

GENERAL INFORMATION

Plan Report ID Number:

Developer Name: ReLi Med Solutions

Product Name(s): ReLiMed EMR

Version Number(s): 7.3

Certified Health IT Product List (CHPL) ID(s): 15.04.04.2990.ReLi.07.01.1.221118

Developer Real World Testing Page URL: <https://relimedolutions.com/certification/>

- Users will find links on this page for 2022 to 2023 Real World Test Plan

JUSTIFICATION FOR REAL WORLD TESTING APPROACH

We are an EMR Software company that also offers services to our clients. One of these services is MIPS Reporting. This involves running the appropriate reports throughout the year and providing guidance to our clients on best practices to meet and improve on the MIPS metrics. These reports measure the direct usage of our certified IT modules. We plan to use real life reporting activities to satisfy this Real World Testing requirement. This includes the following Certified Modules:

- **170.315 (b)(1): Transitions of Care**
We can show this module is used in the production environment with received direct messages (using phiMail server) that contain CCDAs documents. These documents are mostly Referrals. If there are errors or warnings, those will display to the user. We display all sections received in a human readable format. We give the option to the user to import the patient information right from the inbox. Users can also retrieve CCDAs from a portal, save to their local disk and then use our import functionality just like they would upload and attach any other type of document to a patient record. Users also demonstrate the functionality of this certified technology by sending a CCDa as a referral or summary of care from our software to another provider.
- **170.315 (b)(2): Clinical Information Reconciliation and Incorporation**
As mentioned above, our users may receive CCDAs and can import the patient's Medications, Allergies, and Medication Allergies. This is normally for a referral of a new patient to the practice and it saves some manual entry of the patient.
- **170.315 (b)(3): Electronic Prescribing**
This is used every day by our prescribing users. We plan to pull reports from a couple heavy prescribers and we can report metrics on types of messages, successful messages, errored messages, etc.
- **170.315 (b)(6): Data Export**
This functionality is available in the production system to export all patients or a subset of patients. This has been used by a few clients when moving from our EMR to another EMR. We can simply perform this action on a production system and then observe the contents a few of the files. We can also import a few of the files which would further demonstrate the functionality for 170.315 (b)(2).
- **170.315 (c)(1): Clinical Quality Measures - Record and Export**
There is no real world application for this certification item. The ability to import a QRDA Category I file was used for certification testing, but users actually enter data for each of their

patients. The system can generate a Category I file per patient. However, no one ever needs to use this. Therefore, we do not have a way to test this in a real world environment.

- **170.315 (c)(2): Clinical Quality Measures - Import and Calculate**
There is no real world application for this certification item. The ability to import a QRDA Category I file was used for certification testing, but users actually enter data for each of their patients. However, users can generate a QRDA Category III file with the results. No one ever uses or submits this QRDA file as they submit the QPP json file for MIPS reporting. If a user can provide us with a QRDA Category I file, we can import it to one of our production systems for this test.
- **170.315 (c)(3): Clinical Quality Measures – Report**
The real world application of this certification module is to report the denominator, numerator, exclusions and exceptions where applicable for each certified CQM. Users then generate the QPP json and upload to the QPP site to report for MIPS. This is how we plan to demonstrate this module. We will run these reports and then take a sampling of patients from each one to show how the measure properly identified the patient as belonging to the denominator, numerator, exclusion and/or exception.
- **170.315 (e)(1): View, Download, and Transmit to 3rd Party**
This module can be tested using a client's patient portal with a test patient. We can enter some clinical information on the test patient and then log onto that patient's portal account to view and download the CCDA. We can then use this CCDA to import into a staging system to demonstrate that the CCDA is valid and able to be imported. For the Transmit part, we will attach the CCDA to an email. From the email we can save to a local drive and import into a staging system to demonstrate that the CCDA is valid and able to be imported. The portal activity log will be viewed to make sure that each of these actions was recorded appropriately.
- **170.315 (f)(1): Transmission to Immunization Registries**
We have active connections with a few state immunization registries. The real world application of this certified technology is to send immunizations for pediatrics only. None of our practices that serve adults only use this. We can demonstrate this use with screenshots of successful and errored immunization messages from one of our Pediatric practices using it. Our users will report when/if a transmitted immunization did not update the state registry.
- **170.315 (f)(2): Transmission to Public Health Agencies - Syndromic Surveillance**
There is no real world testing ability for this module. There are currently no state health departments and/or clients that are required to report for this measure and therefore we will not be able to test this module.
- **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**
For the above three modules we can use one of our production Patient Portals with a test patient. We will have to also use a test application called Swagger that we used during certification testing as we are unaware of any other commercially available app that could be used.
 - 2023 Results Update: The above three criteria have been replaced with our CURES version and will be represented by 170.315 (g)(7): Application Access - Patient Selection, 170.315 (g)(9): Application Access – All Data Request, and 170.315 (g)(10): Standardized API for Patient and Population Services
- **170.315 (h)(1): Direct Project**
We do have clients using Direct Messaging and can show screenshots of successfully delivered Referral CCDAs via direct messaging using phiMail server. We can also send a referral for a test

patient from one of our clients to another to demonstrate to full end-to-end messaging with Direct using phiMail server.

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

Standard (and version): NCPDP 2017071 messaging standard

Updated certification criteria and associated product: ReLiMed eRx Version 7.2.1

21 CFR 1311	Requirement Description
1311.120(b).5	Practitioner Signing Two Factor Authentication
1311.120(b).6	Practitioner Prescription Information
1311.120(b).9	Prescription Information
1311.120(b).10	Ready to Sign
1311.120(b).11	Signing of Prescription
1306.22	Pharmacy Refill Requests (information)
1311.120(b)(27)	Report - Prescription
1311.120(b)(23)	Audit Trail Events
1311.120(b)(24)	Audit Trail Info

Health IT Module CHPL ID: 15.04.04.2990.ReLi.07.00.1.191229

Method used for standard update: Drummond Group Review

Date of ONC ACB notification: March 16, 2020

Standard (and version): 21 CFR EPCS

Updated certification criteria and associated product: ReLiMed eRx Version 7.2.1

21 CFR 1311	Requirement Description
1311.105	Requirements for obtaining an authentication credential
1311.110	Requirements for obtaining an authentication credential
1311.115	Practitioner Two Factor Authentication Additional Requirements
1311.116	Practitioner Biometrics Requirements
1311.120(b).1	Practitioner User Identification
1311.120(b).2	Practitioner Logical Controls
1311.120(b).3	Practitioner Logical Controls Role Based
1311.120(b).4	Practitioner Logical Controls Two Individuals

