

## CY 2022 Real-World Testing Plan for Credible Behavioral Health Software

*“The purpose of Real-World Testing is to demonstrate that Health IT Modules continue to perform in conformance to their certification as they are deployed in production. Thus, real patient data and real production environments should be first considered when developing Real-World Testing plans.”*

*“Real-World Testing, What It Means for Health IT Developers: A Practical Overview of Real-World Testing Environments”, ONC Health IT Certification Program*

### Executive Summary

This document provides the Real-World Testing Plan for Credible Behavioral Health Software. This document 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). ONC has guided that this test intends to evaluate compliance with the certification criteria and interoperability of exchanging electronic health information (EHI) within the care and practice setting targeted for use.

This document builds toward the final testing measurements and metrics to evaluate our product interoperability within production settings. With 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 is provided for ease of document access, including the testing measurements and metrics. Our signed attestation of compliance with the Real-World Testing requirements follows.

## 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 comprehensively addresses the health IT developer's Real-World Testing requirements.

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Date: 11/15/2021

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## General Information

Report ID Number	Credible-RWT-2022
Developer Name:	Credible Behavioral Health
Product Name:	Credible Behavioral Health Software
Version Number:	Version 11
Certified Health IT Product List (CHPL) ID:	ONC CHPL ID: 15.04.04.2704.Cred.11.00.1.171228, <a href="#">CHPL link</a>
Developer Real World Testing Page URL:	<a href="https://www.credibleinc.com/capabilities/meaningful-use/">https://www.credibleinc.com/capabilities/meaningful-use/</a>

## Applicable Real-World Testing Certification Criteria<sup>1</sup>

Care Coordination	<ul style="list-style-type: none"> <li>▪ § 170.315(b)(1) Transitions of care</li> <li>▪ § 170.315(b)(2) Clinical information reconciliation and incorporation</li> <li>▪ § 170.315(b)(3) Electronic prescribing</li> <li>▪ § 170.315(b)(6) Data export</li> <li>▪ § 170.315(b)(7) Security tags – summary of care – send</li> <li>▪ § 170.315(b)(8) Security tags – summary of care – receive</li> </ul>
Patient Engagement	<ul style="list-style-type: none"> <li>▪ § 170.315(e)(1) View, download, and transmit to 3rd party</li> </ul>
Clinical Quality Measures	<ul style="list-style-type: none"> <li>▪ § 170.315(c)(1)—record and export</li> <li>▪ § 170.315(c)(2)—import and calculate</li> <li>▪ § 170.315(c)(3)—report</li> </ul>
Electronic Exchange	<ul style="list-style-type: none"> <li>▪ § 170.315(h)(1) Direct Project</li> </ul>
Application Programming Interfaces (APIs)	<ul style="list-style-type: none"> <li>▪ § 170.315(g)(7) Application access—patient selection</li> <li>▪ § 170.315(g)(8) Application access—data category request</li> <li>▪ § 170.315(g)(9) Application access—all data request</li> </ul>
Public Health	<ul style="list-style-type: none"> <li>▪ § 170.315(f)(1) Transmission to immunization registries</li> <li>▪ § 170.315(f)(2) Transmission to public health agencies – syndromic surveillance</li> <li>▪ § 170.315(f)(5) Transmission to public health agencies – electronic case reporting</li> </ul>

<sup>1</sup> *Real World Testing Overview*, Presented by Asara Clark, Division of Certification and Testing, OTECH, September 21, 2021

## Standards Updates (SVAP)

Including Standards-Version Advancement Process (SVAP) and the United States Core Data for Interoperability (USCDI)

*“Both required and voluntary standards updates must be addressed in the Real-World Testing plan. Real-World Testing plans must include all certified Health IT updated to newer versions of standards prior to August 31 of the year in which the updates were made.”*

*“Real-World Testing Plan Template,” Health IT Certification Program, Office of the National Coordinator of Health Information Technology*

Standard (and version):	
Updated certification criteria and associated project:	
Health IT Module CHPL ID:	
Method used for standard update:	
Date of ONC ACB notification:	
Date of customer notification (SVAP only):	
Conformance Measure:	
USCDI updated certification criteria (and USCDI version):	

- For CY 2022, Credible Behavioral Health software is not planning to update approved standards through the SVAP process.

## Measures Used / Overall Approach

*“Each plan must include at least one measurement/metric that addresses each applicable certification criterion in the Health IT Module’s scope of certification.”*

*“Real-World Testing Plan Template,” Health IT Certification Program, Office of the National Coordinator of Health Information Technology*

For each measurement or metric, the following elements are contained:

- *Description of the measurement/metric*
- *Associated certification criteria*
- *Justification for selected measurement/metric*
- *Care setting(s) that is addressed*
- *Expected outcomes*

We elaborate on our justification for choosing this measure and the expected outcomes in each measurement evaluated. All measurements were selected to assess the best compliance with the certification criteria and interoperability of exchanging electronic health information (EHI) within the certified EHR.

### Testing Approach:

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

- **Reporting/Logging:** This methodology uses the logging and reporting capabilities of the EHR to evaluate actions performed in the system as part of users’ actual production workflows. A typical example is the numerator recording and measure calculation required by §170.315(g)(1) and §170.315(g)(2). It can also include reviews of the audit log and 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. It can serve as a benchmark to assess real-world testing over multiple time intervals.
- **Compliance and Tool:** This methodology uses inspection to evaluate if EHR complies with the ONC criteria. Assessment can be accomplished through 1-on-1 manual testing and various validation tools to assess compliance and interoperability. If an EHR Module’s technology is not widely used in production by current users, compliance inspection can ensure the functionality continues to meet the certification requirements.

## Care Setting(s) Targeted

*“The expectation is that a developer’s Real-World Testing plan will address each type of clinical setting in which their certified Health IT is marketed. Health IT developers are not required to test their certified Health IT in every setting in which it is marketed for use.”*

*“Real-World Testing Plan Template,” Health IT Certification Program, Office of the National Coordinator of Health Information Technology*

Credible Behavioral Health Software is targeted to behavioral healthcare and the human services industries. In each measure, we address the care settings targeted and note any necessary adjustment or specific factor to consider with this particular measure.

## 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 and general use of the associated EHR Module criteria by our users. Our customer base may test the respective measure in our production-sandbox environment, given the lack of customer experience with the criteria functionality for not widely used functionality.



