of Patient Portal Health Record for 2 patients in a quarter Measure rate of success vs failure of visual inspection	A requirement of 170.315(e)(1) is that patients (and their authorized representatives) must be able to use health IT to view, at a minimum, The Common Clinical Data Set (USCDI v1). For this measure, the developer will work with the client to identify active patients who have recently been seen to recommend for selection. Given that this is a real-world test, each patient may not have the entire USCDI v1data set populated. The goal will be to validate that the data that resides in the PM|EHR is also represented in the patient's Portal Health Record view.

	The end result will be a comparison of the USCDI values present in the PM/EHR versus the corresponding health values in the human readable section of the test patient's CCD-A. Any discrepancy or delta will be counted as a failure of visual inspection By executing a visual inspection of a patient that has health history in all or a portion of these sections *will prove we are compliant with C-CDA R2.1 standards.*

Visual inspection of Patient Portal Health Record for 2 patients in a - laboratory test report
 	
Measure rate of success vs failure of visual inspection
	A requirement of 170.315(e)(1) is that patients (and their authorized representatives) must be able to use health IT to view, at a minimum, the following data:
	
	1. *Laboratory test report(s).* Laboratory test report(s), including:
	    1. The information for a test report as specified all the data specified in 42 CFR 493.1291(c)(1) through (7);
	    2. The information related to reference intervals or normal values as specified in 42 CFR 493.1291(d); and
	    3. The information for corrected reports as specified in 42 CFR 493.1291(k)(2).
	
	For this measure, the developer will work with the client to identify active patients who have recently been seen to recommend for selection.
	
	Given that this is a real-world test, each patient may not have the entire USCDI v1data set populated. The goal will be to validate that the data that resides in the PM|EHR is also represented in the patient's Portal Health Record view.
	
	The end result will be a comparison of the USCDI values present in the PM/EHR versus the corresponding health values in the human readable section of the test patient's CCD-A.
	
	Any discrepancy or delta will be counted as a failure of visual inspection
	
	By executing a visual inspection of a patient that has health history in all or a portion of these sections *will prove we are compliant with C-CDA R2.1 standards.*

Visual inspection of Patient Portal Health Record for 2 patients in a quarter against USCDI v1checklist - diagnostic imaging report Measure rate of success vs failure of visual inspection	A requirement of 170.315(e)(1) is that patients (and their authorized representatives) must be able to use health IT to view, at a minimum, the following data: 1. Diagnostic image report(s). For this measure, the developer will work with the client to identify active patients who have recently been seen to recommend for selection. Given that this is a real-world test, each patient may not have the entire USCDI v1data set populated. The goal will be to validate that the data that resides in the PM|EHR is also represented in the patient's Portal Health Record view. The end result will be a comparison of the USCDI values present in the PM/EHR versus the corresponding health values in the human readable section of the test patient's CCD-A. Any discrepancy or delta will be counted as a failure of visual inspection By executing a visual inspection of a patient that has health history in all or a portion of these sections *will prove we are compliant with C-CDA R2.1 standards.*
Visual inspection of Patient Portal Activity Log History for 2 patients in a quarter Measure rate of success vs failure of visual inspection	A requirement of 170.315(e)(1) is that patients (and their authorized representatives) must be able have access to the following information: 1. The action(s) (i.e., view, download, transmission) that occurred; 2. The date and time each action occurred in accordance with the standard specified in §170.210(g); 3. The user who took the action; and 4. Where applicable, the addressee to whom an ambulatory summary or inpatient summary was transmitted. For this measure, the developer will work with the client to identify active patients who have recently been seen to recommend for selection. Ideal selection will be a patient who has a Care Giver to demonstrate authorized access. Given that this is a real-world test, each patient may not have utilized all of the View, Download and Share functions

