CY 2022 Real World Testing Plan for CareLogic Enterprise S3

Executive Summary

This is the real world test plan for CY 2022 for Qualifacts Systems, Inc. certified EHR solution. It provides the real world test measurements and metrics that meet the intent and objectives of ONC's Condition of Certification and Maintenance of Certification requirement for real world testing (§ 170.405 Real World Testing) to evaluate compliance with the certification criteria and interoperability of exchanging electronic health information (EHI) within the care and practice setting which it is targeted for use.

As ONC has stated in its rule, "The objective of real world testing is to verify the extent to which certified health IT deployed in operational production settings is demonstrating continued compliance to certification criteria and functioning with the intended use cases as part of the overall maintenance of a health IT's certification." We have worked toward this objective in designing our test plan and its subsequent real world testing measurements and metrics.

This document builds toward the final testing measurements and metrics we will use to evaluate our product interoperability within production settings. Within each measure, we document planned testing methodology, associated ONC criteria, justification for measurement, expected outcomes from the testing, care settings applied for this measure, the number of customer/practice sites to use, and our general approach and justification for decisions.

We have included our timeline and milestones for completing the real world testing in CY 2022, and information about compliance with the Standards Version Advancement Process updates.
A table of contents with hyperlinks is provided later in the plan for quick access to any document section, including the testing measurements and metrics found at the end of this document. Our signed attestation of compliance with the real world testing requirements is on the following page.

Nashville | 315 Deaderick St, Suite 2300, Nashville, TN 37238 | P. 615-386-6755 | F. 615-386-1225 | www.qualifacts.com

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Developer Attestation

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

Authorized Representative Name: Hope Winkowski/ Vice President of Compliance

Authorized Representative Email: hope.winkowski@credibleinc.com

Authorized Representative Phone: (301) 652-9500, ext. 0428 (Desk)

Authorized Representative Signature:

Hope D. Winkowski

DATE November 11, 2021

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General Information

Plan Report ID Number: Qualifacts-RWT-2022

Developer Name: Qualifacts Systems, Inc.

Product Name(s): CareLogic

Version Numbers(s): Enterprise S3

Certified Health IT Criteria: §170.315(b)(1) Transitions of Care, §170.315(b)(2) Clinical Information Reconciliation and Incorporation, §170.315(b)(3) ePrescribing, §170.315(b)(6) Data Export, §170.315(c)(1),(c)(2), (c)(3) Clinical Quality Measures, §170.315(e)(1) VDT to a third party, §170.315(f)(1) Transmission to Immunization Registries, §170.315(f)(7) Transmission to Public Health Agencies-Health Care Surveys, §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, §170.315(h)(1) Direct Project

Product List (CHPL) ID(s) and Link(s): 15.04.04.2237.Care.S3.00.1.181220, CHPL link

Developer Real World Testing Page URL: https://qualifacts.com/carelogic-ehr-platform/ehr-certifications/

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Timeline and Milestones for Real World Testing CY 2022

- 1Q-2022: Begin communication with customers to ask for their support and participation in real world testing. The goal is to have a sufficient number of customers committed for real world testing by the end of 1Q-2022.
- 2Q-3Q 2022. During the 2nd and 3rd quarter of CY 2022, the real world testing with customers will be scheduled and performed. It is expected that a preparatory call will be done with customers to prepare them for testing activities. Results will be documented in the test results section of the test methods and ultimately used to build the test report. If any non-compliances are observed, we will notify the ONC-ACB of the findings and make the necessary changes required.
- 4Q-2022. During the last quarter of the year, the CY 2023 real world test plan will be completed according to ONC and ONC-ACB requirements and expectations. Test plan will be prepared for submission before the end of the year.
- 1Q-2023. Submit test results to ACB.

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Standards Version Advancement Process (SVAP) Updates

For CY 2022, we are not planning to make any version updates on approved standards through the SVAP process.