## Schedule of Key Milestones

Key Milestone	Care Setting	Date or Timeframe
Credible Behavioral Health will begin communication with Partner-agencies to ask for support and participation in Real-World testing. The goal is to have a sufficient number of customers committed to Real-World testing at the end of Q1-2022.	Behavioral Healthcare / Human Services	Q1 2022
During the 2nd and 3rd quarters of CY 2022, Real-World testing with Partner-agencies will be scheduled and performed. The expectation is that Credible Behavioral Healthcare will engage in an initial call with customers to prepare the Partner-agency for testing activities. Documented results will occur in the test results section of the test methods and ultimately build the test report. If any non-compliances are observed, we will notify ONC-ACB of the findings and make necessary changes.	Behavioral Healthcare / Human Services	Q2 and Q3 2022
Credible Behavioral Health will complete the CY 2023 Real-World test plan during the last quarter of the year according to ONC and ONC-ACB requirements and expectations. Credible will prepare the test plan for submission before the end of the year.	Behavioral Healthcare / Human Services	Q4 2022

## Measure: Number of Transition of Care C-CDAs Successfully Sent

Measure Description	Create and send transition of care/referral summaries utilizing the CEHRT (Credible) to a third-party using Direct Messaging during a transition of care throughout an interval.
Associated Criteria	<ul style="list-style-type: none"> <li>▪ § 170.315(b)(1) Transitions of care</li> <li>▪ § 170.315(h)(1) Direct Project</li> </ul>
Justification for selected measurement/metric	<p>This measure provides a numeric value to indicate the use and compliance of this interoperability measure. Credible Partner-agencies use Direct Messaging to send C-CDA exchange documents during care transitions, making this measure a positive indicator of real-world interoperability.</p> <p>Measure incrementation will indicate a summary of care record created using certified EHR technology and exchanged electronically. This measure shows support for Direct Edge protocol in connecting to a HISP for successful transmission.</p>
Care Setting	Behavioral healthcare agencies
Number of Customer Sites	Credible will identify a diverse group of customers regarding their practice size and geographic location for this testing measure. The group will include a minimum of five agencies based on availability and willingness to participate.
Test Method(s) / Methodologies	Reporting/Logging
Expected Outcomes	<ul style="list-style-type: none"> <li>- Send and receive transition of care (ToC)/referral summaries</li> <li>- Ability to record all CCDS and other clinical data elements noted in a test scenario</li> <li>- Demonstrate ability to send a CCD document type</li> <li>- EHR will demonstrate the ability to confirm successful interoperability of an exchanged patient record with a 3rd party.</li> </ul> <p>Credible will utilize various reports and audit logs to accomplish this measure test, including automated measure (§ 170.315(g)(2)) reports, to determine the measure count.</p> <p>Metrics will include:</p> <ol style="list-style-type: none"> <li>1) The number of Direct messages received</li> <li>2) The number of Direct messages sent</li> <li>3) The percentage of Direct messages sent successfully</li> <li>4) The number of Clinical Summary documents sent via Direct</li> </ol> <p>It is anticipated 99% of Direct Messages will be sent successfully, provided the destination is a valid Direct address.</p>

Completing this measure further implies users have a general understanding of the EHR functional operations for this functionality, module, and overall support for the user experience. Not completing this measure may indicate a lack of knowledge or possibly lack of use or need for this functionality.

Credible will use the measure count to establish a historical baseline of expected interoperability use to use these metrics in subsequent real-world testing efforts.

## Measure: Number of Different Destinations C-CDAs Successfully Sent

<p>Measure Description</p>	<p>This measure intends to track and count how many different outbound destinations the EHR successfully sent C-CDAs via Direct messaging during a transition of care event throughout a given interval.</p> <p>Credible will pull data from our Partner-agency systems and record the results throughout 90 days in the calendar year.</p>
<p>Associated Criteria</p>	<ul style="list-style-type: none"> <li>▪ § 170.315(b)(1) Transitions of care</li> <li>▪ § 170.315(h)(1) Direct Project</li> </ul>
<p>Justification for selected measurement/metric</p>	<p>This measure provides a numeric value, indicating how often this interoperability functionality is utilized and the breadth of distribution across different sharing entities. This measure assures interoperability of this EHR functionality in production. This measure provides information on the separate destination count, revealing how concentrated the sharing entities connect with a given provider and be valuable in showing how health IT interoperability is utilized by an average provider.</p> <p>This measure covers functionality found in both the § 170.315(b)(1) Transitions of care criteria, as well as the § 170.315(h)(1) Direct Project criteria.</p>
<p>Care Setting</p>	<p>Behavioral healthcare agencies</p>
<p>Number of Customer Sites</p>	<p>Credible will identify a diverse group of customers regarding their practice size and geographic location for this testing measure. The group will include a minimum of five agencies based on availability and willingness to participate.</p>
<p>Test Method(s) / Methodologies</p>	<p>Reporting/Logging</p>
<p>Expected Outcomes</p>	<p>The measurement will produce numeric results over a given interval. To determine our measure count, we will utilize various reports and audit logs, including measure calculation required by §170.315(g)(1) and §170.315(g)(2) reports.</p> <p>Metrics will include:</p> <ol style="list-style-type: none"> <li>1) The number of unique destinations for all Direct messages sent</li> <li>2) The number of unique destinations for Direct messages containing a Clinical Summary</li> </ol> <p>A higher number indicates the interoperability feature is utilized across a wide range of diverse partners, while a smaller number shows a more focused distribution.</p> <p>Credible will use the measure count to establish a historical baseline of expected interoperability use so Credible can use this in subsequent Real World Testing efforts.</p>

## Measure: Number of C-CDAs Received and (or) Incorporated

<p>Measure Description</p>	<p>This measure tracks and counts receipt of a transition of care/referral electronic care summary and (or) incorporates the reconciled data representing a client’s active medication list, allergies, and current problem list. The C-CDA is received utilizing Direct Messaging from an outside entity during a transition event over the period indicated.</p> <p>Credible will pull data from our Partner-agency systems and record the results throughout 90 days in the calendar year.</p>
<p>Associated Criteria</p>	<ul style="list-style-type: none"> <li>▪ § 170.315(b)(1) Transitions of care</li> <li>▪ § 170.315(b)(2) Clinical information reconciliation and incorporation</li> </ul>
<p>Justification for selected measurement/metric</p>	<p>This measure will provide a numeric value to indicate how often Partner-agencies have utilized this interoperability feature against the compliance requirement. This measure has specification requirements focused both on the receipt of electronic care summary and the reconciliation of three clinical information sets, as noted below.</p> <p>An incrementation to this measure suggests that the EHR can receive a C-CDA electronic care summary. By incorporating the C-CDA electronic care summary, EHR demonstrates successful integration and interoperability of (1) Medications, (2) Medication allergy, and (3) Current Problem List for the client records received. This measurement shows support for Direct Edge protocol in connecting to a HISP for successful transmission.</p>
<p>Care Setting</p>	<p>Behavioral healthcare agencies</p>
<p>Number of Customer Sites</p>	<p>Credible will identify a diverse group of customers regarding their practice size and geographic location for this testing measure. The group will include a minimum of five agencies based on availability and willingness to participate.</p>
<p>Test Method(s) / Methodologies</p>	<p>Reporting/Logging</p>
<p>Expected Outcomes</p>	<p>The measurement will produce numeric results over a given interval. To determine our measure count, we will utilize various reports and audit logs, including measure calculation required by §170.315(g)(1) and §170.315(g)(2) reports.</p> <p>Metrics will include:</p> <ol style="list-style-type: none"> <li>1) The number of Clinical Summary documents imported</li> <li>2) The percentage of patients seen in a 90-day period having at least one Clinical Summary document imported</li> <li>3) For the patients having at least one Clinical Summary documented imported             <ol style="list-style-type: none"> <li>a. The percentage of patients with a least one Medication record incorporated via Clinical Summary</li> </ol> </li> </ol>