1311.120(b).5	Practitioner Signing Two Factor Authentication
1311.120(b).6	Practitioner Prescription Information
1311.120(b).7	Practitioner Information-Two DEA Numbers
1311.120(b).8	Practitioner NIST Time
1311.120(b).9	Prescription Information
1311.120(b).10	Ready to Sign
1311.120(b).11	Signing of Prescription
1311.120(b).12	DEA Number of Signer
1311.120(b).13	Batch Signing
1311.120(b).14	Practitioner Signing Time Stamp
1311.120(b).15	Digitally Signing the Prescription
1311.120(b).16	Digital Signature Requirements
1311.120(b).17	Indication of Signing
1311.120(b).18	Transmitting Unsigned Prescription
1311.120(b).19	Alteration of Information
1311.120(b).20	Transmission of Printed Prescription
1311.120(b).21	Printing Prescriptions after transmission
1311.120(b).22	Failed Transmission
1311.120(b).23	Audit Trail
1311.120(b).24	Audit Records
1311.120(b).25	Internal Audit Reports
1311.120(b).26	Audit Record Protection
1311.120(b).27	Prescriptions Issued Report
1311.120(b).28	Two Year Retention
1311.125	Establishing logical access control
1311.135	Agent Support, Supervisor Name
1311.140	Signing Prescriptions
1311.145	Practitioner Individual Digital Certificate
1311.150	Practitioner Auditable Event List
1311.170(a)	Transmission Requirements
1311.170(e)	No Alteration During Transmission
1311.302	Notification to Practitioners
1311.305	Data Migration (record export)
1306.12	Schedule II prescriptions
1306.22	Schedule III & IV Prescriptions
1306.22	Pharmacy Refill Requests (information)
1306.12(a)	Schedule II Refill Requests
1306.22(a)	Schedule III & IV Refill Requests
1311.215	ASP Processing Integrity
1311.300€	EPCS Module requirements

Health IT Module CHPL ID: 15.04.04.2990.ReLi.07.00.1.191229

Method used for standard update: Drummond Group Review

Date of ONC ACB notification: April 24, 2020

MEASURES USED IN OVERALL APPROACH

Description of Measurement/Metric

Describe the measure(s) that will be used to support the overall approach to Real World Testing.

Measurement / Metric	Description
Number of CCDAs sent via phiMail server using Direct Message technology	The measurement will count the CCDAs generated and sent via phiMail server using Direct Message technology during the last quarter of 2022. A CCDA can be generated for a patient as a Referral to a specialist. Then, from the CCDA pop-up window, the user clicks the Send via Direct button, searches for the provider's direct email address and sends it.
Success Rate of CCDAs sent via phiMail server using Direct Message technology	We will count the number of sent CCDAs in the first measure and then count the number of CCDA messages that show the status of Delivered once an acknowledgement is received from the other system. This is done from the Messages screen -> Direct Messages tab and then we can check the "Sent" message box. We will then calculate the Success Rate by Number of successfully delivered CCDAs / Number of CCDAs sent during the last quarter of 2022.
Number of CCDAs received via phiMail server using Direct Message technology	The measurement will count the CCDAs received from direct messages from other systems during the first quarter of 2023.
Success Rate of CCDAs to be displayed in Human Readable Format	When we select the messages from the above test, we can click on View for the CCDA XML attachment, this will show us the CCDA in Human Readable format. This measurement will count the number of CCDAs we can successfully see in human readable format and divide by the total number of CCDAs received over the first quarter of 2023 to calculate the success rate.
Success Rate of CCDAs imported into the system including Medications, Medication Allergies, and Problems	Since most practices are not using the CCDA received via Direct as a way of adding the patient, test steps will be to view and save the CCDA from the Direct message, then proceed to Document Management to import and attach the document to an existing patient. Since this is a CCDA, the system will recognize that and open up the ability to do the reconciliation and import of Medications, Medication Allergies, and Problems.

	The patient record will then be examined to ensure these data pieces did get incorporated into the patient chart. We will then calculate the success rate by counting the number of successfully imported CCDAs and divide by the total number of CCDAs imported which were received during the first quarter of 2023.
Success rate of CCDA views from Patient Portal	We will randomly sample patient charts and log into the Patient portal to view the CCDA. We will verify it includes the appropriate sections and the data is accurate for the test patient. We can then calculate the success rate by counting the number that were successfully viewed divided by the total number viewed. We will sample patients over the course of second quarter of 2023.
Success rate of downloading a CCDA from the Patient Portal	For the random sampling of patients where we view the CCDA, we will use the Download File button to download the CCDA and save it to a local drive on the computer. We will then calculate the success rate by counting the number of successfully downloaded CCDAs divided by the total number of downloaded CCDAs.
Success rate of the activity log properly recording our actions for Viewing and Downloading CCDA	From the patient portal, available on the left hand side tabs is a Portal History tab. This will bring us to the activity log of all actions performed on the portal account. We will verify that we see an entry for Viewing the CCDA and then Downloading the CCDA. Then to calculate the success rate we will count the number of successfully recorded entries in the activity log and divide by the number of actual activities (views, downloads and transmits).
Count of successful medication transmission messages for electronic prescriptions being sent to a pharmacy from one of our production systems (non-controlled)	This can be done from an EMR production system, we can capture screenshots of such messages. For a period of time we can calculate the number of successfully transmitted non-controlled medication messages. We can run a report of messages each day for an entire month.
Count of successful medication transmission messages for electronic prescriptions being sent to a pharmacy from one of our production systems (controlled)	This can be done from an EMR production system, we can capture screenshots of such messages. For a period of time we can calculate the number of successfully transmitted controlled medication messages. We can run a report of messages each day for an entire month.
Count of exported patients including demographics, Medications, Medication	Since no one typically uses this feature, we will have to randomly select a client and export a set