	available. The goal will be to validate that the actions taken by the patient are recorded in the captured session. Any discrepancy or delta will be counted as a failure of visual inspection. By executing the View, Download and Transmit functions, and then visually inspecting the Activity Log for the patient we will prove that we are compliant with the above requirement.
Validation of Downloaded C-CDA against validator tool for 2 patients in a quarter #0f errors compared to success (0 errors) over 2 patients	A requirement of 170.315(e)(1) is that patients (and their authorized representatives) must be able to use technology to download an ambulatory summary in the following formats: 1. Human readable format; and 2. The format specified in accordance to the standard specified in §170.205(a)(4) following the CCD document template. By executing the CCDA download function of and confirming both the PDF and XML versions are generated and saved on a local file system, then the XML version is ran through the https://ett.dev.sitenv.org/ett/#/home validator tool we will prove that we are compliant with the above requirement.
Patients are able to successfully view C-CDA #of errors compared to success over 1 quarter	A requirement of 170.315(e)(1) is that patients (and their authorized representatives) must be able to use health IT to view, at a minimum, The Common Clinical Data Set (USCDI v1). By querying the system to capture number of views attempted and the % of attempts that were successful versus failures we will prove that this functionality is highly available for the patient population.
Patients are able to successfully Download C-CDA #of errors compared to success over 1 quarter	A requirement of 170.315(e)(1) is that patients (and their authorized representatives) must be able to use technology to download an ambulatory summary in the following formats: 1. 1. Human readable format; and 2. The format specified in accordance to the standard specified in §170.205(a)(4) following the CCD document template. By querying the system to capture number of downloads attempted and the % of attempts that were successful versus

	failures we will prove that this functionality is highly available for the patient population.
Patients are able to successfully share C-CDA unencrypted #of errors compared to success over 1 quarter	A requirement of 170.315(e)(1) is that patients (and their authorized representatives) must be able to transmit the ambulatory summary in accordance with both of the following ways: 1. Email transmission to any email address; and 2. An encrypted method of electronic transmission. This measure will catalogue the transport mechanisms used to share CCD documents, as well as track usage of the transport mechanisms over a period of time. For a given practice, how many CCDs are shared via Email (un-encrypted). For a given practice, how many errors are logged for sharing CCDs via Email.
Patients are able to successfully share C-CDA encrypted #of errors compared to success over 1 quarter	A requirement of 170.315(e)(1) is that patients (and their authorized representatives) must be able to transmit the ambulatory summary in accordance with both of the following ways: 1. Email transmission to any email address; and 2. An encrypted method of electronic transmission. This measure will catalogue the transport mechanisms used to share CCD documents, as well as track usage of the transport mechanisms over a period of time. For a given practice, how many CCDs are shared via Direct Protocol (encrypted). For a given practice, how many errors are logged for sharing CCDs via Direct Protocol.

Associated Certification Criteria

Measurement/Metric	Associated Certification Criteria
Not Applicable	Not Applicable

Justification for Selected Measurement/Metric

Measurement/Metric	Justification
Visual inspection of Patient Portal Health Record for 2 patients in a quarter against USCDI v1checklist Measure rate of success vs failure of visual inspection	The goal of View, Download and Transmit is to ensure that the patient (or representative) has timely and complete access to his/her health information. This is the only way to demonstrate the completeness of data to manually/visually inspect each element and compare sections of the patient's Chart with the information present on the C-CDA.
Visual inspection of Patient Portal Health Record for 2 patients in a quarter against USCDI v1 checklist - laboratory test report Measure rate of success vs failure of visual inspection	The goal of View, Download and Transmit is to ensure that the patient (or representative) has timely and complete access to his/her health information. This is the only way to demonstrate the completeness of data to manually/visually inspect each element and compare sections of the patient's Chart with the information present on the C-CDA.
Visual inspection of Patient Portal Health Record for 2 patients in a quarter against USCDI v1checklist - diagnostic imaging report Measure rate of success vs failure of visual inspection	The goal of View, Download and Transmit is to ensure that the patient (or representative) has timely and complete access to his/her health information. This is the only way to demonstrate the completeness of data to manually/visually inspect each element and compare sections of the patient's Chart with the information present on the C-CDA.
Visual inspection of Patient Portal Activity Log History for 2 patients in a quarter	In addition, the patient should have transparency to be able to track each time her health record is interacted with either by herself or a care giver. While as a developer we can track which events are being fired, in order to confirm the patient's