- b. The percentage of patients with a least one Medication Allergy record incorporated via Clinical Summary
- c. The percentage of patients with a least one Problem record incorporated via Clinical Summary

A higher number indicates the interoperability feature is utilized towards compliance to the underlying ONC criteria. The outcome will show that the EHR can receive a C-CDA patient summary record. In incorporating the C-CDA electronic care summary, the EHR will demonstrate successful interoperability of (1) Medications, (2) Medication allergy, and (3) Current Problem List for the client records received. The outcome will include the demonstration of support for Direct Edge protocol in connecting to a HISP.

Completing this measure further implies users have a general understanding of the EHR functional operations for this functionality, module, and overall support for the user experience. Not completing this measure may indicate a lack of knowledge or possibly lack of use or need for this functionality.

Credible will use the measure count to establish a historical baseline of expected interoperability use to use these metrics in subsequent real-world testing efforts.

Measure: Electronic Prescribing {NewRx, RxChangeRequest, RxChangeResponse, RxFill}

<p>Measure Description</p>	<p>This measure tracks and counts electronic prescriptions created, renewed, filled, and successfully sent from the EHR throughout a given interval. The measure will look to the following criteria:</p> <ul style="list-style-type: none"> <li>- Create new prescriptions (NewRx)</li> <li>- Request and respond to change prescriptions (RxChangeRequest, RxChangeResponse)</li> <li>- Receive fill status notifications (RxFill)</li> </ul> <p>Credible will pull data from our Partner-agency systems and record the results throughout 90 days in the calendar year. Credible will pull data from our Partner-agency systems and record the results throughout 90 days in the calendar year.</p>
<p>Associated Criteria</p>	<ul style="list-style-type: none"> <li>▪ § 170.315(b)(3) Electronic prescribing</li> </ul>
<p>Justification for selected measurement/metric</p>	<p>This measure has historically had the objective to show functionality towards “Generate and transmit permissible prescriptions electronically” {Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) final rule: <a href="#">81 FR 77227</a>}.</p> <p>This measure will provide insight and reporting indicating functionality and use to accomplish the objective. The number of messages for specific types (NewRx, RxChangeRequest, RxChangeResponse, RxFill) electronically transmitted through the Surescripts network and sent from, or received by, Credible Behavioral Health Software.</p>
<p>Care Setting</p>	<p>Behavioral healthcare agencies</p>
<p>Number of Customer Sites</p>	<p>Credible will identify a diverse group of customers regarding their practice size and geographic location for this testing measure. The group will include a minimum of five agencies based on availability and willingness to participate.</p>
<p>Test Method(s) / Methodologies</p>	<p>Reporting/Logging</p>
<p>Expected Outcomes</p>	<p>The measurement will produce numeric results over a given interval. To determine our measure count, we will utilize various reports and audit logs, including measure calculation required by §170.315(g)(1) and §170.315(g)(2) reports. A successful measure increment indicates compliance to the underlying ONC criteria. It will show that the EHR can create the highlighted message types, send over a production network (Surescripts) to a pharmacy.</p> <p>Metrics will include:</p> <ol style="list-style-type: none"> <li>1) The percentage of NewRx messages sent successfully</li> <li>2) The number of RxChangeRequest messages received</li> <li>3) The percentage of RxChangeResponses messages sent successfully</li> </ol>

4) The number of RxFill messages received

Credible uses the Surescripts network for sending and receiving electronic prescription messages. It is anticipated that less than 1% of messages sent will be rejected by Surescripts.

Completing this measure further implies users have a general understanding of the EHR functional operations for this functionality, module, and overall support for the user experience. Not completing this measure may indicate a lack of knowledge or possibly lack of use or need for this functionality.

Credible will use the measure count to establish a historical baseline of expected interoperability use to use these metrics in subsequent real-world testing efforts.



## Measure: Clinical Quality Measure Successful Creation, Aggregate, and Report

<p>Measure Description</p>	<p>This measure is tracking components of eCQM measures throughout a given interval:</p> <ul style="list-style-type: none"> <li>- successful calculation of selected clinical quality measures (CQMs)</li> <li>- electronically create a data file for transmission of clinical quality measurement data</li> </ul> <p>The objective of this measure seeks to showcase that:</p> <ul style="list-style-type: none"> <li>- the technology must be able to record all of the data that would be necessary to calculate each CQM</li> <li>- export a data file at any time the user chooses</li> <li>- electronically create a data file for transmission</li> </ul> <p>Credible will pull data from our Partner-agency systems and record the results throughout 90 days in the calendar year. Credible will pull data from our Partner-agency systems and record the results throughout 90 days in the calendar year.</p>
<p>Associated Criteria</p>	<ul style="list-style-type: none"> <li>▪ § 170.315(c)(1)—record and export</li> <li>▪ § 170.315(c)(2)—import and calculate</li> <li>▪ § 170.315(c)(3)—report</li> </ul>
<p>Justification for selected measurement/metric</p>	<p>This measure will provide a count and list of electronic clinical quality measures (eCQMs) calculated and available to export or transmit to programs such as but not inclusive of the Quality Payment Program Merit-based Incentive Payment System (MIPS). As the criteria, § 170.315(c)(1) to (c)(3), work collectively towards eCQM functionality of the EHR, this measurement utilizes all three criteria.</p>
<p>Care Setting</p>	<p>Behavioral healthcare agencies</p>
<p>Number of Customer Sites</p>	<p>Credible will identify a diverse group of customers regarding their practice size and geographic location for this testing measure. The group will include a minimum of five agencies based on availability and willingness to participate.</p>
<p>Test Method(s) / Methodologies</p>	<p>Reporting/Logging</p>
<p>Expected Outcomes</p>	<p>The measurement will include a count and a list of eCQMs calculated and available to export or transmit over a given interval. Credible will utilize various reports and audit logs to determine the measure count.</p> <p>A successful measure submission indicates compliance to the underlying ONC criteria. This measure will show that Credible can calculate eCQM measures and produce aggregate and exportable data sets for reporting use.</p> <p>Metrics will include:</p> <ol style="list-style-type: none"> <li>1) The total number of CQM reports created by agencies, separated by measure</li> <li>2) The percentage of agencies with access to the CQM Solution software that</li> </ol>