Allergies, and Problems using the CCDAs Export feature in the system	of patients then observe the success and test the CCDAs for completeness. We will have to do this test once in first quarter of 2023 and again in second quarter of 2023.
Count of successfully generated CQMs	Once CQMs have been generated, we can review another screen which lists the patients under each of Denominator, Numerator, Exclusion and/or Exception. Verify accuracy by randomly selecting a few patient charts from each and determining if they were correctly identified. We can then calculate a success rate by counting the number of CQM generated with successful patient charts divided by the total number of CQMs generated. These will be generated to pull data from the full 2022 reporting period.
Success rate of generated a QRDA III files for CQMs	Once a CQM has been generated, we can generate a QRDA Category III file. We will open the file and verify the summary numbers for Denominator, Numerator, Exclusions, and/or Exceptions are properly represented. We can then calculate the success rate by dividing the number of successfully generated QRDA files by the total number of generated QRDA files. These will be generated to pull data from the full 2022 reporting period.
Success rate of generated JSON files for CQMs	This is a step that we do for our clients. Therefore, we will record our steps when reporting and this is a perfect test of the files we generate. Once we upload the JSON file to the QPP website, it will display the results. We can then calculate the success rate by dividing the number of successful JSON files by the total number of JSON files generated and uploaded. These will be generated to pull data from the full 2022 reporting period.
Count of successfully imported QRDA I files	We will import a QRDA I file from another system. We will import into a Staging environment as to not modify real patient data on a production system. Our goal is to successfully import one QRDA file. We will have to do this test once in first quarter of 2023 and again in second quarter of 2023.
Count of successfully generated QRDA I files	From our CQM screen, we can generate a QRDA I file for any patient in the result set. We will observe that it is successfully generated. We will have to do this test once in first quarter of 2023 and again in second quarter of 2023.

Success rate of Immunization messages successfully transmitted out of a production system to a state registry	We have some clients actively using an Immunization registry interface and we can show screenshots of errors and generate reports of successful messages. We can run a report of messages each day for an entire month.
Follow our instructions for utilizing the ReLi Med Solutions MU3 API, Version 1.0 here: https://api.relimedsolutions.com/ and since we do not have a real Application to test, we will use Swagger and calculate the success rate of utilizing the API to access patient data	2023 Results Update: Since our CURES release, this measure will be replaced by the following three measures.
Success rate of requests for single patient unique identifier that can be used to request additional patient data. <ul style="list-style-type: none"> 170.315 (g)(7): Application Access - Patient Selection 	To demonstrate the certified capability is available and effective, we will record the number of requests and number of valid responses that are sent from the CEHRT, which will demonstrate that the full workflow is functioning as intended.
Success rate of requests for patient summary data using the returned unique identifiers received from the previous test in 170.315 (g)(7). <ul style="list-style-type: none"> 170.315 (g)(9): Application Access – All Data Request 	To demonstrate the certified capability is available and effective, we will record the number of requests and number of valid responses that are sent from the CEHRT, which will demonstrate that the full workflow is functioning as intended.
Success rate of requests made from a standard FHIR API resource. <ul style="list-style-type: none"> 170.315 (g)(10): Standardized API for Patient and Population Services 	To demonstrate the certified capability is available and effective, we will record the number of requests and number of valid responses that are sent from the CEHRT, which will demonstrate that the full workflow is functioning as intended.

Associated Certification Criteria

List certification criteria associated with the measure and if updated to the 2015 Edition Cures Update criteria.

Measurement / Metric	Associated Certification Criteria
Number of CCDAs sent via phiMail server using Direct Message technology	170.315 (h)(1): Direct Project
Success Rate of CCDAs sent via phiMail server using Direct Message technology	170.315 (h)(1): Direct Project
Number of CCDAs received via phiMail server using Direct Message technology	170.315 (b)(1): Transitions of Care
Success Rate of CCDAs to be displayed in Human Readable Format	170.315 (b)(1): Transitions of Care

Success Rate of CCDAs imported into the system including Medications, Medication Allergies, and Problems	170.315 (b)(2): Clinical Information Reconciliation and Incorporation
Success rate of CCDA views from Patient Portal	170.315 (e)(1): View, Download, and Transmit to 3rd Party
Success rate of downloading a CCDA from the Patient Portal	170.315 (e)(1): View, Download, and Transmit to 3rd Party
Success rate of the activity log properly recording our actions for Viewing and Downloading CCDA	170.315 (e)(1): View, Download, and Transmit to 3rd Party
Count of successful medication transmission messages for electronic prescriptions being sent to a pharmacy from one of our production systems (non-controlled)	170.315 (b)(3): Electronic Prescribing
Count of successful medication transmission messages for electronic prescriptions being sent to a pharmacy from one of our production systems (controlled)	170.315 (b)(3): Electronic Prescribing
Count of exported patients including demographics, Medications, Medication Allergies, and Problems using the CCDA Export feature in the system	170.315 (b)(6): Data Export
Count of successfully generated CQMs	170.315 (c)(1): Clinical Quality Measures - Record and Export
Success rate of generated a QRDA III files for CQMs	170.315 (c)(3): Clinical Quality Measures – Report
Success rate of generated JSON files for CQMs	170.315 (c)(3): Clinical Quality Measures – Report
Count of successfully imported QRDA I files	170.315 (c)(2): Clinical Quality Measures - Import and Calculate
Count of successfully generated QRDA I files	170.315 (c)(1): Clinical Quality Measures - Record and Export
Success rate of Immunization messages successfully transmitted out of a production system to a state registry	170.315 (f)(1): Transmission to Immunization Registries
Count of successfully generated Syndromic Surveillance messages	170.315 (f)(2): Transmission to Public Health Agency – Syndromic Surveillance
Follow our instructions for utilizing the ReLi Med Solutions MU3 API, Version 1.0 here: https://api.relimedsolutions.com/ and since we do not have a real Application to test, we will use	70.315 (g)(7): Application Access - Patient Selection 170.315 (g)(8): Application Access - Data Category Request

Swagger and calculate the success rate of utilizing the API to access patient data	170.315 (g)(9): Application Access - All Data Request **This measure has been replaced by the following three measures from our CURES update
Success rate of requests for single patient unique identifier that can be used to request additional patient data.	170.315 (g)(7): Application Access - Patient Selection
Success rate of requests for patient summary data using the returned unique identifiers received from the previous test in 170.315 (g)(7).	170.315 (g)(9): Application Access – All Data Request
Success rate of requests made from a standard FHIR API resource.	170.315 (g)(10): Standardized API for Patient and Population Services

Justification for Selected Measurement/Metric

Provide an explanation for the measurement/metric selected to conduct Real World Testing.