Measure rate of success vs failure of visual inspection	experience a visual inspection of the Patient Portal Activity Log History is required.
Validation of Downloaded C-CDA against validator tool for 2 patients in a quarter #of errors compared to success (0 errors) over 2 patients	In order to accurately validate the interoperability standards of the C-CDA XML structure, the record that the patient has access to forward to a 3rd party manually can be inspected and validated using this testing tool.
Patients are able to successfully view C-CDA #of errors compared to success over 1 quarter	Although the practice has control over the timeliness and completeness of invitations being sent to the patient to access her health records via the Patient Portal, the practice cannot control if a patient will activate the account and interact with that account. However, by demonstrating that for those number of patients who have activated their accounts and are now attempting to View, Download or Transmit their records - they are able to do so successfully with a minor margin of error.
Patients are able to successfully Download C-CDA #of errors compared to success over 1 quarter	Although the practice has control over the timeliness and completeness of invitations being sent to the patient to access her health records via the Patient Portal, the practice cannot control if a patient will activate the account and interact with that account. However, by demonstrating that for those number of patients who have activated their accounts and are now attempting to View, Download or Transmit their records - they are able to do so successfully with a minor margin of error.
Patients are able to successfully share C-CDA unencrypted #of errors compared to success over 1 quarter	Although the practice has control over the timeliness and completeness of invitations being sent to the patient to access her health records via the Patient Portal, the practice cannot control if a patient will activate the account and interact with that account. However, by demonstrating that for those number of patients who have activated their accounts and are now attempting to View, Download or Transmit their records - they are able to do so successfully with a minor margin of error.
Patients are able to successfully share C-CDA encrypted #of errors compared to success over 1 quarter	Although the practice has control over the timeliness and completeness of invitations being sent to the patient to access her health records via the Patient Portal, the practice cannot control if a patient will activate the account and interact with that account. However, by demonstrating that for those number of patients who have activated their accounts and are now attempting to View, Download or Transmit their records - they are able to do so successfully with a minor margin of error.

Expected Outcomes

Measurement/Metric	Expected Outcomes
Visual inspection of Patient Portal Health Record for 2 patients in a quarter against USCDI v1 checklist Measure rate of success vs failure of visual inspection	Expected that for each selected patient, when a visual inspection of their specific health data is made comparing what is displayed online versus what is available for that patient in the PM|EHR, *all* of the relevant USCDI v1 data elements will be included in the human readable format. In order to ensure this, the practice should trigger a C-CDA to be sent to the patient portal in real-time, within 5-10 minutes the patient should be able to log into her portal using her account credentials and the C-CDA should be available for view and the data comparison can be completed.
Visual inspection of Patient Portal Health Record for 2 patients in a quarter against USCDI v1 checklist - laboratory test report Measure rate of success vs failure of visual inspection	Expected that for each selected patient, when a visual inspection of their specific health data is made comparing what is displayed online versus what is available for that patient in the PM|EHR, the laboratory test report data elements will be included in the human readable format. In order to ensure this, the practice should trigger a C-CDA to be sent to the patient portal in real-time, within 5-10 minutes the patient should be able to log into her portal using her account credentials and the C-CDA should be available for view and the data comparison can be completed.
Visual inspection of Patient Portal Health Record for 2 patients in a quarter against USCDI v1checklist - diagnostic imaging report Measure rate of success vs failure of visual inspection	Expected that for each selected patient, when a visual inspection of their specific health data is made comparing what is displayed online versus what is available for that patient in the PM|EHR, the diagnostic imaging report data elements will be included in the human readable format. In order to ensure this, the practice should trigger a C-CDA to be sent to the patient portal in real-time, within 5-10 minutes the patient should be able to log into her portal using her account credentials and the C-CDA should be available for view and the data comparison can be completed.