	<p>have created at least one CQM report</p> <p>Completing this measure further implies users have a general understanding of the EHR functional operations for this functionality, module, and overall support for the user experience. Not completing this measure may indicate a lack of knowledge or possibly lack of use or need for this functionality.</p> <p>Credible uses <a href="#">Dynamic Health IT</a> and it's CQM Solution software as our additional 3rd party partner. This measure count will show successful integration within the Real-World setting.</p> <p>Credible will use the measure count to establish a historical baseline of expected interoperability use to use these metrics in subsequent real-world testing efforts.</p>
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## Measure: Compliance of C-CDA Creation and C-CDA Scorecard Average

<p>Measure Description</p>	<p>This measure will track the compliance towards the criteria for C-CDA creation (“Enable a user to create a transition of care/referral summary formatted in accordance with the standard specified”). This measure additionally tracks compliance towards reviewing the file against ONC’s C-CDA Scorecard 2.0 (<a href="https://site.healthit.gov/scorecard/">https://site.healthit.gov/scorecard/</a>)</p> <p>From ONC: <i>“The C-CDA Scorecard leverages the work completed by an ONC-funded grant — <a href="#">SMART (Substitutable Medical Apps Reusable Technologies)</a> and promotes best practices in C-CDA implementation by assessing key aspects of the structured data found in individual documents. It is a tool designed to allow implementers to gain insight and information regarding industry best practices and usage overall. It also provides a rough quantitative assessment and highlights areas of improvement which can be made today to move the needle forward.”</i></p>
<p>Associated Criteria</p>	<ul style="list-style-type: none"> <li>▪ § 170.315(b)(1) Transitions of care</li> </ul>
<p>Justification for selected measurement/metric</p>	<p>This measure will assure compliance to the measure criteria, specifically the ability to create a C-CDA and evaluate it against the ONC C-CDA Scorecard tool.</p> <p>As each file is presented for review to the C-CDA Scorecard 2.0 testing sandbox, the site response will be to assign a score and grade. (“Each C-CDA document is scored and graded for a set of enhanced interoperability rules developed by HL7.”) This score and grade will indicate any C-CDA errors and provide scoring to demonstrate compliance with certification requirements and supports interoperability within the production setting.</p> <ul style="list-style-type: none"> <li>➤ To avoid disclosing PHI, we will employ two options: (1) de-identify PHI in the submitted C-CDA or (2) utilize data from “Test Client” records.</li> <li>➤ De-Identification standards: <a href="https://www.hhs.gov/hipaa/for-professionals/privacy/special-topics/de-identification/index.html">https://www.hhs.gov/hipaa/for-professionals/privacy/special-topics/de-identification/index.html</a></li> </ul>
<p>Care Setting</p>	<p>Behavioral healthcare agencies</p>
<p>Number of Customer Sites</p>	<p>Credible will identify a diverse group of customers regarding their practice size and geographic location for this testing measure. The group will include a minimum of five agencies based on availability and willingness to participate.</p>
<p>Test Method(s) / Methodologies</p>	<p>Compliance and Tool</p>
<p>Expected Outcomes</p>	<p>The Partner-agency user will use Credible EHR to create a C-CDA from a client record containing clinical data elements required in the criteria. This C-CDA file will be further presented to the C-CDA Scorecard tool to obtain a result (assigned score and grade). Credible will also confirm the process and steps done by the</p>

Partner-agency user meet the related standards towards the criteria and requirements.

Metrics will include:

- 1) The number and percentage of C-CDAs tested that score at each level (A+ to D)
- 2) The number and percentage of C-CDAs tested that have one or more conformance errors

- It is anticipated that 75% of C-CDAs tested will score B- or higher.
- It is anticipated that less than 5% of C-CDAs tested will have conformance errors.

A high score from the C-CDA Scorecard tool indicates strong support for interoperability, and a lower score suggests needing further improvement.

Credible will use the measure count to establish a historical baseline of expected interoperability use to use these metrics in subsequent real-world testing efforts.

## Measure: Compliance of C-CDA Error Detection

Measure Description	This measure tracks compliance with the measurement criteria and functionality of detecting errors within a received or imported C-CDA.
Associated Criteria	<ul style="list-style-type: none"> <li>▪ § 170.315(b)(1) Transitions of care</li> </ul>
Justification for selected measurement/metric	<p>This measure will assure compliance to the criteria, specifically detecting any conformance or vocabulary standard errors of a received or imported in C-CDA.</p> <p>C-CDA error detection assures the user of the validity of received or imported in C-CDAs, a certification requirement, and supports interoperability within the production setting.</p> <ul style="list-style-type: none"> <li>➤ To avoid disclosing PHI, we will employ two options: (1) de-identify PHI in the submitted C-CDA or (2) utilize data from “Test Client” records.</li> <li>➤ De-Identification standards: <a href="https://www.hhs.gov/hipaa/for-professionals/privacy/special-topics/de-identification/index.html">https://www.hhs.gov/hipaa/for-professionals/privacy/special-topics/de-identification/index.html</a></li> </ul>
Care Setting	Behavioral healthcare agencies
Number of Customer Sites	Credible will identify a diverse group of customers regarding their practice size and geographic location for this testing measure. The group will include a minimum of five agencies based on availability and willingness to participate.
Test Method(s) / Methodologies	Compliance
Expected Outcomes	<p>The user will import in, either through upload or inbound Direct 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 the user will review. We will confirm the process and steps followed by the user meet the criteria requirements of the EHR, and functionality works as expected in the production environment.</p> <p>Credible will use the measure count to establish a historical baseline of expected interoperability use to use these metrics in subsequent real-world testing efforts.</p>