Measurement / Metric	Justification
Number of CCDAs sent via phiMail server using Direct Message technology	This is an actual function used by our MIPS providers to exchange a CCDA with another provider, specifically for referrals to specialists to satisfy MIPS.
Success Rate of CCDAs sent via phiMail server using Direct Message technology	This is a requirement for MIPS reporting that the users verify the messages was successfully received and then the user can manually change the status of the Referral to “Confirmed Reciept”
Number of CCDAs received via phiMail server using Direct Message technology	This rarely happens for our practices where they receive one that they will import, but they if they do, they will use it for reporting MIPS
Success Rate of CCDAs to be displayed in Human Readable Format	When the user receives the direct message, they can first view it to see who the patient is and what clinical information is included. At this point they can decide whether they will save it to the patient chart or actually import it.
Success Rate of CCDAs imported into the system including Medications, Medication Allergies, and Problems	This function can be useful for the practice to let the system create the patient record while inserting some demographic information, Medications, Medication Allergies, and Problems.
Success rate of CCDA views from Patient Portal	This is an actual function our practice’s patients use in their patient portal accounts to see their clinical summary in one document.
Success rate of downloading a CCDA from the Patient Portal	This is rarely done, but patients could use this function to store a copy of their clinical summary.

Success rate of the activity log properly recording our actions for Viewing and Downloading CCDA	Patients can view the activity log and this could be useful to determine when they previously downloaded or viewed their clinical summary.
Count of successful medication transmission messages for electronic prescriptions being sent to a pharmacy from one of our production systems (non-controlled)	This is the most highly used feature and providers send many electronic prescriptions daily, so this is one feature that is getting real world testing every day.
Count of successful medication transmission messages for electronic prescriptions being sent to a pharmacy from one of our production systems (controlled)	This is the most highly used feature and providers send many electronic prescriptions daily, so this is one feature that is getting real world testing every day.
Count of exported patients including demographics, Medications, Medication Allergies, and Problems using the CCDA Export feature in the system	We have never seen this used; this will just be performed as a test for this Real World Testing requirement.
Count of successfully generated CQMs	This feature is used for annual reporting for MIPS, UDS, and other quality organizations. It is used quite often in our production systems.
Success rate of generated a QRDA III files for CQMs	Generating a QRDA Category III file is used a lot to see the reports of each clinical quality measure in a summary format.
Success rate of generated JSON files for CQMs	This is used every year when we report for MIPS on behalf of our clients and has to be valid so the proper Denominator, Numerator, Exclusions and/or Exceptions are reported properly.
Count of successfully imported QRDA I files	We normally do not see any QRDA Category I files except what was provided from the CYPRESS test tool, so this was a rare occasion to be able to receive one of these from a new client.
Count of successfully generated QRDA I files	These files are not used and has never been requested from a client, but we will perform this test to satisfy the Real World Testing requirement.
Success rate of Immunization messages successfully transmitted out of a production system to a state registry	This is used by a couple of our clients and it is useful to the practice to not have to manually input data in their state registry.
Follow our instructions for utilizing the ReLi Med Solutions MU3 API, Version 1.0 here: https://api.relimedsolutions.com/ and since we do not have a real Application to test, we will use Swagger and calculate the success rate of utilizing the API to access patient data	This is not used and has never been requested from a client, but we will perform this test to satisfy the Real World Testing requirement. **This measure has been replaced by the following three measures from our CURES update
Success rate of requests for single patient unique identifier that can be used to request additional patient data.	This is not used and has never been requested from a client, but we will perform this test to satisfy the Real World Testing requirement.

Success rate of requests for patient summary data using the returned unique identifiers received from the previous test in 170.315 (g)(7).	This is not used and has never been requested from a client, but we will perform this test to satisfy the Real World Testing requirement.
Success rate of requests made from a standard FHIR API resource.	This is not used and has never been requested from a client, but we will perform this test to satisfy the Real World Testing requirement.

Care Setting(s)

Care Setting:	Justification
Ambulatory	<p>All of our clients consist of one of the following Ambulatory practice types:</p> <ul style="list-style-type: none"> • Internal Medicine • Family Medicine • Urgent Care/Walk in Clinic • Pediatrics • FQHC • Pulmonology • Psychiatry • Gastroenterology • Pain Management

Expected Outcomes

Measurement / Metric	Expected Outcomes
Number of CCDAs sent via phiMail server using Direct Message technology	Every CCDA generated and sent via Direct message should be successful or an appropriate error message should be available to the sender. The user should be able to view all sent messages and their result whether delivered, errored or just sent. The successful CCDAs that are shown to be delivered demonstrates this certified feature works as expected to be able to securely send patient information to another provider. We would like to at least see 10 CCDA messages sent.
Success Rate of CCDAs sent via Direct Message	Every CCDA generated and sent via Direct message should be successful or an appropriate error message should be available to the sender. The user should be able to view all sent messages and their result whether delivered, errored or just sent. The successful CCDAs that are shown to be delivered demonstrates this certified feature works as expected to be able to securely send patient information to another provider. We would like to see the success rate be greater than

