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://relimedsolutions.com/certification/

- Users will find a link on this page for 2023 to 2024 Real World Test Plan along with prior years Test Plans and Test Results

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 CCDA 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 was 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 of 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 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 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 driver 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.
- 70.315 (g)(7): **Application Access - Patient Selection**
- 170.315 (g)(9): **Application Access - All Data Request**
- 170.315 (g)(10): **Standardized API for Patient and Population Services**
  There is no real-world testing ability for these modules. None of our clients have had API requests to date. We will test the functionality of our FHIR API submitting requests and examining responses received from our FHIR server.
- 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 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))

In 2022, with the 2015 Cures Update Certification, ReLiMed EMR was updated to support the following standards:

- USCDI v1
- C-CDA R2.1
- US Core 3.1

All criteria listed in this test plan follow the standards referenced in the 2015 Edition Cures Update.

Test Plan by Criteria

Criteria	170.315 (b)(1): Transitions of Care
Description of Measurement/Metric	• Number of CCDAs received: The measurement will count the CCDAs received from direct messages from other systems during the 2024 year. • 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 during 2024 to calculate the success rate.
Justification	• This rarely happens for our practices where they receive a CCDA that they will import, but if they do, they will use it for reporting MIPS • 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.
Relied Upon Software	• phiMail server using Direct Message technology

Expected Outcomes	• 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 our clients receive Direct messages. • This will verify that the user can 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.

Results	• One of our Internal Medicine clients (TIN 562267528) received CCDAs throughout 2024. We were able to view each one in a human readable format:
	  ○ 20996
	  ○ 3742
	  ○ 20997
	  ○ 3917
	  ○ 20786
	  ○ 20109
	  ○ 21039
	  ○ 6742
	• These were all existing patients that we were able to select and view the CCDA in human readable format. There were 8 CCDAs received and 8 were successfully viewed for a success rate of 100%

Criteria	170.315 (b)(2): Clinical Information Reconciliation and Incorporation
Description of Measurement/Metric	• 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 2024.

Justification	• 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.
Relied Upon Software	• phiMail server using Direct Message technology
Expected Outcomes	• 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.

Results	• One of our Internal Medicine clients (TIN 562267528) received CCDAs throughout 2024. We were about to see each one was imported and reconciled:
	  ○ 20996
	  ○ 3742
	  ○ 20997
	  ○ 3917
	  ○ 20786
	  ○ 20109
	  ○ 21039
	  ○ 6742
	• These were all existing patients that were mapped accordingly and there were no new Medications, Allergies or problems, and the system appropriately reported No Duplicates and saved the CCDA to the chart. There were 8 CCDAs received and 8 were successfully imported and reconciled for a success rate of 100%

Criteria	170.315 (b)(3): Electronic Prescribing
Description of Measurement/Metric	• 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.
Justification	• 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.
Relied Upon Software	• Not Applicable
Expected Outcomes	• The expected outcomes here are seen every day when patients go to the pharmacy and are able to pick up their prescriptions. This proves 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. • The expected outcomes here are seen every day when patients go to the pharmacy and are able to pick up their prescriptions. This proves that the receiving pharmacies can 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.
Results	• We exported the Medications report for one full work week excluding controlled substances: 11/04/2024 through 11/08/2024 from Ambulatory Practice (TIN 562267528) and there were none that were Errored. Out of a total of 184: 3 were Cancel Rx Transmitted; 4 were deleted; 7 were Physician Approved but not transmitted; 4 were Printed; 4 were denied Refill Requests; 9 were stopped; 153 were Verified Pharmacy Received. This was 100% successful transmissions. • We exported the Medications report for one full work week for controlled substances: 11/04/2024 through 11/08/2024 from Ambulatory Practice (TIN 562267528) and there were none that were Errored. Out of a total of 15: 1 was deleted; 1 was denied Refill Requests; 4 were stopped; 9 were Verified Pharmacy Received. This was 100% successful transmissions.

Criteria	170.315 (b)(6): Data Export
Description of Measurement/Metric	• Count of exported patients including demographics, Medications, Medication Allergies, and Problems using the CCDA Export feature in the system: We will randomly select a client and export a set of patients then observe the success and test the CCDAs for completeness. We will have to do this test once in first quarter of 2024 and again in second quarter of 2024.
Justification	• This feature is offered free of charge to clients that want to end their EMR contract and retrieve these clinical summaries for their patients.
Relied Upon Software	• Not Applicable
Expected Outcomes	• 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.
Results	• We had a client that was closing, so we did a full patient export including CCDAs for each patient. The client makes a request, and we have an internal team complete the request and send an email with instructions on downloading the full export including the CCDAs. We performed this for Pulmonary practice (TIN 464115193). The client was able to access each patient's CCDA for 100% success.