## Measure: Compliance of Problem List/Medication/Medication Allergy Reconciliation and Incorporation from C-CDA

Measure Description	This measure tracks compliance with the measurement criteria and functionality of reconciliation of a client’s Medication, Medication Allergy, and Current Problem List within a received or imported C-CDA.
Associated Criteria	<ul style="list-style-type: none"> <li>§ 170.315(b)(2) Clinical information reconciliation and incorporation</li> </ul>
Justification for selected measurement/metric	<p>MACRA outlines the goal of this interoperable measure in QPP materials as well as in <a href="#">81 FR 77229</a> as:</p> <p><i>“...clinical information reconciliation is completed using CEHRT for the following three clinical information sets: (1) Medication – Review of the patient’s medication, including the name, dosage, frequency, and route of each medication; (2) Medication allergy – Review of the patient’s known medication allergies; and (3) Current Problem List – Review of the patient’s current and active diagnoses.”</i></p> <p>This measure will assure compliance to the criteria, specifically the ability to select the appropriate client, indicating proper matching, then reconciling and incorporating Medication(s), Medication Allergy, and Current Problem List values into the patient record from a received or imported in C-CDA.</p> <p>Reconciliation and incorporation of external clinical data into the client record is critical for care. This measure will give assurance of compliance with this functionality.</p> <ul style="list-style-type: none"> <li>➤ To avoid disclosing PHI, we will employ two options: (1) de-identify PHI in the submitted C-CDA or (2) utilize data from “Test Client” records.</li> <li>➤ De-Identification standards: <a href="https://www.hhs.gov/hipaa/for-professionals/privacy/special-topics/de-identification/index.html">https://www.hhs.gov/hipaa/for-professionals/privacy/special-topics/de-identification/index.html</a></li> </ul>
Care Setting	Behavioral healthcare agencies
Number of Customer Sites	Credible will identify a diverse group of customers regarding their practice size and geographic location for this testing measure. The group will include a minimum of five agencies based on availability and willingness to participate.
Test Method(s) / Methodologies	Compliance
Expected Outcomes	Upon receiving the C-CDA document, the EHR should allow the user to identify the correct client (indicating proper matching) for the document to be associated. The Partner-agency user will demonstrate incorporating the document into the client record and merging and reconciling the problems, medications, and medication allergies into their respective lists. Credible will also

confirm that the user's process and steps meet the criteria requirements of the module and work as expected in production as in a controlled test environment.

Credible will use the measure count to establish a historical baseline of expected interoperability use to use these metrics in subsequent real-world testing efforts.

## Measure: Compliance of Data Export C-CDA and C-CDA Scorecard Average

Measure Description	This measure tracks compliance with the measurement criteria and functionality of setting configuration options when creating an export summary and (or) a set of export summaries. Additionally, this measure tracks the ability to select the date and period for the data used to create the summaries.
Associated Criteria	<ul style="list-style-type: none"> <li>▪ § 170.315(b)(6) Data export</li> </ul>
Justification for selected measurement/metric	<p>This measure will assure compliance to the measure criteria, specifically the ability to create a C-CDA and evaluate it against the ONC C-CDA Scorecard tool.</p> <p>As each file is presented for review to the C-CDA Scorecard 2.0 testing sandbox, the site response will be to assign a score and grade. ("Each C-CDA document is scored and graded for a set of enhanced interoperability rules developed by HL7.") This score and grade will indicate any C-CDA errors and provide scoring to demonstrate compliance with certification requirements and supports interoperability within the production setting.</p> <ul style="list-style-type: none"> <li>➤ To avoid disclosing PHI, we will employ two options: (1) de-identify PHI in the submitted C-CDA or (2) utilize data from "Test Client" records.</li> <li>➤ De-Identification standards: <a href="https://www.hhs.gov/hipaa/for-professionals/privacy/special-topics/de-identification/index.html">https://www.hhs.gov/hipaa/for-professionals/privacy/special-topics/de-identification/index.html</a></li> </ul>
Care Setting	Behavioral healthcare agencies
Number of Customer Sites	Credible will identify a diverse group of customers regarding their practice size and geographic location for this testing measure. The group will include a minimum of five agencies based on availability and willingness to participate.
Test Method(s) / Methodologies	Compliance and Tool
Expected Outcomes	<p>The user with identified security access rights selects the client(s) to export all records chosen as C-CDA. This functionality showcases the ability, per measure criteria, limiting the ability of users who can create export summaries in at least one of these two ways: (1) to a specific set of identified users and (2) as a system administrative function. The user can, and must, perform these steps without any developer assistance.</p> <p>The user defines a timeframe for the summaries and the output location for the file export. The EHR will create the C-CDA files. Credible will use the created C-CDA files with the C-CDA Scorecard tool to obtain a score and grade. Credible will also confirm that the user's process and steps meet the criteria requirements of the module and work as expected in production as in a controlled test environment.</p>



Metrics will include:

- 1) The number and percentage of C-CDAs tested that score at each level (A+ to D)
- 2) The number and percentage of C-CDAs tested that have one or more conformance errors
- 3) The system processing time for a complete export to establish a baseline for performance.
  - It is anticipated that 75% of C-CDAs tested will score B- or higher.
  - It is anticipated that less than 5% of C-CDAs tested will have conformance errors.

It is anticipated there will be significant differences in processing time, dependent on the number of files created and the amount of detail present in the clinical record.

A high score from the C-CDA Scorecard tool indicates strong support for interoperability, and a lower score suggests needing further improvement.

Credible will use the measure count to establish a historical baseline of expected interoperability use to use these metrics in subsequent real-world testing efforts.

## Measure: Compliance of Data Segmentation of Privacy

Measure Description	This measure tracks compliance with the measurement criteria and functionality of setting configuration options when creating a C-CDA document as restricted. Additionally, this measure tracks the ability to receive a summary record that is tagged as restricted.
Associated Criteria	<ul style="list-style-type: none"> <li>▪ § 170.315(b)(7) Security tags – summary of care – send</li> <li>▪ § 170.315(b)(8) Security tags – summary of care – receive</li> </ul>
Justification for selected measurement/metric	<p>This measure will assure compliance to the measure criteria, specifically the ability to <i>create</i> a C-CDA that is tagged as restricted and <i>receive</i> a C-CDA that is tagged as restricted and verify the inclusion of data elements.</p> <p>This measure will assure compliance to the criteria, specifically the ability to send and receive a C-CDA summary of care document that “promote(s) the interoperability of C-CDA documents during the exchange by testing conformance of the C-CDA’s content.”*</p> <p>*<a href="https://www.healthit.gov/test-method/data-segmentation-privacy-send">https://www.healthit.gov/test-method/data-segmentation-privacy-send</a></p> <ul style="list-style-type: none"> <li>➤ To avoid disclosing PHI, we will employ two options: (1) de-identify PHI in the submitted C-CDA or (2) utilize data from “Test Client” records.</li> <li>➤ De-Identification standards: <a href="https://www.hhs.gov/hipaa/for-professionals/privacy/special-topics/de-identification/index.html">https://www.hhs.gov/hipaa/for-professionals/privacy/special-topics/de-identification/index.html</a></li> </ul>
Care Setting	Behavioral healthcare agencies
Number of Customer Sites	Credible will identify a diverse group of customers regarding their practice size and geographic location for this testing measure. The group will include a minimum of five agencies based on availability and willingness to participate.
Test Method(s) / Methodologies	Compliance and Tool
Expected Outcomes	<p>Credible will utilize various visual verifications to ensure that C-CDA received and C-CDA sent to indicate that the document is restricted and subject to restrictions on re-disclosure. As no test tool exists for Security Tags for Sensitive Information (<a href="https://www.healthit.gov/isa/security-tags-sensitive-information">https://www.healthit.gov/isa/security-tags-sensitive-information</a>), Credible will follow the measure guidance of visual verification of data elements per C-CDA document.</p> <p>Metrics will include:</p> <ol style="list-style-type: none"> <li>1) The percentage of C-CDAs received that are correctly identified as being restricted.</li> <li>2) The percentage of C-CDAs generated that are correctly restricted based on the user’s intent.</li> </ol> <ul style="list-style-type: none"> <li>• It is anticipated that both percentages will be 100%.</li> </ul>