	90% and any errored CCDAs could be corrected and re-generated /sent to be successful
Number of CCDAs received via Direct Message	We will hope to record at least 10 CCDAs received to our production software. Then we will observe the data in each. It will be hard to know if any were blocked from being received since these would come from other systems. Not all of our clients receive Direct messages.
Success Rate of CCDAs to be displayed in Human Readable Format	This will verify that the user can actually view the clinical data in a readable format and not just the XML. We do realize the formatting of the “human readable” part of the XML differs, but we hope to achieve an 85% or higher rate of successfully displaying the CCDA data in human readable format.
Success Rate of CCDAs imported into the system including Medications, Medication Allergies, and Problems	It is expected that the receiving system can create the patient at the time of importing and some of the data will be directly imported to the patient chart including Medications, Medication Allergies, and Problems and some demographics which directly supports to objective of the certification criteria to exchange data. We hope to achieve an 85% or higher rate of successfully.
Success rate of CCDA views from Patient Portal	This is a certification requirement, and this test will ensure patients/users of the patient portal can view their clinical summary in a human readable format. We hope to achieve 100% of all CCDAs to be able to be viewed from the patient portal.
Success rate of downloading a CCDA from the Patient Portal	This is a certification requirement, and this test will ensure patients/users of the patient portal can view their clinical summary in a human readable format and then be able to download and email it. We hope to achieve 100% of all CCDAs to be able to be downloaded from the patient portal.
Success rate of the activity log properly recording our actions for Viewing and Downloading CCDA	This test will ensure the certification requirement is met and the user/patient can be able to view a history of their actions with respect to their clinical summary. We hope to achieve 100% of all CCDAs to be able to be downloaded from the patient portal.
Count of successful medication transmission messages for electronic prescriptions being sent to a pharmacy from one of our production systems (non-controlled)	The expected outcomes here are seen everyday when patients actually go to the pharmacy and are able to pick up their prescriptions. This is proving that the receiving pharmacies are able to successfully dispense the transmitted medication

	orders. We hope to achieve 100% of all non-controlled medication messages are successfully delivered and any that do error will have a valid reason and that error message is clearly displayed to the user.
Count of successful medication transmission messages for electronic prescriptions being sent to a pharmacy from one of our production systems (controlled)	The expected outcomes here are seen everyday when patients actually go to the pharmacy and are able to pick up their prescriptions. This is proving that the receiving pharmacies are able to successfully dispense the transmitted medication orders. We hope to achieve 100% of all controlled medication messages are successfully delivered and any that do error will have a valid reason and that error message is clearly displayed to the user.
Count of exported patients including demographics, Medications, Medication Allergies, and Problems using the CCDA Export feature in the system	We hope to achieve 85% or better of exported patients have a CCDA generated that includes all pertinent sections. We will be observing a sampling of them for completeness.
Count of successfully generated CQMs	Since we report MIPS for some clients and other client depend on our system to generate CQM results, we hope to achieve 100% of all CQMs that are queued to generate and result successfully.
Success rate of generated a QRDA III files for CQMs	The QRDA Category III file should adhere to the standard and be able to be validated. The expected outcome is for the user or system to be able to extract the results of the Clinical Quality Measure by breaking down the denominator, numerator, exclusion and/or exception. We hope to achieve 100% of all generated CQMs to be able to generate successfully QRDA III files.
Success rate of generated JSON files for CQMs	The JSON file should adhere to the standard and be able to be validated. The expected outcome is for the QPP Portal to be able to extract the results of the Clinical Quality Measure by breaking down the denominator, numerator, exclusion and/or exception. We upload json files for our clients' CQM reporting through the QPP portal. We expect to achieve 100% of all json files generated to be uploaded and accepted through the QPP interface.
Count of successfully imported QRDA I files	The expected outcome is for the system to be able to successfully parse and import the patient data from the QRDA Category I file. We have never seen a client use this feature. We will have to do the testing on a staging environment to

	validate that we are able to successfully import each patient from at least one QRDA Category I file.
Count of successfully generated QRDA I files	The QRDA Category I file generated by the system should be properly formatted and include the required patient data. We will make sure the file is generated and observe its contents.
Success rate of Immunization messages successfully transmitted out of a production system to a state registry	The expected outcome is that the patients' immunization administered by the practice is properly transmitted to the State registry. We can retrieve the results of all the immunization messages transmitted out of our system over a period of time and calculate the success rate.
Follow our instructions for utilizing the ReLi Med Solutions MU3 API, Version 1.0 here: https://api.relimesolutions.com/ and since we do not have a real Application to test, we will use Swagger and calculate the success rate of utilizing the API to access patient data	**This measure has been replaced by the following three measures from our CURES update
Success rate of requests for single patient unique identifier that can be used to request additional patient data.	<p>Since we do not have any clients that have requested such an interface, we will set up as we were through our certification process with our FHIR server and test data.</p> <p>We will simulate one test for the Patient selection message exchange and observe a successful response.</p>
Success rate of requests for patient summary data using the returned unique identifiers received from the previous test in 170.315 (g)(7).	<p>Since we do not have any clients that have requested such an interface, we will set up as we were through our certification process with our FHIR server and test data.</p> <p>We will simulate one test of the all data request message exchange and observe a successful response.</p>
Success rate of requests made from a standard FHIR API resource.	<p>Since we do not have any clients that have requested such an interface, we will set up as we were through our certification process with our FHIR server and test data.</p> <p>We will simulate one test each of the API message exchanges and observe a successful response with each case.</p>

SCHEDULE OF KEY MILESTONES

Key Milestone	Care Setting	Date.Timeframe
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Compile list of providers/systems that will be used for each measure of the RWT	Ambulatory – Internal Medicine	February 11 th , 2023
CQMs generated and JSON files stored locally	Ambulatory – Internal Medicine	February 25 th , 2023
JSON files uploaded to QPP/Validated	Ambulatory – Internal Medicine	March 18 th , 2023
Complete QRDA I Import Testing on Staging system with client-provided files, 1 st test	Ambulatory – Family Medicine	March 31 st , 2023
Complete QRDA I Import Testing on Staging system with client-provided files, 2 nd test	Ambulatory – Family Medicine	July 22 nd , 2023
Complete Sending CCDAs via Direct message from production system	Ambulatory – Internal Medicine	December 31 st , 2022
Calculate the success rate for Sending the CCDAs	Ambulatory – Internal Medicine	February 21 st , 2023
Examine and calculate the number of received CCDAs over the first quarter of 2023	Ambulatory – Internal Medicine	April 29 th , 2023
Examine and calculate the number of received CCDAs where they are successfully view in human readable format over the first quarter of 2023	Ambulatory – Internal Medicine	April 29 th , 2023
Examine and calculate the number of received CCDAs where they are successfully imported over the first quarter of 2023	Ambulatory – Internal Medicine	April 29 th , 2023
Complete Patient Portal View, Download and Transmit of CCDA testing along with verifying the activity log, perform random sample once a week throughout the second quarter of 2023	Ambulatory – Internal Medicine	June 30 th , 2023
Complete Patient Portal API with Swagger app – first test	Ambulatory – Internal Medicine	June 30 th , 2023
Complete Patient Portal API with Swagger app – second test	Ambulatory – Internal Medicine	September 30 th , 2023
Complete all other testing	Ambulatory – Internal Medicine	September 30 th , 2023
Complete RWT Results Documentation	Ambulatory – Internal Medicine	January 31 st , 2024