Visual inspection of Patient Portal Activity Log History for 2 patients in a quarter Measure rate of success vs failure of visual inspection	Expected that for each selected patient, the patient is able to log into the Patient Portal with her account credentials and perform View, Download and Transmit actions and within minutes be able to check her Activity History and see the entries that are recorded with the expected Date/Timestamp and Actor. This would be true either if the patient herself is completing the action or a trusted representative on her behalf.
Validation of Downloaded C-CDA against validator tool for 2 patients in a quarter #0f errors compared to success (0 errors) over 2 patients	Expected that when a patient logs into her portal using her account credentials and downloads her C-CDA, then uploads the XML file to the validator that there are no critical errors returned (aside from already pre-approved exceptions).
Patients are able to successfully view C-CDA #of errors compared to success over 1 quarter	Expected that the number of failed attempts to View, Download or Share in relation to the number of successful attempts within the given time period are within a 10% error margin.
Patients are able to successfully Download C-CDA #of errors compared to success over 1 quarter	Expected that the number of failed attempts to View, Download or Share in relation to the number of successful attempts within the given time period are within a 10% error margin.
Patients are able to successfully share C-CDA unencrypted #of errors compared to success over 1 quarter	Expected that the number of failed attempts to View, Download or Share in relation to the number of successful attempts within the given time period are within a 10% error margin.
Patients are able to successfully share C-CDA encrypted #of errors compared to success over 1 quarter	Expected that the number of failed attempts to View, Download or Share in relation to the number of successful attempts within the given time period are within a 10% error margin.

MEASURES USED IN OVERALL APPROACH

Description of Measurement/Metric

§ 170.315(f)(1) Transmission to Immunization

Measurement/Metric	Description

Count of Immunization orders (VXU) reported to Registries in a one-month timeframe	A requirement of **§ 170.315(f)(1) Transmission to Immunization** Registries is to create immunization orders for patients for transmission to immunization registries using ONC-specified code sets for newly administered and historical vaccines. We will use database records to count the number of immunization orders sent during the specified timeframe to demonstrate the product's ability to support this transmission of public health data.
Count of Immunization queries and responses (QBP) received from Registries in a one-month timeframe	A requirement of **§ 170.315(f)(1)** Transmission to Immunization Registries is for the EHR to request immunization history and forecast information for a patient from an immunization registry, where that information can then be displayed and accessed within the EHR. We will use database records to count the number of immunization query and response messages seen during the specified timeframe to demonstrate the product's ability to support this type of transaction.

Associated Certification Criteria

Measurement/Metric	Associated Certification Criteria
Not Applicable	Not Applicable

Justification for Selected Measurement/Metric

Measurement/Metric	Justification
Count of Immunization orders (VXU) reported to Registries in a one-month timeframe	This demonstrates the EHR's ability to generate immunization transmission messages for incorporation by different Immunization Registries across the country.
Count of Immunization queries and responses (QBP) received from Registries in a one-month timeframe	This demonstrates the EHR's ability to generate immunization history and forecast request messages for different Immunization Registries across the country and receive their response messages and content.

Expected Outcomes

Measurement/Metric	Expected Outcomes
Count of Immunization orders (VXU) reported to Registries in a one-month time-frame	Real World Testing will demonstrate the ability of organizations to generate and send immunization order transmissions successfully in accordance with **170.315(f)(1)** criterion. Transmission errors that are identified will be tracked. Note that some registries have a transmission format that may not guarantee our

	ability to ascertain full success of the transaction. These are known challenges throughout the IIS and EHR communities where streamlined error handling is not fully integrated by both sides of the network.
Count of Immunization queries and responses (QBP) received from Registries in a one-month timeframe	Real World Testing will demonstrate the ability of organizations to generate and receive immunization history and forecast transmissions in accordance with **170.315(f)(1)** criterion. We anticipate a lower volume of this transaction due to lower adoption of bi-directional capabilities across the state registry(s) technology in our care setting. Transmission errors that are identified will be tracked and analyzed. Note that some registries have a transmission format that may not guarantee our ability to ascertain full success of the transaction. There are known challenges throughout the IIS and EHR community where streamlined error handling is not fully supported by both sides of the network.