	<p>Credible will use the measure count to establish a historical baseline of expected interoperability use to use these metrics in subsequent real-world testing efforts.</p>
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## Measure: Compliance of QRDA Cat III with Cypress Validation Utility

Measure Description	<p>This measure tracks compliance with the measurement criteria and functionality of creating a QRDA Cat III XML and verification of the measure criteria against the Cypress Validation Utility (CVU).</p> <ul style="list-style-type: none"> <li>➤ <a href="https://cypressdemo.healthit.gov/">https://cypressdemo.healthit.gov/</a></li> <li>➤ <a href="https://ecqi.healthit.gov/cms-qrda-pre-submission-validation-tools">https://ecqi.healthit.gov/cms-qrda-pre-submission-validation-tools</a></li> </ul>
Associated Criteria	<ul style="list-style-type: none"> <li>▪ § 170.315(c)(1)—record and export</li> <li>▪ § 170.315(c)(2)—import and calculate</li> <li>▪ § 170.315(c)(3)—report</li> </ul>
Justification for selected measurement/metric	<p>This measure will ensure compliance with the criteria, specifically the ability to calculate electronic clinical quality measures (eCQMs) and create a valid QRDA Category III XML file containing the calculation results. The Cat III XML file will be validated against compliance using the Cypress Validation Utility (CVU). Cypress serves as the official testing tool for the 2014 and 2015 EHR Certification programs supported by ONC.</p> <p>As the criteria, § 170.315(c)(1) to (c)(3), work collectively towards eCQM functionality of the EHR, this measurement utilizes all three criteria.</p>
Care Setting	Behavioral healthcare agencies
Number of Customer Sites	Credible will identify a diverse group of customers regarding their practice size and geographic location for this testing measure. The group will include a minimum of five agencies based on availability and willingness to participate.
Test Method(s) / Methodologies	Compliance and Tool
Expected Outcomes	<p>As the Cypress Validation Utility does not allow for testing with de-identified clients, Credible will use the CVU to generate the test clients. From that data generation, the EHR receives the test data, creates a QRDA Cat III XML, and returns this file to the Cypress tool for validation.</p> <p>Partner-agency users have the ability to use the functions to perform the eCQM calculations and create the QRDA Cat III XML file. Due to limitations with the CVU, Credible will validate the QRDA Cat III XML against the CVU with test clients only. Credible will ensure that the user’s process and steps meet the criteria requirements of the module and work as expected.</p> <p>Metrics will include:</p> <ol style="list-style-type: none"> <li>1) The number QRDA-III files created and the number eCQM measures reported on</li> <li>2) The percentage of QRDA-III files having zero conformance errors</li> <li>3) The percentage of eCQM measures correctly calculated</li> </ol>

It is anticipated that greater than 98% of the files will have zero conformance errors and greater than 98% of the measures will correctly calculate.

Credible uses [Dynamic Health IT](#) as our additional 3rd party partner. This compliance testing will show successful integration within the Real-World setting.

Credible will use the measure count to establish a historical baseline of expected interoperability use to use these metrics in subsequent real-world testing efforts.

## Measure: Compliance of Portal Download and Email Transmit Capabilities and C-CDA Scorecard Average

Measure Description	This measure tracks compliance with the measurement criteria and functionality of viewing, downloading, and transmitting client health information to a 3rd party.
Associated Criteria	<ul style="list-style-type: none"> <li>▪ § 170.315(e)(1) View, download, and transmit to 3rd party</li> </ul>
Justification for selected measurement/metric	<p>This measure will assure compliance to the EHR Module criteria, specifically the ability for a patient to download and transmit their patient data as a C-CDA from the client portal and evaluate it against the ONC C-CDA Scorecard tool.</p> <p>As each file is presented for review to the C-CDA Scorecard 2.0 testing sandbox, the site response will be to assign a score and grade. ("Each C-CDA document is scored and graded for a set of enhanced interoperability rules developed by HL7.") This score and grade will indicate any C-CDA errors and provide scoring to demonstrate compliance with certification requirements and supports interoperability within the production setting.</p> <ul style="list-style-type: none"> <li>➤ To avoid disclosing PHI, we will employ two options: (1) de-identify PHI in the submitted C-CDA or (2) utilize data from "Test Client" records.</li> <li>➤ De-Identification standards: <a href="https://www.hhs.gov/hipaa/for-professionals/privacy/special-topics/de-identification/index.html">https://www.hhs.gov/hipaa/for-professionals/privacy/special-topics/de-identification/index.html</a></li> </ul>
Care Setting	Behavioral healthcare agencies
Number of Customer Sites	Credible will identify a diverse group of customers regarding their practice size and geographic location for this testing measure. The group will include a minimum of five agencies based on availability and willingness to participate.
Test Method(s) / Methodologies	Compliance and Tool
Expected Outcomes	<p>The Partner-agency user will use the functions in the client portal for a specified test client (to protect PHI) to perform actions.</p> <ul style="list-style-type: none"> <li>(1) generate and download a C-CDA containing clinical data elements required in the criteria and</li> <li>(2) transmit over email the client's C-CDA using the portal's email transmission capabilities.</li> </ul> <p>Credible will use the created C-CDA files with the C-CDA Scorecard tool to obtain a score and grade. Credible will also confirm that the user's process and steps meet the criteria requirements of the module and work as expected in production as in a controlled test environment.</p> <p>Metrics will include:</p> <ul style="list-style-type: none"> <li>1) The number and percentage of C-CDA's tested that score at each level</li> </ul>

	<p>(A+ to D)</p> <ol style="list-style-type: none"><li>2) The number and percentage of C-CDAs tested that have one or more conformance errors</li><li>3) The number and percentage of C-CDAs successfully sent via email<ul style="list-style-type: none"><li>• It is anticipated that 75% of C-CDAs tested will score B- or higher.</li><li>• It is anticipated that less than 5% of C-CDAs tested will have conformance errors.</li><li>• It is anticipated 99% of C-CDAs will be sent successfully, provided the destination is a valid email address.</li></ul></li></ol> <p>Credible will use the measure count to establish a historical baseline of expected interoperability use to use these metrics in subsequent real-world testing efforts.</p>
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## Measure: Compliance of Immunization Message