Actual Outcomes

Measurement / Metric	Expected Outcomes	Actual Outcomes
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Number of CCDAs sent via phiMail server using Direct Message technology	Every CCDA generated and sent via Direct message should be successful or an appropriate error message should be available to the sender. The user should be able to view all sent messages and their result whether delivered, errored or just sent. The successful CCDAs that are shown to be delivered demonstrates this certified feature works as expected to be able to securely send patient information to another provider. We would like to at least see 10 CCDA messages sent.	<p>5 Referral CCDAs were sent successfully from Ambulatory Practice (TIN 562279234) using the Direct email address of a provider to a provider at Ambulatory Practice (TIN 113681271).</p> <ul style="list-style-type: none"> • Messages are viewable from the Direct Message Sent mailbox with status = Delivered or Sent in the Ambulatory Practice (TIN 562279234) system • Messages are viewable from the Direct New mailbox in the Ambulatory Practice (TIN 113681271) site <p>5 Referral CCDAs were sent successfully from Ambulatory Practice (TIN 113681271) using the Direct email address of a provider to a provider at Ambulatory Practice (TIN 562279234)</p> <ul style="list-style-type: none"> • Messages are viewable from the Direct Message Sent mailbox with status = Delivered or Sent in the Ambulatory Practice (TIN 113681271) site • Messages are viewable from the Direct New mailbox in the Ambulatory Practice (TIN 562279234) system
Success Rate of CCDAs sent via phiMail server using Direct Message technology	Every CCDA generated and sent via Direct message should be successful or an appropriate error message should be available to the sender. The user should be able to view all sent messages and their result whether delivered, errored or just sent. The successful CCDAs that are shown to be	<p>10 out of 10 CCDAs sent were successfully delivered to the receiver for a success rate of 100%</p> <ul style="list-style-type: none"> • From Ambulatory Practice (TIN 562279234) using the Direct email address of a provider to a provider at Ambulatory Practice (TIN 113681271), sent 5

	delivered demonstrates this certified feature works as expected to be able to securely send patient information to another provider. We would like to see the success rate be greater than 90% and any errored CCDAs could be corrected and re-generated /sent to be successful	<p>random Summary of Care CCDAs. Verified it could be viewed successfully.</p> <ul style="list-style-type: none"> From Ambulatory Practice (TIN 113681271) using the Direct email address of a provider to a provider at Ambulatory Practice (TIN 562279234), sent 5 random Summary of Care CCDAs. Verified it could be viewed successfully.
Number of CCDAs received via phiMail server using Direct Message technology	We will hope to record at least 10 CCDAs received to our production software. Then we will observe the data in each. It will be hard to know if any were blocked from being received since these would come from other systems. Not all of our clients receive Direct messages.	<p>10 out of 10 CCDAs sent were successfully delivered to the receiver for a success rate of 100%</p> <ul style="list-style-type: none"> From Ambulatory Practice (TIN 562279234) using the Direct email address of a provider to a provider at Ambulatory Practice (TIN 113681271), sent 5 random Summary of Care CCDAs. Verified it could be viewed successfully. From Ambulatory Practice (TIN 113681271) using the Direct email address of a provider to a provider at Ambulatory Practice (TIN 562279234), sent 5 random Summary of Care CCDAs. Verified it could be viewed successfully.
Success Rate of CCDAs to be displayed in Human Readable Format	This will verify that the user can actually view the clinical data in a readable format and not just the XML. We do realize the formatting of the "human readable" part of the XML differs, but we hope to achieve an 85% or higher rate of successfully displaying the CCDAs data in human readable format.	We are able to use the View button right from the direct message in our inbox to view the CCDAs in human readable format. This was achieved on our sample of 10 CCDAs from the above measure. We achieved a success rate of 100%.

Success Rate of CCDAs imported into the system including Medications, Medication Allergies, and Problems	It is expected that the receiving system can create the patient at the time of importing and some of the data will be directly imported to the patient chart including Medications, Medication Allergies, and Problems and some demographics which directly supports to objective of the certification criteria to exchange data. We hope to achieve an 85% or higher rate of successfully.	Saving the 10 CCDAs from the system above, we tested each one using our Import and Reconciliation feature with our Staging MU3 Reports system (Note new MR# in staging starts with "RWT"). All of the following MR#s imported successfully for Medications, Medication Allergies and Problems. NOTE: Problems did not have descriptions attached, but the proper codes were imported yielding a success rate of 100%: <ul style="list-style-type: none"> • 1655 • 002992 • 6154 • 6588 • 6659 • 008326 • 41818 • 42088 • 42891 • P4771
Success rate of CCDA views from Patient Portal	This is a certification requirement, and this test will ensure patients/users of the patient portal can view their clinical summary in a human readable format. We hope to achieve 100% of all CCDAs to be able to be viewed from the patient portal.	Added random sample of patients to Patient Portal account and viewed CCDA using Ambulatory Practice (TIN 562279234) system Patients: 013342, 9253, 025950, 43364, 16156, 013864, 012239, 034394, 8009, 022783. 10 out of 10 CCDAs were successfully viewed achieving 100% success rate.
Success rate of downloading a CCDA from the Patient Portal	This is a certification requirement, and this test will ensure patients/users of the patient portal can view their clinical summary in a human readable format and then be able to download and email it. We hope to achieve 100% of all CCDAs to be able to be	Added random sample of patients to Patient Portal account and viewed CCDA using Ambulatory Practice (TIN 562279234) System Patients: 013342, 9253, 025950, 43364, 16156, 013864, 012239, 034394, 8009, 022783. 10 out of 10 CCDAs were successfully downloaded and emailed achieving 100% success rate.