MEASURES USED IN OVERALL APPROACH

Description of Measurement/Metric

§ 170.315(f)(2) Transmission to Public Health Agencies - Syndromic Surveillance

Measurement/Metric	Description
Count of Syndromic Surveillance Reports generated over a three-month timeframe.	A requirement of **§ 170.315(f)(2) Transmission to Public Health Agencies** - Syndromic Surveillance is to electronically transmit patient syndrome-based health surveillance information using the specified standards. We will use database records to count the number of Syndromic Surveillance reports generated during the specified timeframe.
Count of Syndromic Surveillance Reports generated over a three-month timeframe.	This demonstrates our Health IT's ability to generate Syndromic Surveillance Reports. This metric will also provide information on the frequency of use of this report type by our urgent care organizations. Errors in transmission will be tracked and analyzed if identified during the data collection period.

Associated Certification Criteria

Measurement/Metric	Associated Certification Criteria
Not Applicable	Not Applicable

Justification for Selected Measurement/Metric

Measurement/Metric	Justification
Count of Syndromic Surveillance Reports generated over a three-month timeframe.	This demonstrates our Health IT's ability to generate Syndromic Surveillance Reports. This metric will also provide information on the frequency of use of this report type by our urgent care organizations. Errors in transmission will be tracked and analyzed if identified during the data collection period.

Expected Outcomes

Measurement/Metric	Expected Outcomes
Count of Syndromic Surveillance Reports generated over a three-month timeframe	Real World Testing will demonstrate the ability of urgent care organizations to generate Syndromic Surveillance reports in accordance with **170.315(f)(2)** criterion. There will likely not be a high volume of reports generated due to this criterion not applying to the whole ambulatory care setting.

MEASURES USED IN OVERALL APPROACH

Description of Measurement/Metric

§ 170.315(f)(4) Transmission to Cancer Registries

Measurement/Metric	Description
We will query to count of Cancer registry reports generated over a three-month timeframe	A requirement of § 170.315(f)(4) Transmission to Cancer Registries is to create cancer case information for electronic transmission using a specific CDA standard. We will query database records to count the number of Cancer registry specific reports generated during the specified time frame.

Associated Certification Criteria

Measurement/Metric	Associated Certification Criteria
Not Applicable	Not Applicable

Justification for Selected Measurement/Metric

Measurement/Metric	Justification
We will query to count of Cancer registry reports generated over a three-month timeframe	This demonstrates our Health IT's ability to generate Cancer registry report documents. This metric will also provide information on the frequency of use of this report type. Errors in

	transmission will be tracked and analyzed if identified during the data collection period.

Expected Outcomes

Measurement/Metric	Expected Outcomes
We will query count of Cancer registry reports generated over a three-month timeframe	Real World Testing will demonstrate the ability of organizations to generate and send Cancer Registry reports in accordance with **170.315(f)(4)** criterion using the specified code sets. There will likely not be a high volume of reports generated due to low adoption of this functionality across our care setting.

MEASURES USED IN OVERALL APPROACH

Description of Measurement/Metric

§ 170.315(f)(5) Electronic Case Reporting

Measurement/Metric	Description
We will query Client databases to capture Electronic Case Reports generated over a three-month timeframe	A requirement of **§ 170.315(f)(5) Electronic Case Reporting** is to generate a case report based on designated trigger codes for electronic transmission. We will use database records to count the number of Electronic Case Reports generated during the specified time frame containing the specified code sets.
We will query Client databases to capture Electronic Case Reports generated over a three-month timeframe.	This demonstrates our Health IT's ability to generate Electronic Case Report documents. This metric will also provide information on the frequency of use of this electronic report type. Errors in transmission will be tracked and analyzed if identified during the data collection period.