Measure Description	This measure tracks compliance with the measurement criteria and functionality of creating immunization information for electronic transmission.
Associated Criteria	<ul style="list-style-type: none"> <li>▪ § 170.315(f)(1) Transmission to immunization registries</li> </ul>
Justification for selected measurement/metric	<p>This measure will assure compliance with the measurement criteria and functionality of creating immunization information for the electronic transmission, record immunization information on a client and create an immunization message that a Partner-agency user can deliver/transmit to a public health registry.</p> <p>Because our customers do not regularly use this feature, so Credible will focus on its compliance evaluation to ensure it works if they need it in future production situations.</p> <ul style="list-style-type: none"> <li>➤ To avoid disclosing PHI, we will employ two options: (1) de-identify PHI in the submitted file or (2) utilize data from “Test Client” records.</li> <li>➤ De-Identification standards: <a href="https://www.hhs.gov/hipaa/for-professionals/privacy/special-topics/de-identification/index.html">https://www.hhs.gov/hipaa/for-professionals/privacy/special-topics/de-identification/index.html</a></li> </ul>
Care Setting	Behavioral healthcare agencies
Number of Customer Sites	Credible will identify a diverse group of customers regarding their practice size and geographic location for this testing measure. The group will include a minimum of five agencies based on availability and willingness to participate.
Test Method(s) / Methodologies	Compliance and Tool
Expected Outcomes	<p>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 other required criteria elements. Then, the Partner-agency user will use the EHR functions to produce the HL7 v2.5.1 VXU immunization message according to the ONC standards.</p> <p>Metrics will include:</p> <ol style="list-style-type: none"> <li>1) The number of VXU messages created and the percentage having zero errors per the HL7 Context-Free validation available in the NIST Immunization Test Suite tool. <ul style="list-style-type: none"> <li>• It is anticipated 75% of VXU messages created will have zero errors.</li> </ul> </li> </ol> <p>Credible will also confirm that the user’s process and steps meet the criteria requirements of the module and work as expected in production as in a controlled test environment.</p>



	Credible will use the measure count to establish a historical baseline of expected interoperability use to use these metrics in subsequent real-world testing efforts.
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## Measure: Compliance of Syndromic Surveillance

Measure Description	This measure tracks compliance with the measurement criteria and functionality of creating and submitting syndromic surveillance data.
Associated Criteria	<ul style="list-style-type: none"> <li>▪ § 170.315(f)(2) Transmission to public health agencies – syndromic surveillance</li> </ul>
Justification for selected measurement/metric	<p>This measure will assure compliance with the measurement criteria and functionality of creating and submitting data defined as syndromic surveillance.</p> <p>The World Health Organization defines syndromic surveillance as <i>“Syndromic surveillance is the near real-time collection, analysis, interpretation, and dissemination of health-related data in order to enable the early identification of the impact (or absence of impact) of potential health threats that may require public health action.”</i><sup>2</sup></p> <p>Because our customers do not regularly use this feature, so Credible will focus on its compliance evaluation to ensure it works if they need it in future production situations.</p> <ul style="list-style-type: none"> <li>➤ To avoid disclosing PHI, we will employ two options: (1) de-identify PHI in the submitted file or (2) utilize data from “Test Client” records.</li> <li>➤ De-Identification standards: <a href="https://www.hhs.gov/hipaa/for-professionals/privacy/special-topics/de-identification/index.html">https://www.hhs.gov/hipaa/for-professionals/privacy/special-topics/de-identification/index.html</a></li> </ul>
Care Setting	Behavioral healthcare agencies
Number of Customer Sites	Credible will identify a diverse group of customers regarding their practice size and geographic location for this testing measure. The group will include a minimum of five agencies based on availability and willingness to participate.
Test Method(s) / Methodologies	Compliance and Tool
Expected Outcomes	The Partner-agency user will use the EHR functions to document data and clinical information typical to their workflow. Then, the Partner-agency user will use the EHR functions to produce the HL7 v2.5.1 message according to ONC standards. Utilizing the NIST Syndromic Surveillance Test Suite ( <a href="https://hl7v2-ss-r2-testing.nist.gov/ss-r2/#/home">https://hl7v2-ss-r2-testing.nist.gov/ss-r2/#/home</a> ) is one option to seek confirmation towards compliance. All files submitted to the NIST Tool will be either de-identified or of Test Clients.

<sup>2</sup> WHO Guidance on Research Methods for Health Emergency and Disaster Risk Management: 4.9 Real-time syndromic surveillance by Alex J. Elliot, Helen E. Hughes, Sally E. Harcourt, Roger A. Morbey, Sue Smith and Gillian E. Smith, [https://extranet.who.int/kobe\\_centre/en/project-details/GUIDANCE\\_ResearchMethods\\_HealthEDRM](https://extranet.who.int/kobe_centre/en/project-details/GUIDANCE_ResearchMethods_HealthEDRM)

	<p>Metrics will include:</p> <ol style="list-style-type: none"><li>1) The number of messages created and the percentage having zero errors per the HL7 Context-Free validation available in the NIST Syndromic Surveillance Test Suite tool.</li></ol> <ul style="list-style-type: none"><li>• It is anticipated 75% of messages created will have zero errors.</li></ul> <p>Credible will confirm that the process and steps meet requirements, the data is available to send and that all data is either de-identified.</p> <p>Credible will use the measure count to establish a historical baseline of expected interoperability use to use these metrics in subsequent real-world testing efforts.</p>
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## Measure: Compliance of Electronic Case Reporting

Measure Description	This measure tracks compliance with the measurement criteria and functionality of creating, and electronically available to submit, case reporting of reportable conditions.
Associated Criteria	<ul style="list-style-type: none"> <li>▪ § 170.315(f)(5) Transmission to public health agencies – electronic case reporting</li> </ul>
Justification for selected measurement/metric	<p>This measure will assure compliance with the measurement criteria and functionality of creating and maintaining the consumption of data classes and elements that meet standards defined in § 170.213 (United States Core Data for Interoperability).</p> <p>This measure criteria relies on consumption and maintenance of data elements as well as transmission to a public health agency. QPP provides guidance<sup>3</sup> on transmission as <i>“The definition of jurisdiction is general, and the scope may be local, state, regional or at the national level. The definition will be dependent on the type of registry to which the provider is reporting. A registry that is “borderless” would be considered a registry at the national level and would be included for purposes of this measure.”</i></p> <p>Because our customers do not regularly use this feature, so Credible will focus on its compliance evaluation to ensure it works if they need it in future production situations.</p> <ul style="list-style-type: none"> <li>➤ To avoid disclosing PHI, we will employ two options: (1) de-identify PHI in the submitted file or (2) utilize data from “Test Client” records.</li> <li>➤ De-Identification standards: <a href="https://www.hhs.gov/hipaa/for-professionals/privacy/special-topics/de-identification/index.html">https://www.hhs.gov/hipaa/for-professionals/privacy/special-topics/de-identification/index.html</a></li> </ul>
Care Setting	Behavioral healthcare agencies
Number of Customer Sites	Credible will identify a diverse group of customers regarding their practice size and geographic location for this testing measure. The group will include a minimum of five agencies based on availability and willingness to participate.
Test Method(s) / Methodologies	Compliance and Tool
Expected Outcomes	The user will use the EHR functions to document immunization information typical to their workflow, including data classes expressed in the standards in § 170.213, and other required criteria elements. Using documentation and compliance to create reportable elements consisting of the data elements in the