	downloaded from the patient portal.	
Success rate of the activity log properly recording our actions for Viewing and Downloading CCDA	This test will ensure the certification requirement is met and the user/patient can be able to view a history of their actions with respect to their clinical summary. We hope to achieve 100% of all CCDAs to be able to be downloaded from the patient portal.	Added random sample of patients to Patient Portal account and viewed CCDA using Ambulatory Practice (TIN 562279234) System Patients: 013342, 9253, 025950, 43364, 16156, 013864, 012239, 034394, 8009, 022783. 10 out of 10 patient account portal history logs showed the viewing and downloading of the CCDA actions, successfully achieving 100% success rate.
Count of successful medication transmission messages for electronic prescriptions being sent to a pharmacy from one of our production systems (non-controlled)	The expected outcomes here are seen everyday when patients actually go to the pharmacy and are able to pick up their prescriptions. This is proving that the receiving pharmacies are able to successfully dispense the transmitted medication orders. We hope to achieve 100% of all non-controlled medication messages are successfully delivered and any that do error will have a valid reason and that error message is clearly displayed to the user.	We exported the Medications report for one full day excluding controlled substances: 11/09/2023 from Ambulatory Practice (TIN 562279234) and there were none that were Errored. Out of a total of 131: 1 were deleted; 8 were denied Refill Requests; 2 are still Pending transmission; 6 were stopped; 2 were transmitted; 112 verified. This was 100% successful transmissions.
Count of successful medication transmission messages for electronic prescriptions being sent to a pharmacy from one of our production systems (controlled)	The expected outcomes here are seen everyday when patients actually go to the pharmacy and are able to pick up their prescriptions. This is proving that the receiving pharmacies are able to successfully dispense the transmitted medication orders. We hope to achieve 100% of all controlled medication messages are successfully delivered and any that do error will have a valid reason and that error	We exported the Medications report for one full day of just controlled substances: 11/09/2023 from Ambulatory Practice (TIN 562279234) and there were none that were Errored. Out of a total of 13: 3 were Stopped; 10 verified. This was 100% successful transmissions.

	message is clearly displayed to the user.	
Count of exported patients including demographics, Medications, Medication Allergies, and Problems using the CCDA Export feature in the system	We hope to achieve 85% or better of exported patients have a CCDA generated that includes all pertinent sections. We will be observing a sampling of them for completeness.	We successfully generated a zipped folder of a patient export job after selecting a Patient List of 1948 patients. Once finished, we downloaded the zipped folder of CCDAs and we observed a sampling of 10 files and was able to view them. All 1948 CCDAs were generated for a 100% success rate.
Count of successfully generated CQMs	Since we report MIPS for some clients and other client depend on our system to generate CQM results, we hope to achieve 100% of all CQMs that are queued to generate and result successfully.	<p>We reported for the following Practices and CQMs which were successfully generated achieving 100% success rate:</p> <ul style="list-style-type: none"> Ambulatory Practice (TIN 113681271): 001: 122v10; 309: 124v10; 111: 127v10; 113: 130v10; 226: 138v10; 238: 156v10; 236: 165v10; 134: 2v11; 374: 50v10; 130: 68v11; 128: 69v10 Pulmonology clinic (TIN 464115193) (Individual) : 001: 122v10; 309: 124v10; 111: 127v10; 113: 130v10; 226: 138v10; 238: 156v10; 236: 165v10; 134: 2v11; 374: 50v10; 130: 68v11; 128: 69v10 Ambulatory Practice (TIN 562279234): 001: 122v10; 309: 124v10; 111: 127v10; 113: 130v10; 226: 138v10; 238: 156v10; 236: 165v10; 134: 2v11; 374: 50v10; 130: 68v11; 128: 69v10
Success rate of generated a QRDA III files for CQMs	The QRDA Category III file should adhere to the standard and be able to be validated. The expected outcome is for the user or system to be able to extract the results of the Clinical	We have successfully generated all QRDA Category III files that represent the CQM measures from Ambulatory Practice (TIN 113681271). We have visually inspected them and found no issues:

	<p>Quality Measure by breaking down the denominator, numerator, exclusion and/or exception. We hope to achieve 100% of all generated CQMs to be able to generate successfully QRDA III files.</p>	<ul style="list-style-type: none"> • 001: 122v10 – reported as Den: 390, Num: 128, Exc: 40 • 309: 124v10 – reported as Den 902, Num 112, no exclusions or exceptions • 111: 127v10 – reported as Den 230, Num 60, no exclusions or exceptions • 113: 130v10 – reporting Den 652, Num 0, no exclusions or exceptions • 226: 138v10 – reporting Den1 1487, Num1 1334, Exp1 5; Den2 349, Num2 237, Exp2 0; Den3 1487, Num3 1237, Exp3 5 • 238: 156v10 – reporting Den1 259, Num1 11, No Exp; Den2 259, Num 2, No Exp; Den3 259, Num3 13, No Exp • 236: 165v10 – reporting Den 730, Num 364, Exc 21 • 134: 2v11 – reporting Den 1940, Num 1, Exc 363, Exp 7 • 374: 50v10 – reporting Den 1012, Num 843, No exclusions or exceptions • 130: 68v11 – reporting Den 5783, Num 5729, no exclusions or exceptions • 128: 69v10 – reporting Den 1827, Num 907, Exc 42
Success rate of generated JSON files for CQMs	<p>The JSON file should adhere to the standard and be able to be validated. The expected outcome is for the QPP Portal to be able to extract the results of the Clinical Quality Measure by breaking down the denominator, numerator,</p>	<p>We reported for the following Practices and CQMs which were successfully generated as json files which were uploaded, validated, and scored, achieving 100% success rate:</p> <ul style="list-style-type: none"> • Ambulatory Practice (TIN 113681271): 001: 122v10; 309: 124v10; 111: 127v10;