Standard (and version)	None
Updated certification criteria and associated product	N/A
Health IT Module CHPL ID	N/A
Method used for standard update	N/A
Date of ONC-ACB notification	N/A
Date of customer notification (SVAP only)	N/A
Conformance measure	N/A
USCDI-updated certification criteria (and USCDI version)	N/A

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Real World Testing Measurements

The measurements for our real world testing plan are described below. Each measurement contains:

- Associated ONC criteria
- Testing methodology used
- Description of the measurement/metric
- Justification for the measurement/metric
- Expected outcomes in testing for the measurement/metric
- Number of customer sites to use in testing (if applicable)
- Care settings which are targeted with the measurement/metric

In each measurement evaluated, we elaborate specifically on our justification for choosing this measure and the expected outcomes. All measurements were chosen to best evaluate compliance with the certification criteria and interoperability of exchanging electronic health information (EHI) within the certified EHR.

Testing Methodologies

For each measurement, a testing methodology is used. For our test plan, we use the following methodologies.

- **Reporting/Logging:** This methodology uses the logging or reporting capabilities of the EHR to examine functionality performed in the system. A typical example of this is the measure reporting done for the automate measure calculation required in 315(g)(2), but it can also be aspects of the audit log or customized reports from the EHR. This methodology often provides historical measurement reports which can be accessed at different times of the year and evaluate interoperability of EHR functionality, and it can serve as a benchmark for evaluating real world testing over multiple time intervals.
- **Compliance and/or Tool:** This methodology uses inspection to evaluate if the EHR is compliant to the ONC criteria requirements. It can be done through 1-v-1 inspection testing or utilize various tools to measure or evaluate compliance and interoperability. If the capabilities of an EHR Module are not widely used in production by current users, compliance inspection can provide assurance criteria is working as previously certified.

Number of Customer Sites

Within each measure, we note the minimum number of customers or practice sites we plan to use for this measure evaluation. The numbers vary depending on the methodology as well as overall use of the associated EHR Module criteria by our users. For criteria that are not widely used by our customer base, we may test the respective measure in our own production-sandbox environment given lack of customer experience with the criteria functionality.

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Care and Practice Settings Targeted

Our EHR is primarily targeted to behavioral health and human services space, and our measures were design for this setting in mind. In each measure, we also address the care settings targeted and note any necessary adjustment or specific factor to consider with the specific measure.

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RWT Measure #1. Number of Transition of Care C-CDAs Successfully Sent

Associated Criteria: 315(b)(1), 315(h)(1)

Testing Methodology: Reporting/Logging

Measurement Description

This measure is tracking and counting how many C-CDAs are created and successfully sent from the EHR Module to a 3rd party via Direct messaging during a transition of care event over the course of a given interval.

We will pull data from our customer's systems and record the results over an interval of three-months in the calendar year.

Measurement Justification

This measure will provide a numeric value to indicate how often this interoperability feature is being used as well as its compliance to the requirement. Many of our customers use Direct messaging and C-CDA transitions of care on a regular basis so this provides a good indicator of real world interoperability.

An increment to this measure indicates that the EHR can create a C-CDA patient summary record, including ability to record all clinical data elements, and by sending the C-CDA patient summary record, the EHR demonstrates successful interoperability of an exchanged patient record with a third party. This measurement shows support for Direct Edge protocol in connecting to a HISP for successful transmission.

This measure covers functionality found in both the 315(b)(1) Transition of Care criteria as well as the 315(h)(1) Direct Messaging criteria.

Measurement Expected Outcome

The measurement will produce numeric results over a given interval. We will utilize various reports and audit logs, including Automated Measure (315.g.2) reports, to determine our measure count.

A successful measure increment indicates compliance to the underlying ONC criteria. It will show that the EHR can create the C-CDA patient summary record, including record required clinical data

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elements. In sending the C-CDA patient summary record, the EHR will demonstrate ability to confirm successful interoperability of an exchanged patient record with a third party, including support for Direct Edge protocol in connecting to a HISP. Successfully completing this measure also implies users have a general understanding of the EHR functional operations for this EHR Module and an overall support for the user experience while not completing this measure may indicate lack of understanding or possibly lack of use or need for this functionality.

We will use the measure count to establish a historic baseline of expected interoperability use so it can be used in subsequent real world testing efforts.

Care Settings and Number of Customer Sites to Test

For this measure, we will target to test a minimum of five (5) behavioral health customers based on availability and willingness. We will work to identify a diverse group of customers with respect to their practice size and geographic location. Our measure test is applicable for the behavioral health space.