<sup>3</sup> [https://qpp.cms.gov/docs/pi\\_specifications/Measure%20Specifications/2021%20MIPS%20PI%20Electronic%20Case%20Reporting.pdf](https://qpp.cms.gov/docs/pi_specifications/Measure%20Specifications/2021%20MIPS%20PI%20Electronic%20Case%20Reporting.pdf)

	<p>EHR based on criteria trigger codes and components will be explored and reviewed, as required by this measure criteria.</p> <p>Credible will also confirm that any process and steps utilized will meet the criteria requirements of the module and work as expected in production as in a controlled test environment.</p> <p>Credible will use the measure count to establish a historical baseline of expected interoperability use to use these metrics in subsequent real-world testing efforts.</p>
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## Measure: Compliance of API Resource Query Support

<p>Measure Description</p>	<p>This measure tracks compliance with the measurement criteria and functionality of an API query of patient data resources.</p> <p>Currently, very few of our Partner-agencies actively use the API capabilities in production, making obtaining reporting results of this interoperability feature in the production environment limited. Consequently, to confirm functionality works, we will test this in our production-mirrored test environment using the same API functionality certified for these criteria.</p> <p>We will make a client selection using an API client, query the various clinical data elements, and perform a C-CDA query to cover all parts of these criteria.</p>
<p>Associated Criteria</p>	<ul style="list-style-type: none"> <li>▪ § 170.315(g)(7) Application access—patient selection</li> <li>▪ § 170.315(g)(8) Application access—data category request</li> <li>▪ § 170.315(g)(9) Application access—all data request</li> </ul>
<p>Justification for selected measurement/metric</p>	<p>This measure will assure compliance to the measure 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 client’s C-CDA through the API and evaluate it against the ONC C-CDA Scorecard tool.</p> <p>As each file is presented for review to the C-CDA Scorecard 2.0 testing sandbox, the site response will be to assign a score and grade. (“Each C-CDA document is scored and graded for a set of enhanced interoperability rules developed by HL7.”) This score and grade will indicate any C-CDA errors and provide scoring to demonstrate compliance with certification requirements and supports interoperability within the production setting.</p> <p>Because our customers do not regularly use this feature, so Credible will focus on its compliance evaluation to ensure it works if they need it in future production situations.</p> <ul style="list-style-type: none"> <li>➤ To avoid disclosing PHI, we will employ two options: (1) de-identify PHI in the submitted file or (2) utilize data from “Test Client” records.</li> <li>➤ De-Identification standards: <a href="https://www.hhs.gov/hipaa/for-professionals/privacy/special-topics/de-identification/index.html">https://www.hhs.gov/hipaa/for-professionals/privacy/special-topics/de-identification/index.html</a></li> </ul> <p>As the criteria, § 170.315(g)(7) to (g)(9), work collectively towards API functionality of the EHR, this measurement utilizes all three criteria.</p>
<p>Care Setting</p>	<p>Behavioral healthcare agencies</p>

Number of Customer Sites	Credible will identify a diverse group of customers regarding their practice size and geographic location for this testing measure. The group will include a minimum of five agencies based on availability and willingness to participate.
Test Method(s) / Methodologies	Compliance and Tool
Expected Outcomes	<p>The Partner-agency user creates an access key from within the EHR production environment on the selected client. The access key is used as the authentication token to connect the API to the EHR. The user will query the patient clinical data resources via the API and receive access through the client application. The user will query the C-CDA of the patient record and run C-CDA through the Scorecard tool to obtain a result.</p> <p>Metrics will include:</p> <ol style="list-style-type: none"> <li>1) The number and percentage of C-CDAs from “all data requests” that score at each level (A+ to D)</li> <li>2) The number and percentage of C-CDAs tested “all data requests” that have one or more conformance errors</li> <li>3) The number and percentage of “data category requests” where the information matches the corresponding section of the client’s “all data request”. <ul style="list-style-type: none"> <li>• It is anticipated that 75% of C-CDAs tested will score B- or higher.</li> <li>• It is anticipated that less than 5% of C-CDAs tested will have conformance errors.</li> <li>• It is anticipated 100% of “data category requests” match the content for the same client, same category from the “all data request.”</li> </ul> </li> </ol> <p>Credible will also confirm that the user’s process and steps meet the criteria requirements of the module and work as expected in production as in a controlled test environment.</p> <p>Credible will use the measure count to establish a historical baseline of expected interoperability use to use these metrics in subsequent real-world testing efforts.</p>

## Appendix: Standards Updates Timeline for 2015 Edition Certification Criteria<sup>4</sup>

Required updates with associated timelines exist for the following sections related to the 2015 Edition Certification Criteria.

Criteria	Updated Criterion(a)	Compliance Deadline
USCDI Updates	Updates required to support USCDI v1 for Health IT Modules certified to § 170.315(b)(1), (b)(2), (e)(1), (f)(5), (g)(6) and/or (g)(9).	Compliance Deadline: December 31, 2022
C-CDA Companion Guide Updates	Updates required to support Consolidated Clinical Document Architecture (C-CDA) Companion Guide for Health IT Modules certified to § 170.315(b)(1), (b)(2), (b)(9), (e)(1), (g)(6), and/or (g)(9).	Compliance Deadline: December 31, 2022
Electronic prescribing	Updates required to support the National Council for Prescription Drug Programs (NCPDP) SCRIPT Version 2017071 for Health IT Modules certified to the § 170.315(b)(3).	Compliance Deadline: December 31, 2022
Security tags	Updated to revised versions are required for Health IT Modules certified to § 170.315(b)(7) and/or (b)(8).	Compliance Deadline: December 31, 2022
ASTM updates	Updates required to support ASTM E2147—18 for Health IT Modules certified to § 170.315(d)(2), (d)(3), and/or (d)(10).	Compliance Deadline: December 31, 2022
Clinical Quality Measures – Report	Updates required to support CMS QRDA Implementation Guide for Health IT Modules certified to § 170.315(c)(3).	Compliance Deadline: December 31, 2022

<sup>4</sup> *Real World Testing Overview*, Presented by Asara Clark, Division of Certification and Testing, OTECH, September 21, 2021