	<p>exclusion and/or exception. We upload json files for our clients' CQM reporting through the QPP portal. We expect to achieve 100% of all json files generated to be uploaded and accepted through the QPP interface.</p>	<p>113: 130v10; 226: 138v10; 238: 156v10; 236: 165v10; 134: 2v11; 374: 50v10; 130: 68v11; 128: 69v10</p> <ul style="list-style-type: none"> Pulmonology clinic (TIN 464115193) (Individual) : 001: 122v10; 309: 124v10; 111: 127v10; 113: 130v10; 226: 138v10; 238: 156v10; 236: 165v10; 134: 2v11; 374: 50v10; 130: 68v11; 128: 69v10 Ambulatory Practice (TIN 562279234): 001: 122v10; 309: 124v10; 111: 127v10; 113: 130v10; 226: 138v10; 238: 156v10; 236: 165v10; 134: 2v11; 374: 50v10; 130: 68v11; 128: 69v10
Count of successfully imported QRDA I files	<p>The expected outcome is for the system to be able to successfully parse and import the patient data from the QRDA Category I file. We have never seen a client use this feature. We will have to do the testing on a staging environment to validate that we are able to successfully import each patient from at least one QRDA Category I file.</p>	<p>We successfully imported a QRDA Cat I file that was generated as part of a set for CQM CMS122v10 from our Production system (Ambulatory practice with TIN 203898638) into our Staging system. We recorded one file being imported. We verified demographics, encounters, diagnosis, and Lab order were imported.</p>
Count of successfully generated QRDA I files	<p>The QRDA Category I file generated by the system should be properly formatted and include the required patient data. We will make sure the file is generated and observe its contents.</p>	<p>We generated QRDA I files for patients by selecting the generated results of CQM CMS127v10 from Ambulatory Practice (TIN 113681271) which was 230 patients. There was 1 patient that failed CCDA file generation due to missing language. There were 9 patients that failed to pass validation as Unknown/Declined values being answered in demographics: 5343, 5383, 5691, P1814, P2261, P304, P5803, P7584, P8842. Therefore,</p>

		we had 220 out of 230 patients pass validation yielding a success rate of 96%.
Success rate of Immunization messages successfully transmitted out of a production system to a state registry	The expected outcome is that the patients' immunization administered by the practice is properly transmitted to the State registry. We can retrieve the results of all the immunization messages transmitted out of our system over a period of time and calculate the success rate.	This is a feature used daily by our Pediatric clients. We examined the date range of 10/16/2023 through 10/20/2023 in a Pediatric practice in Arizona (TIN 134247441) transmitting to the Arizona State Immunization Registry. A total of 33 Immunizations were successfully transmitted and there were 4 that errored. The errors were due to the PCV20 vaccine's CPT and NDC codes were missing, so the office needs to make sure these are populated for this new vaccine and re-queue. Since the errors were due to missing mandatory data, this is a 100% success rate.
Count of successfully generated Syndromic Surveillance messages	The Syndromic Surveillance message should be properly formatted as per the certification requirement. We can use a sampling of systems and patients to generate the Syndromic Surveillance messages and observe the contents of each one. We hope to achieve 90% of all messages are generated and contain all the appropriate data.	The Syndromic Surveillance function is only available in systems that have a Syndromic interface. We have not had a system with this interface in use since April 2020. Therefore, we are unable to perform this test.
Follow our instructions for utilizing the ReLi Med Solutions MU3 API, Version 1.0 here: https://api.relimedsolutions.com/ and since we do not have a real Application to test, we will use Swagger and calculate the success rate of utilizing the API to access patient data **This measure was before our CURES Release 7.3.2 was released. Previously, it addressed the following Requirements:	The expected outcome of each of the interfaces documented the API documentation should be able to be performed with a random sample of at least 5 patients. We only have access to one API test application, Swagger, and will utilize that application for our tests.	Since we became CURES certified this measure no longer pertains, so we still have it listed, but we did not test it. <ul style="list-style-type: none"> The three measures that follow demonstrate the new 170.315 (g)(7): Application Access - Patient Selection 170.315 (g)(9): Application Access - All Data Request

<ul style="list-style-type: none"> 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 <p>So, this measure was replaced by the following three measures added below</p>		<ul style="list-style-type: none"> 170.315 (g)(10): Standardized API for Patient and Population Services <p>from our CURES certification.</p>
<p>Success rate of requests for single patient unique identifier that can be used to request additional patient data. To demonstrate the certified capability is available and effective, we will record the number of requests and number of valid responses that are sent from the CEHRT, which will demonstrate that the full workflow is functioning as intended.</p> <ul style="list-style-type: none"> 170.315 (g)(7): Application Access - Patient Selection 	<p>The expected outcome is that from each of our patient requests, we can demonstrate that a response is received, and we can determine whether that response is successful or not.</p>	<p>After querying our clients' audit logs, it was determined that there has been zero adoption of this criteria to date. Therefore, we demonstrated how one would utilize this functionality using our internal sandbox application.</p> <p>We performed an interactive test for the Patient selection message exchange and observed a compliant response for a single patient.</p>
<p>Success rate of requests for patient summary data using the returned unique identifiers received from the previous test in 170.315 (g)(7). To demonstrate the certified capability is available and effective, we will record the number of requests and number of valid responses that are sent from the CEHRT, which will demonstrate that the full workflow is functioning as intended.</p> <ul style="list-style-type: none"> 170.315 (g)(9): Application Access – All Data Request 	<p>The expected outcome is that from each of our patient requests, we can demonstrate that a response is received, and we can determine whether that response is successful or not.</p>	<p>After querying our clients' audit logs, it was determined that there has been zero adoption of this criteria to date. Therefore, we demonstrated how one would utilize this functionality using our internal sandbox application.</p> <p>Utilizing the patient identified in the above (g)(7) test, we performed a sample of tests retrieving data as defined in CCDS for the all data request message exchange and received the expected results.</p>
<p>Success rate of requests made from a standard FHIR</p>	<p>The expected outcome is that from each of our FHIR</p>	<p>After querying our clients' audit logs, it was determined that there</p>

<p>API resource. To demonstrate the certified capability is available and effective, we will record the number of requests and number of valid responses that are sent from the CEHRT, which will demonstrate that the full workflow is functioning as intended.</p> <ul style="list-style-type: none"> • 170.315 (g)(10): Standardized API for Patient and Population Services 	<p>API requests, we can demonstrate that a response is received, and we can determine whether that response is successful or not.</p>	<p>has been zero adoption of this criteria to date. Therefore, we demonstrated how one would utilize this functionality using our internal sandbox application.</p> <p>While performing the tests for (g)(7) and (g)(9), we have observed the system is functioning as intended.</p>
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ATTESTATION

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Date: February 6, 2024