Criteria	170.315 (c)(1): Clinical Quality Measures - Record and Export
Description of Measurement/Metric	• 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 2023 reporting period. • 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 2024 and again in second quarter of 2024.
Justification	• This feature is used for annual reporting for MIPS, UDS, and other quality organizations. It is used quite often in our production systems. • The QRDA I 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.
Relied Upon Software	• Not Applicable
Expected Outcomes	• 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.
Results	• Count of successfully generated CQMs: We generated the following CQMs for client with TIN 203898638: 122v11, 124v11, 127v11, 130v11, 138v11, 165v11, 2v12, 50v11, 68v12, 69v11. We then generated a QRDA Cat III file and examined the patient details while randomly selecting patients to verify accuracy for each measure. • Count of successfully generated QRDA I file: We generated Cat I files for all patients for Measure CMS50v11. 78 generated successfully while 10 did not due to Race, Ethnicity, or Preferred Language answered with an unknown/not disclosed answer. We used the online Cypress tool to import our files. We were able to see all 78 patients were listed and we can go into each one to see their data.

Criteria	170.315 (c)(2): Clinical Quality Measures - Import and Calculate
Description of Measurement/Metric	• 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 2024 and again in second quarter of 2024.
Justification	• 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.
Relied Upon Software	• Not Applicable

Expected Outcomes	• 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.
Results	• We successfully imported a QRDA Cat I file that was downloaded from Cypress for measure CQM 165 into our Staging system. We recorded one file being imported. We verified that patient did not exist before in the system we were testing, and verified demographics, encounters, diagnosis, and Lab order were imported after the test was completed.

Criteria	170.315 (c)(3): Clinical Quality Measures - Report
Description of Measurement/Metric	• 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 2023 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.
Justification	• Generating a QRDA Category III file is used a lot to see the reports of each clinical quality measure in a summary format. • Generating and uploading a JSON file 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.
Relied Upon Software	• Not Applicable

Expected Outcomes	• 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. • 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.
Results	• We generated the following CQMs for clients with TIN 203898638: 122v11, 124v11, 127v11, 130v11, 138v11, 165v11, 2v12, 50v11, 68v12, 69v11. We then generated a QRDA Cat III file for each measure and examined the patient details while randomly selecting patients to verify accuracy for each measure. • We also had to report through the QPP portal on behalf of this provider which included submitting a json file for the generated measures. Once you upload the json file, the QPP portal validates it and then parses it to calculate and summarize the provider's Quality score. This was done in the first quarter of 2024 with data from the reporting year 2023. All measures were accepted and scored which was a 100% success rate.

Criteria	170.315 (e)(1): View, Download, and Transmit to 3rd Party
Description of Measurement/Metric	• 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 the 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).
Justification	• This is an actual function our practice's patients use in their patient portal accounts to see their clinical summary in one document. • This is rarely done, but patients could use this function to store a copy of their clinical summary. • Patients can view the activity log, and this could be useful to determine when they previously downloaded or viewed their clinical summary.
Relied Upon Software	• phi Mail server using Direct Message technology
Expected Outcomes	• 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. • 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. • 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.
Results	• Using a production Ambulatory practice (TIN 203898638) we temporarily attached a random sample of patients to a test portal user account. We viewed each CCDA and verified the accuracy of the file to the chart: R1292, R1647, R1848, R1335, R1541. This resulted in 100% success • After viewing the CCDAs of those five patients above, we downloaded them to our local PC. These resulted in a separate zipped folder for each patient. Each folder

	included a stylesheet, xml file, and html file for the human readable representation of the CCDA. This zipped folder can easily be emailed to another provider. This resulted in a 100% success rate. • From our one portal user, we can then switch chart access to view each patient associated and view the Portal History. For each one we see a record of each time the CCDA was viewed and a record for when the CCDA was downloaded. This was true for all five patients for a 100% success rate.

Criteria	170.315 (f)(1): Transmission to Immunization Registries
Description of Measurement/Metric	• 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.
Justification	• This is used by some of our clients, and it is useful to the practice to not have to manually input data in their state registry.
Relied Upon Software	• Not Applicable
Expected Outcomes	• 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.
Results	• This is a feature used daily by our Pediatric clients. We examined the date range of 11/01/2024 through 11/15/2024 in a Pediatric practice in Arizona (TIN 205880125) transmitting to the Arizona State Immunization Registry. A total of 260 Immunizations were successfully transmitted and there were 3 that were errored. The errors were due to "'Vaccine funding source category' is missing", so the office needs to make sure these are populated for this the vaccine and re-queue. 5 were already showing as re-queued. Since the errors were due to missing mandatory data, this is a 100% success rate.