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RWT Measure #2. Number of Different Destinations C-CDAs Successfully Sent

Associated Criteria: 315(b)(1), 315(h)(1)

Testing Methodology: Reporting/Logging

Measurement Description

This measure is tracking and counting how many different outbound destinations the EHR successfully sent C-CDAs via Direct messaging during a transition of care event over the course of a given interval.

We will pull data from our customer's systems and record the results over an interval of three-months in the calendar year.

Measurement Justification

This measure will provide a numeric value to indicate how often this interoperability feature is being used as well as its breadth of its distribution across different partners. This measure provides assurance of interoperability of this EHR Module in production. Also, it provides information on the different destination count which can reveal how concentrated are the partners connecting with a given provider and be valuable in showing ways how health IT interoperability is utilized by an average provider.

This measure covers functionality found in both the 315(b)(1) Transition of Care criteria as well as the 315(h)(1) Direct Messaging criteria.

Measurement Expected Outcome

The measurement will produce numeric results over a given interval. We will utilize various reports and audit logs, including Automated Measure (315.g.2) reports, to determine our measure count.

A higher number indicates the interoperability feature is utilized across a wide range of different partners while a smaller number indicates a more focused distribution.

We will use the measure count to establish a historic baseline of expected interoperability use so it can be used in subsequent real world testing efforts.

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Care Settings and Number of Customer Sites to Test

For this measure, we will target to test a minimum of five (5) behavioral health customers based on availability and willingness. We will work to identify a diverse group of customers with respect to their practice size and geographic location. Our measure test is applicable for the behavioral health space.

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RWT Measure #3. Number of C-CDAs Received and/or Incorporated

Associated Criteria: 315(b)(2)

Testing Methodology: Reporting/Logging

Measurement Description

This measure is tracking and counting how many C-CDAs are successfully received and/or incorporated upon receipt from a third party via Direct messaging during a transition of care event over the course of a given interval.

We will pull data from our customer's systems and record the results over an interval of three-months in the calendar year.

Measurement Justification

This measure will provide a numeric value to indicate how often this interoperability feature is being used as well as its compliance to the requirement. An increment to this measure indicates that the EHR can receive a C-CDA patient summary record, and by incorporating the C-CDA patient summary record, the EHR demonstrates successful interoperability of problems, medications, and medication allergies of patient record with a third party. This measurement shows support for Direct Edge protocol in connecting to a HISP for successful transmission.

Measurement Expected Outcome

The measurement will produce numeric results over a given interval. We will utilize various reports and audit logs, including Automated Measure (315.g.2) reports, to determine our measure count.

A successful measure increment indicates compliance to the underlying ONC criteria. It will show that the EHR can create a C-CDA and the EHR can receive a C-CDA patient summary record. In incorporating the C-CDA patient summary record, the EHR will demonstrate successful interoperability of problems, medications, and medication allergies of patient record with a 3rd party, including support for Direct Edge protocol in connecting to a HISP. Successfully completing this measure also implies users have a general understanding of the EHR functional operations for this EHR Module and an overall support for the user experience while not completing this measure may indicate lack of understanding or possibly lack of use or need for this functionality.

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We will use the measure count to establish a historic baseline of expected interoperability use so it can be used in subsequent real world testing efforts.

Care Settings and Number of Customer Sites to Test

For this measure, we will target to test a minimum of three (3) behavioral health customers based on availability and willingness. We will work to identify a diverse group of customers with respect to their practice size and geographic location. Our measure test is applicable for the behavioral health space.

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RWT Measure #4. Number of NewRx Prescriptions Messages Successfully Sent

Associated Criteria: 315(b)(3)

Testing Methodology: Reporting/Logging

Measurement Description

This measure is tracking and counting how many NewRx electronic prescriptions were created and successfully sent from the EHR Module to a pharmacy destination over the course of a given interval.

We will pull data from our customer's systems and record the results over an interval of three-months in the calendar year.

Measurement Justification

This measure will provide a numeric value to indicate how often this interoperability feature is being used as well as its compliance to the requirement. An increment to this measure indicates that the EHR can create a NewRx SCRIPT electronic prescription message and transmit it to a pharmacy, typically via the Surescripts Network.

Measurement Expected Outcome

The measurement will produce numeric results over a given interval. We will utilize various reports and audit logs, including Automated Measure (315.g.2) reports, to determine our measure count.