Associated Certification Criteria

Measurement/Metric	Associated Certification Criteria
Not Applicable	Not Applicable

Justification for Selected Measurement/Metric

Measurement/Metric	Justification
We will query Client databases to capture Electronic Case Reports generated over a three-month timeframe.	This demonstrates our Health IT's ability to generate Electronic Case Report documents. This metric will also provide information on the frequency of use of this electronic report type. Errors in transmission will be tracked and analyzed if identified during the data collection period.

Expected Outcomes

Measurement/Metric	Expected Outcomes
We will query Client databases to capture Electronic Case Reports generated over a three-month timeframe	Real World Testing will demonstrate the ability of organizations to generate and send Electronic Case Reports in accordance with **170.315(f)(5)** criterion. There will likely not be a high volume of reports generated due to recent release of this technology and low adoption of this functionality across our care setting. We also currently connect with the AIMS platform which has some deviations in requirements for real-world reporting when compared to the ONC requirements.

MEASURES USED IN OVERALL APPROACH

Description of Measurement/Metric

§ 170.315(f)(7) Transmission to Public Health Agencies – Health Care Surveys

Measurement/Metric	Description
Count of Healthcare Survey reports generated over a three-month timeframe	**A requirement of § 170.315(f)(7) Transmission to Public Health Agencies** – Health Care Surveys is to create health care survey data for electronic transmission to the CDC following the mandatory elements and requirements of the specific CDA guide. We will use database records to count the number of Healthcare Survey reports generated during the specified time frame.

Associated Certification Criteria

Measurement/Metric	Associated Certification Criteria
Not Applicable	Not Applicable

Justification for Selected Measurement/Metric

Measurement/Metric	Justification
Count of Healthcare Survey reports generated over a three-month timeframe	This demonstrates our Health IT's ability to generate Healthcare Survey report documents in any of the NHCS IG versions (1.0-1.2). This metric will also provide information on the frequency of use of this report type. Errors in transmission will be tracked and analyzed if identified during the data collection period.

Expected Outcomes

Measurement/Metric	Expected Outcomes

Count of Healthcare Survey reports generated over a three-month timeframe	Real World Testing will demonstrate the ability of organizations to generate Healthcare Survey reports in accordance with **170.315(f)(7)** criterion. There will likely not be a high volume of reports (if any) generated due to low adoption of this functionality across our care setting and updated submission requirements from this original criterion. We may need to demonstrate transmission of this report using mock-production data.

MEASURES USED IN OVERALL APPROACH

Description of Measurement/Metric

§ 170.315(g)(7) Application Access – Patient Selection

§ 170.315(g)(8) Application Access – Data Category Request

§ 170.315(g)(9) Application Access – All Data Request

Measurement/Metric	Description
Query the API to successfully perform the following functions: • Identify a patient and receive a token for access • Retrieve the full set of data for each USCDI v1 data class • Retrieve a C-CDA R2.1 document. Report the number of successes vs failures over time to determine a success/failure rate for each of the above steps	The requirements **of 170.315(g)(7), (g)(8) and (g)(9)** are to demonstrate the ability of a patient to authorize an API to retrieve from the certified EHR individual categories of USCDI v1 data as well as a compliant C-CDA document

Associated Certification Criteria

Measurement/Metric	Associated Certification Criteria

Query the API to successfully evaluate a patient and report the number of successes vs failures over time to determine a success/failure rate	A requirement of **170.315(g)(7)** is to demonstrate the ability for the API to successfully identify and select a patient in the EHR.
Query the API to retrieve USCDI v1 categories of data on the selected patient and report the number of successes vs failures over time to determine a success/failure rate	A requirement of **170.315(g)(8)** is to demonstrate the ability for the API to successfully retrieve information for each USCDI v1 data class.
Query the API to return a C-CDA R2.1 document on the selected patient and report the number of successes vs failures over time to determine a success/failure rate	A requirement of **170.315(g)(9)** is to demonstrate the ability for the API to successfully retrieve a C-CDA R2.1 document