Criteria	170.315 (g)(7): Application Access - Patient Selection

Description of Measurement/Metric	• 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.
Justification	• 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.
Relied Upon Software	• Not Applicable
Expected Outcomes	• 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.
Results	• 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. • We performed an interactive test for the Patient selection message exchange and observed a compliant response for a single patient.

Criteria	170.315 (g)(9): Application Access – All Data Request
Description of Measurement/Metric	• 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.
Justification	• 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.
Relied Upon Software	• Not Applicable

Expected Outcomes	• 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.
Results	• 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. • Utilizing the patient identified in the above (g)(7) test, we performed a sample of tests retrieving data as defined in CCDS for all data request message exchange and received the expected results.

Criteria	170.315 (g)(10): Standardized API for Patient and Population Services
Description of Measurement/Metric	• Success rate of requests made from a standard FHIR 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.
Justification	• 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.
Relied Upon Software	• Not Applicable
Expected Outcomes	• The expected outcome is that from each of our FHIR API requests, we can demonstrate that a response is received, and we can determine whether that response is successful or not.
Results	• 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. • While performing the tests for (g)(7) and (g)(9), we have observed the system is functioning as intended.

Criteria	170.315 (h)(1): Direct Project
Description of Measurement/Metric	• Number of CCDAs sent: The measurement will count the CCDAs generated and sent via phi Mail server using Direct Message technology during the last quarter of 2023. 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: 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 2023.
Justification	• 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. • 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 Receipt"
Relied Upon Software	• phi Mail server using Direct Message technology
Expected Outcomes	• 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 demonstrate 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. • 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 demonstrate 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
Results	• One of our Internal Medicine clients (TIN 562267528) sent several CCDAs during 3rd quarter of 2024. The following MR numbers are CCDAs sent via Direct email with a Delivery Status = "Delivered" We opened each CCDA generated and sent and was able to successfully view them: ○ 20397 ○ 5505 ○ 20424 ○ 20452 ○ 20624 ○ 20356 ○ 21192 ○ 20323 ○ 6391 ○ 21128 • We were able to view and see 10 CCDAs sent and delivered successfully for a result of 100%

Care Setting(s)

Care Setting:	Justification
Ambulatory	All our clients consist of one of the following Ambulatory practice types: • Internal Medicine • Family Medicine • Urgent Care/Walk in Clinic • Pediatrics • FQHC • Pulmonology • Psychiatry • Gastroenterology • Pain Management

SCHEDULE OF KEY MILESTONES

Key Milestone	Care Setting	Date. Timeframe
Compile list of providers/systems that will be used for each measure of the RWT	Ambulatory – Internal Medicine	February 11th, 2024
CQMs generated and JSON files stored locally	Ambulatory – Internal Medicine	February 25th, 2024
JSON files uploaded to QPP/Validated	Ambulatory – Internal Medicine	March 18th, 2024

Complete QRDA I Import Testing on Staging system with client-provided files, 1st test	Ambulatory – Family Medicine	March 31st, 2024
Complete QRDA I Import Testing on Staging system with client-provided files, 2nd test	Ambulatory – Family Medicine	July 22nd, 2024
Complete Sending CCDA via Direct message from production system	Ambulatory – Internal Medicine	December 31st, 2023
Calculate the success rate for Sending the CCDAs	Ambulatory – Internal Medicine	February 21st, 2024
Examine and calculate the number of received CCDAs over the first quarter of 2024	Ambulatory – Internal Medicine	April 29th, 2024
Examine and calculate the number of received CCDAs where they are successfully view in human readable format over the first quarter of 2024	Ambulatory – Internal Medicine	April 29th, 2024
Examine and calculate the number of received CCDAs where they are successfully imported over the first quarter of 2024	Ambulatory – Internal Medicine	April 29th, 2024
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 2024	Ambulatory – Internal Medicine	June 30th, 2024
Complete Patient Portal API with Swagger app – first test	Ambulatory – Internal Medicine	June 30th, 2024
Complete Patient Portal API with Swagger app – second test	Ambulatory – Internal Medicine	September 30th, 2024
Complete all other testing	Ambulatory – Internal Medicine	September 30th, 2024
Complete RWT Results Documentation	Ambulatory – Internal Medicine	January 31st, 2025

ATTESTATION

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Date: 01/20/2025