A successful measure increment indicates compliance to the underlying ONC criteria. It will show that the EHR can create the NewRx message and send over a production network, like the Surescripts Network, to a pharmacy. Successfully completing this measure also implies users have a general understanding of the EHR functional operations for this EHR Module and an overall support for the user experience while not completing this measure may indicate lack of understanding or possibly lack of use or need for this functionality.

We will use the measure count to establish a historic baseline of expected interoperability use so it can be used in subsequent real world testing efforts.

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Care Settings and Number of Customer Sites to Test

For this measure, we will target to test a minimum of five (5) behavioral health customers based on availability and willingness. We will work to identify a diverse group of customers with respect to their practice size and geographic location. Our measure test is applicable for the behavioral health space.

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RWT Measure #5. Number of Quality Measures Successfully Reported on to CMS

Associated Criteria: 315(c)(1)-(c)(3)

Testing Methodology: Reporting/Logging

Measurement Description

This measure is tracking and counting how many eCQM quality measures were successfully reported on by the EHR Module to CMS over the course of a given interval.

We will pull data from our customer's systems and record the results of accepted measures submitted to CMS during the MIPS attestation period.

Measurement Justification

This measure will provide a count and list of electronic clinical quality measures (eCQMs) which are calculated and submitted to CMS for a given program, like MIPS. Clinical quality measures are only used for the respective CMS programs and any production measures should utilize submission to CMS. Because CQM criteria, 315(c)(1)-(c)(3), all work collectively together in the eCQM functionality of the EHR Module, this measurement is used for all three.

Measurement Expected Outcome

The measurement will a count and list all eCQMs submitted to CMS over a given interval. We will utilize various reports and audit logs to determine our measure count.

A successful measure submission indicates compliance to the underlying ONC criteria. It will show that the EHR can do calculations on the eCQM and that they are accepted by CMS. Successfully completing this measure also implies users have a general understanding of the EHR functional operations for this EHR Module and an overall support for the user experience while not completing this measure may indicate lack of understanding or possibly lack of use or need for this functionality.

Our EHR uses FigMD as our additional third party support partner, and this measure count will show successful integration within the real world setting.

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We will use the measure result to establish a historic baseline of expected interoperability use so it can be used in subsequent real world testing efforts.

Care Settings and Number of Customer Sites to Test

For this measure, we will target to test a minimum of five (5) behavioral health customers based on availability and willingness. We will work to identify a diverse group of customers with respect to their practice size and geographic location. Our measure test is applicable for the behavioral health space.

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RWT Measure #6. Compliance of C-CDA Creation and C-CDA Scorecard Average

Associated Criteria: 315(b)(1)

Testing Methodology: Compliance and Tool

Measurement Description

This measure is tracking compliance the EHR Module criteria functionality of creating a C-CDA and measuring its C-CDA Scorecard average.

Measurement Justification

This measure will provide assurance of compliance to the EHR Module criteria, specifically ability to create a C-CDA and evaluate it against the ONC C-CDA Scorecard tool. The C-CDA scorecard is designed for production use and measures how artifacts created by health IT compare against the HL7 C-CDA implementation guide and HL7 best practices.

The Scorecard will both indicate any C-CDA errors as well provide a numeric scoring result to indicate how well our C-CDA complies with certification requirements and supports interoperability within production setting.

To avoid disclosing PHI, we will only work with test patients from the actual production environment or appropriate production-mirrored environments to best evaluate production capabilities available to end users.

Measurement Expected Outcome

The user will have the EHR create C-CDA from a patient record containing clinical data elements required in the criteria. We will run C-CDA through the Scorecard tool to obtain a result. We will also confirm the process and steps done by the user meet the criteria requirements of the EHR Module and works as expected in production as in a controlled test environment.

A high score from the Scorecard indicates strong support for interoperability, and a lower score indicates opportunity for improvement. We will use this measure to establish a historic baseline of expected interoperability use so it can be used in subsequent real world testing efforts.

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Care Settings and Number of Customer Sites to Test

For this measure, we will target either one (1) behavioral health customer based on availability and willingness or use internal resources to verify functionality. Our measure test is applicable for the behavioral health space.