Justification for Selected Measurement/Metric

Measurement/Metric	Justification
170.315(g)(7) Query the API to retrieve USCDI categories of data on the selected patient and report the number of successes vs failures overtime to determine a success/failure rate	Demonstrate how an API is able to successfully look up and match their identity in the EHR.
170.315(g)(8) Query the API to successfully retrieve USCDI categories of data on the selected patient and report the number of successes vs failures overtime to determine a success/failure rate	Demonstrate how an API is able to successfully retrieve each category of the USCDI from the EHR.
170.315(g)(9) Query the API to successfully return a C-CDA R2.1 document	Demonstrate how an API is able to successfully retrieve a C-CDA R2.1 document from the EHR.

on the selected patient and report the number of successes vs failures overtime to determine a success/failure rate	

Expected Outcomes

Measurement/Metric	Expected Outcomes
170.315(g)(7) Query the API to successfully retrieve USCDI categories of data on the selected patient and report the number of successes vs failures overtime to determine a success/failure rate	The query shall return requested USCDI categories of data for the selected patient 100% of the time when the data is present
170.315(g)(8) Query the API to successfully retrieve USCDI categories of data on the selected patient and report the number of successes vs failures overtime to determine a success/failure rate	An API is able to download all the USCDI categories that are present in their chart from the EHR and report the success/error rate
170.315(g)(9) Query the API to successfully generate a C-CDA R2.1 compliant document on the selected patient and manually validate the number of successes vs failures overtime to determine a success/failure rate	An API is able to download a C-CDA R2.1 document from the EHR and we will manually validate the API logs from a given period to report the success/error rate

Care Setting(s)

Care Setting	Justification

Ambulatory	NextGen Enterprise supports the majority of specialties in ambulatory care. All specialties have access to the NextGen Enterprise technology that allows for clinical documentation, care coordination, external reporting, transmission to public health agencies, and electronic interactions with third parties.

SCHEDULE OF KEY MILESTONES

Key Milestone	Care Setting	Date/Timeframe
Finalize Real World Test Plan and Submit to the ONC-ACB (Drummond)	Ambulatory	Q4 2021
Identify Clients for Participation where applicable	Ambulatory	Q1 2022
The queries that will be used are developed and validated with internal data, client systems and/or transactions	Ambulatory	Q1 2022
Data collection and/or observation from client systems	Ambulatory	Q2 2022
Validation and analysis of data and metrics created	Ambulatory	Q3 2022
Report created and submitted to ONC-ACB (Drummond)	Ambulatory	Q1 2023

ATTESTATION

The Real World Testing plan must include the following attestation signed by the health IT developer authorized representative.

Note: The plan must be approved by a health IT developer authorized representative capable of binding the health IT developer for execution of the plan and include the representative's contact information.[ii]

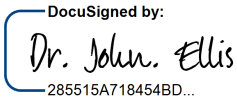
This Real World Testing plan is complete with all required elements, including measures that address all certification criteria and care settings. All information in this plan is up to date and fully addresses the health IT developer's Real World Testing requirements.

Authorized Representative Name: Dr. John Ellis, D.O.

Authorized Representative Email: jwellis@nextgen.com

Authorized Representative Phone: 215-657-7010

Authorized Representative Signature:



Date:

10/28/2021

[i] Certified health IT continues to be compliant with the certification criteria, including the required technical standards and vocabulary codes sets; certified health IT is exchanging EHI in the care and practice settings for which it is marketed for use; and EHI is received by and used in the certified health IT. (85 FR 25766) [ii] https://www.federalregister.gov/d/2020-07419/p-3582