REAL WORLD TESTING PLAN

GENERAL INFORMATION

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

Name: NextGen Healthcare

Product Name(s), Version Number(s) and Certified Health IT CHPL ID(s):

- NextGen Ambulatory EHR 5.9 — CHPL ID: 15.04.04.2054.Next.59.03.1.171127
- NextGen Enterprise EHR 5.9.1 — CHPL ID: 15.04.04.2054.Next.59.04.1.180508
- NextGen Enterprise EHR 5.9.2 — CHPL ID: 15.04.04.2054.Next.59.05.1.181024
- NextGen Enterprise EHR 5.9.3 — CHPL ID: 15.04.04.2054.Next.59.06.1.190221
- NextGen Enterprise EHR 5.9.2020.1 — CHPL ID: 15.04.04.2054.Next.59.07.1.200203
- NextGen Enterprise EHR 6.2021.1 — CHPL ID: 15.04.04.2054.Next.60.08.1.210305
- NextGen Enterprise EHR 6.2021.1 Patch 79 — CHPL ID: 15.04.04.1918.Next.60.09.1.220303
- NextGen Enterprise EHR 6.2021.1 Cures — CHPLID: 15.04.04.1918.Next.60.10.1.220318

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

JUSTIFICATION FOR REAL WORLD TESTING APPROACH

- Because most of the functionality is the same in all products, all RWT will occur in NextGen Enterprise 6.2021.1 Cures with the exception of § 170.315(g)(8) Application Access – Data Category Request
- Because the functionality is the same for § 170.315(g)(8) Application Access – Data Category Request in all versions 6.2021.1 and below, testing will occur in 6.2021.1
- This plan will cover NextGen Healthcare's approach to real world testing for our ambulatory care client base
- Data will be gathered primarily in an automated fashion using database queries and logs. Where that is not possible, we will engage clients to gather the data in a direct approach
- Each criterion will have between one to two metrics defined to showcase how the criterion is being used in real clinical scenarios. The numbers of customers used for each criterion will be defined as part of each metric, as well as the timeframe where applicable examined to collect each metric
- The main care settings used throughout this testing is the Ambulatory Care Setting including multi-specialty practices, community health centers and primary care organizations. No supported specialty types were excluded from metric and data collection
- Success will be defined by our ability to highlight how each of these criteria is being used by providers in real patient care. Some criterion, for example (b)(3) ePrescribing, will have a much higher volume of use than (f)(7) Healthcare Surveys due purely to the nature of the criterion and its use for daily patient care

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

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

MEASURES USED IN OVERALL APPROACH

Description of Measurement/Metric

§ 170.315(b)(1) Transitions of Care
§170.315(h)(1) Direct Messages

Measurement/Metric	Description
Collect the count of sent/received Direct messages using NextGen® Share and compare to the count of total imported/exported C-CDA and Referral Note type C-CDAs into the EHR using either NextGen® Share or NextGen® Rosetta	The requirement of **§ 170.315(b)(1) Transitions of Care** is the sending/receiving of Transitions of Care documents. Counting the Transition of Care C-CDA documents sent/received compared to the count of **§ 170.315(h)(1) Direct Messages** sent/received with C-CDAs attached will prove that this functionality is being used in production.

Interface Messenger within a 3-month timeframe: • Number of successfully sent/received Direct Messages • Number of failed to send/receive Direct Messages • Number of imported/exported CCDAs with validation successes Number of imported/exported C-CDAs with validation failures	

Associated Certification Criteria

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

• Number of imported/exported C-CDA validation successes Number of imported/exported C-CDA validation failures	

Justification for Selected Measurement/Metric

Measurement/Metric	Justification
§ 170.315(h)(1) Direct Project Collect the count of sent/received Direct messages using NextGen® Share with the transport status within a 3-month timeframe: • Successfully sent/received • Failed to send/receive	This demonstrates our Health IT's ability to send/receive correctly formatted Direct messages. This metric will also provide information on the frequency of use this protocol by NextGen® Ambulatory providers.
§ 170.315(b)(1) Transitions of Care Collect the count of total C-CDA documents imported/exported using NextGen® Share, or NextGen® Rosetta Interface Messenger, into the NextGen® Ambulatory EHR (of type C-CDA and Referral Note) with C-CDA Validation status within a 3-month timeframe: • Validation Successes • Validation Failures	This demonstrates our Health IT's ability to send/receive correctly formatted Transition of Care C-CDA documents and incorporate those records into patient charts. This metric will also provide information on the frequency of use of these C-CDA types across other healthcare networks.

Expected Outcomes

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

Description of Measurement/Metric

§ 170.315(b)(2) Clinical Reconciliation

Measurement/Metric	Description
Percentage of C-CDA records received within a one-month timeframe where medications, allergies, and problems were reconciled	A requirement of **§ 170.315(b)(2)** Clinical Reconciliation is to receive a transition of care or summary (C-CDA) and display the patient's active clinical data including their medication list, allergy history, and problem list within the EHR alongside the external content. We will use database records to count number of C-CDA documents received for referrals or transitions of care during the specified timeframe and where reconciliation of clinical data occurred. The following Relied Upon Software is needed to demonstrate this criteria: NextGen® Rosetta Interface Manager and NextGen® Share.

Associated Certification Criteria

Measurement/Metric	Associated Certification Criteria
Not Applicable	Not Applicable

Justification for Selected Measurement/Metric

Measurement/Metric	Justification
Percentage of C-CDA records received within a one-month timeframe where medications, allergies, and problems were reconciled	This demonstrates our EHR's ability to receive and incorporate C-CDA documents in compliance with the **170.315(b)(2)** criterion. We will focus on C-CDA records received for referrals or transitions of care. This metric also quantifies how often reconciliation of clinical data occurs from C-CDA records received, although not all C-CDA contain records within these three specified sections.