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RWT Measure #7. Compliance of C-CDA Error Detection

Associated Criteria: 315(b)(1)

Testing Methodology: Compliance

Measurement Description

This measure is tracking compliance of the EHR Module criteria functionality of detecting errors within a received or imported C-CDA.

Measurement Justification

This measure will provide assurance of compliance to the EHR Module criteria, specifically the ability to detect any conformance or vocabulary standard errors of a received or imported C-CDA.

C-CDA error detection provides assurance to the user of the validity of received or imported C-CDAs which is both a certification requirement and supports interoperability within the production setting.

To avoid disclosing PHI, we will only work with test patients from the actual production environment or an appropriately production-mirrored environments to best evaluate production capabilities available to end users.

Measurement Expected Outcome

The user will import in, either through upload or inbound messages, C-CDAs with different known errors. The user will use the EHR functions to parse the C-CDA document and perform errors detection which will be reviewed by the user. We will confirm the process and steps done by the user meet the criteria requirements of the EHR Module and works as expected in production-type environment.

Care Settings and Number of Customer Sites to Test

For this measure, we will target either one (1) behavioral health customer based on availability and willingness or use internal resources to verify functionality. Our measure test is applicable for the behavioral health space.

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RWT Measure #8. Compliance of Problem/Medication/Allergy Incorporation from C-CDA

Associated Criteria: 315(b)(2)

Testing Methodology: Compliance

Measurement Description

This measure is tracking compliance of the EHR Module criteria functionality of incorporating problem/medication/allergy from a C-CDA.

Measurement Justification

This measure will provide assurance of compliance to the EHR Module criteria, specifically the ability to select the appropriate patient and then incorporate the problems, medications, and allergies values into the patient record.

Incorporating external clinical data into the patient record is critical for patient care, and this measure will give assurance of compliance of this functionality.

To avoid disclosing PHI, we will only work with test patients from the actual production environment or an appropriately production-mirrored environments to best evaluate production capabilities available to end users.

Measurement Expected Outcome

Upon receipt of the C-CDA document, the EHR should allow the user to identify the correct patient that the document is to be associated with, incorporate the document into the patient record, and merge and reconcile the problems, medications, and medication allergies into their respective lists. We will also confirm the process and steps done by the user meet the criteria requirements of the EHR Module and works as expected in production as it does in a controlled test environment.

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Care Settings and Number of Customer Sites to Test

For this measure, we will target either one (1) behavioral health customer based on availability and willingness or use internal resources to verify functionality. Our measure test is applicable for the behavioral health space.

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RWT Measure #9. Compliance of Data Export C-CDA Export and C-CDA Scorecard Average Score

Associated Criteria: 315(b)(6)

Testing Methodology: Compliance and Tool

Measurement Description

This measure is tracking compliance of the EHR Module criteria functionality of creating a batch export of C-CDAs and measuring its C-CDA Scorecard average.

Measurement Justification

This measure will provide assurance of compliance to the EHR Module criteria, specifically ability to create a batch export of C-CDA patient records and evaluate it against the ONC C-CDA Scorecard tool. The C-CDA Scorecard is designed for production use and measures how artifacts created by health IT compare against the HL7 C-CDA implementation guide and HL7 best practices.

The Scorecard will both indicate any C-CDA errors as well provide a numeric scoring result to indicate how well our C-CDA complies with certification requirements and supports interoperability within production setting.

Because our customers do not regularly use this feature, we will focus on its compliance evaluation to ensure it does work if they need to use it in future production situations.

To avoid disclosing PHI, we will only work with test patients from the actual production environment or an appropriately production-mirrored environments to best evaluate production capabilities available to end users.

Measurement Expected Outcome

The user with special access rights, like an admin, selects batch patient option to export all selected record as CCD C-CDA. The user must be able to do this without any developer assistance. The user selects a timeframe period to export patient summaries and a location for the export file to be saved. The EHR will create the batch export of C-CDA files. We will run some C-CDAs through the Scorecard tool to obtain a result. We will also confirm the process and steps done by the user meet the criteria

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requirements of the EHR Module and works as expected in production as it does in a controlled test environment.

A high score from the Scorecard indicates strong support for interoperability, and a lower score indicates opportunity for improvement. We will use this measure to establish a historic baseline of expected interoperability use so it can be used in subsequent real world testing efforts.

Care Settings and Number of Customer Sites to Test

For this measure, we will target either one (1) behavioral health customer based on availability and willingness or use internal resources to verify functionality. Our measure test is applicable for the behavioral health space.

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RWT Measure #10. Compliance of QRDA Cat III with CVU+ Tool

Associated Criteria: 315(c)(1)-(c)(3)

Testing Methodology: Compliance and Tool

Measurement Description

This measure is tracking compliance of the EHR Module criteria functionality of creating a QRDA Cat III and verifying its compliance with the CVU+ tool.

Measurement Justification

This measure will provide assurance of compliance to the EHR Module criteria, specifically the ability to calculate electronic clinical quality measures (eCQMs) and create a valid QRDA Category III (Cat III) file containing the calculation results. The Cat III file will be validated against compliance using the Cypress Validation Utility Calculation Check (CVU+) or the CMS QualityNet application.

Because CQM criteria, 315(c)(1)-(c)(3), all work collectively together in the eCQM functionality of the EHR Module, this measurement is used for all three.

To avoid disclosing PHI, we will only work with test patients from the actual production environment or an appropriately production-mirrored environments to best evaluate production capabilities available to end users.

Measurement Expected Outcome

The user will use the EHR functions to do the eCQM calculations as well as create the QRDA Cat III result file used for CMS submission, and the QRDA Cat III will be validated against the CVU+ to confirm no errors. We will also confirm the process and steps done by the user meet the criteria requirements of the EHR Module and works as expected in production as in a controlled test environment.
The QRDA Cat III will be validated against the CVU+ to confirm no errors. We will also confirm the process and steps done by the user meet the criteria requirements of the EHR Module and work as expected in production as it does in a controlled test environment.

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Care Settings and Number of Customer Sites to Test

For this measure, we will target either one (1) behavioral health customer based on availability and willingness or use internal resources to verify functionality. Our measure test is applicable for the behavioral health space.

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RWT Measure #11. Compliance of Portal Download and Email Transmit Capabilities and C-CDA Scorecard Average

Associated Criteria: 315(e)(1)

Testing Methodology: Compliance and Tool

Measurement Description

This measure is tracking compliance of the EHR Module criteria functionality of ability to download and transmit a C-CDA from the patient portal and measuring its C-CDA Scorecard average.

Measurement Justification

This measure will provide assurance of compliance to the EHR Module criteria, specifically the ability for a patient to download and transmit patient data as a C-CDA from the patient portal and evaluate it against the ONC C-CDA Scorecard tool. The C-CDA scorecard is designed for production use and measures how artifacts created by health IT compare against the HL7 C-CDA implementation guide and HL7 best practices.

The Scorecard will indicate any C-CDA errors as well provide a numeric scoring result to indicate how well our C-CDA complies with certification requirements and supports interoperability within the production setting.

To avoid disclosing PHI, we will only work with test patients from the actual production environment or appropriate production-mirrored environments to best evaluate production capabilities available to end users.

Measurement Expected Outcome

The user will use the EHR functions to download a C-CDA containing clinical data elements required in the criteria from the patient account in the portal to transmit over email the patient's C-CDA using the portal's email transmission capabilities. We will run the C-CDA through the Scorecard tool to obtain a result. We will also confirm the process and steps done by the user meet the criteria requirements of the EHR Module and work as expected in production as in a controlled test environment.

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A high score from the Scorecard indicates strong support for interoperability, and a lower score indicates opportunity for improvement. We will use this measure to establish a historic baseline of expected interoperability use so it can be used in subsequent real world testing efforts.

Care Settings and Number of Customer Sites to Test

For this measure, we will target either one (1) behavioral health customer based on availability and willingness or use internal resources to verify functionality. Our measure test is applicable for the behavioral health space.

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RWT Measure #12. Compliance of Immunization Message

Associated Criteria: 315(f)(1)

Testing Methodology: Compliance and Tool

Measurement Description

This measure is tracking compliance of the EHR Module criteria functionality for creating an immunization message.

Measurement Justification

This measure will provide assurance of compliance to the EHR Module criteria, specifically the ability to record immunization admission information on a patient and create an immunization message which can be delivered to a public health registry.

Because our customers do not regularly use this feature, we will focus on its compliance evaluation to ensure it does work if they need to use it in future production situations.

We will create a Immunization message and measure its interoperability by utilizing the Immunization Test Tool to give us an objective metric of Real World interoperability.

To avoid disclosing PHI, we will only work with test patients from the actual production environment or appropriate production-mirrored environments to best evaluate production capabilities available to end users.

Measurement Expected Outcome

The user will use the EHR functions to document immunization information typical to their workflow including vaccination name, dosage amount, lot number, manufacturer name, and any other required elements. Then, the user will use the EHR functions to produce the HL7 VXU immunization message according the ONC standards. We will inspect the message to confirm compliance with the required standard and utilize appropriate test tool. We will also confirm the process and steps done by the user meet the criteria requirements of the EHR Module and works as expected in production as it does in a controlled test environment.

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Care Settings and Number of Customer Sites to Test

For this measure, we will target to test a production type system. Our measure test is applicable for the behavioral health space.

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RWT Measure #13. Compliance of Health Care Surveys Message

Associated Criteria: 315(f)(7)

Testing Methodology: Compliance and Tool

Measurement Description

This measure is tracking compliance of the EHR Module criteria functionality for creating a health care surveys message.

Measurement Justification

This measure will provide assurance of compliance to the EHR Module criteria, specifically ability to record patient clinical information and create a health care survey message which can be delivered to a public health registry.

Because our customers do not regularly use this feature, we will focus on its compliance evaluation to ensure it does work if they need to use it in future production situations.

We will create a Health Care Survey message and measure its interoperability by utilizing the Healthcare Survey Test Tool to give us an objective metric of Real World interoperability.

To avoid disclosing PHI, we will only work with test patients from the actual production environment or an appropriately production-mirrored environments to best evaluate production capabilities available to end users.

Measurement Expected Outcome

The user will use the EHR functions to document clinical data which produce an Health Care Survey's message typical to the user's workflow and clinical documentation (e.g., influenza). After completing the encounter, the EHR will create the HL7 Electronic Case CDA message regarding the patient's information which would be sent to the public health registry. We will inspect the message to confirm compliance with the required standard and utilize appropriate test tool. We will also confirm the process and steps done by the user meet the criteria requirements of the EHR Module and works as expected in production as in a controlled test environment.

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Care Settings and Number of Customer Sites to Test

For this measure, we will target to test a production type system. Our measure test is applicable for the behavioral health space.

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RWT Measure #14. Compliance of API Resource Query Support

Associated Criteria: 315(g)(7)-(g)(9)

Testing Methodology: Compliance and Tool

Measurement Description

This measure is tracking compliance of the EHR Module criteria functionality for support of API query of patient data resources.

Currently, very few, if any, of our users are actively using the API capabilities in production so we are not able to obtain reporting result of this interoperability feature in a production setting. Therefore, to confirm functionality works, we will test this in our production-mirrored test environment using the same API functionality certified for these criteria.

Using an API client, we will do patient selection, query the various clinical data elements, and perform a C-CDA query to cover all parts of these criteria.

To avoid disclosing PHI, we will only work with test patients from production-mirrored test environment to best evaluate production capabilities available to end users.

Measurement Justification

This measure will provide assurance of compliance to the EHR Module criteria, specifically the ability to connect to the EHR's API resources and query patient clinical data through the API. This measure will also query the patient's C-CDA through the API and evaluate it against the ONC C-CDA Scorecard tool. The C-CDA scorecard is designed for production use and measures how artifacts created by health IT compare against the HL7 C-CDA implementation guide and HL7 best practices.

Because API criteria, 315(g)(7)-(g)(9), all work collectively together in the API functionality of the EHR Module, this measurement is used for all three.

Measurement Expected Outcome

The user connects to the EHR through a client application via the API and is prompted for credentials and authentication according to the EHR's publicly available API documented specification. After supplying the correct credentials, the EHR returns a valid ID or token for the API Client to access the

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patient data. The user will query the patient clinical data resources via the API and receive access to them through the client application. Next, the user will query the C-CDA of the patient record and will run C-CDA through the Scorecard tool to obtain a result. We will also confirm the process and steps done by the user meet the criteria requirements of the EHR Module and work as expected in production as it does in a controlled test environment.

Care Settings and Number of Customer Sites to Test

For this measure, we will target to test a production type system. Our measure test is applicable for the behavioral health space.

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