Expected Outcomes

Measurement/Metric	Expected Outcomes
Percentage of C-CDA records received within a one-month	Real World Testing will demonstrate the ability of organizations to receive and reconcile medications, allergies, and problems

timeframe where medications, allergies, and problems were reconciled.	data within CCDAs in accordance with the **170.315(b)(2)** criterion. We expect that the C-CDA Reconciliation rate will be fairly low when only considering C-CDAs where all three medications, allergies, and problems sections have been reconciled.

Description of Measurement/Metric

§ 170.315(b)(3) Electronic Prescribing

Measurement/Metric	Description
Calculation of the percentage of successful transactions for each supported message type over a 10-day timeframe	The primary requirement of **§ 170.315(b)(3)** Electronic Prescribing is to demonstrate compliance with sending and receiving specified prescription transactions electronically as per the NCPDP Script 2017071 standard. We will use database records to calculate the percentage of successful transactions for supported transaction types. Transaction types may include NewRx, CancelRxRequest and Response, Renewal Request and Response, RxChange Request and Response, RxFill Notification and Indicator change, & Medication History Request and Response.

Associated Certification Criteria

Measurement/Metric	Associated Certification Criteria
Not Applicable	Not Applicable

Justification for Selected Measurement/Metric

Measurement/Metric	Justification
Calculation of the percentage of successful transactions for each supported message type over a 10-day timeframe	This measurement will demonstrate our ability to generate and receive ePrescribing transactions in accordance with the **§ 170.315(b)(3)** standards. The volume of transactions in the 10-day

	timeframe will provide feedback on the frequency and volume of transactions in real world patient care. Note: A 10-day timeframe for data collection was identified for this criterion due to the volume of ePrescribing transactions seen daily. As part of this testing, we will analyze five random samples of each transaction type from different providers to ensure compliance with the 2017071 NCPDP Script format requirements. All our ePrescribing transactions are transmitted to and from our EHR product through the Surescripts network, and we use First Databank as our medication compendium data source.

Expected Outcomes

Measurement/Metric	Expected Outcomes
Calculation of the percentage of successful transactions for each supported message type over a 10-day timeframe	Real World Testing will demonstrate our EHR's conformance to the **§ 170.315(b)(3)** criterion. We anticipate a least a 90% overall success rate for supported transaction types as we have employed a rigorous process for message formatting and internal error handling, pharmacy, and intermediary downtime/connection issues, therefore, we anticipate that the majority of the transactions would pass message validation. *Note: While we do anticipate a high success rate of transactions, there will be some transactions resulting in error as part of data validation implemented to ensure prescriptions are compliant with the network standards as well as low adoption of some transaction types by providers, pharmacies, partners, etc.*

Description of Measurement/Metric

§ 170.315(b)(6) Data Export

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

Associated Certification Criteria

Measurement/Metric	Associated Certification Criteria
Not Applicable	Not Applicable

Justification for Selected Measurement/Metric

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

Expected Outcomes

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

	estimation of the count. We will track error counts as part of the logged export events.

Description of Measurement/Metric

§ 170.315(b)(9) Care Plan

Measurement/Metric	Description
Count of Care Plan documents received within a three-month timeframe	A requirement of **§ 170.315(b)(9)** Care Plan is that users can receive electronic Care Plan documents in the form of a specific CDA template. We will use database records to count number of Care Plan documents received by our organizations during the specified timeframe to demonstrate our ability to receive Care Plan templates. The following Relied Upon Software is needed to demonstrate this criteria: NextGen® Rosetta Interface Manager and NextGen® Share.
Count of Care Plan documents generated within a three-month timeframe	A requirement of **§ 170.315(b)(9)** Care Plan is that users can record, access, and create Care Plan documents in the specified C-CDA format. We will use database records to count the number of Care Plan C-CDA documents that were created by organizations using our EHR.

Associated Certification Criteria

Measurement/Metric	Associated Certification Criteria
Not Applicable	Not Applicable

Justification for Selected Measurement/Metric

Measurement/Metric	Justification
Count of Care Plan documents received within a three-month timeframe	This demonstrates our EHR's ability to electronically receive Care Plan C-CDA documents, adding those records into patient charts. This number count will also provide data on how often this C-CDA type is being used within healthcare networks.

Count of Care Plan documents generated within a three-month timeframe	This demonstrates our EHR's ability to generate Care Plan C-CDA documents in compliance with the **§ 170.315(b)(9)** criterion and provides data for how often this type of document is being generated by practices in real-world settings.

Expected Outcomes

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

Description of Measurement/Metric

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

Measurement/Metric	Description
Verify that using the Relied Upon Software NextGen® HQM, a user can successfully perform the following functions without developer intervention:	The requirements of (c)(1) (c)(2)and (c)(3) are: • **170.315(c)(1) Clinical Quality Measures – Record and EXPORT** - Export of Clinical Quality Measures via QRDA CAT I • **170.315(c)(2) Clinical Quality Measures – IMPORT and Calculate** Clinical Quality Measures via QRDA CAT I • **170.315(c)(3) Clinical Quality Measures – REPORT** - Electronically create a data file for transmission of CQM data

Electronically create a QRDA CAT I data file containing one or more CQM's and successfully **EXPORT** the file Electronically **IMPORT** a QRDA CAT I data file containing one or more CQM's, integrate the data into the patient record and use it to calculate CQM's Electronically create a QRDA CAT III data file containing one or more CQM's in the CMS QRDA Category III IG format for ambulatory measures Calculate the total number of files imported and exported by file type, determine a utilization rate for each file format Validate successful integration/submission by program where applicable during Q1 of 2022	in the CMS QRDA Category III IG format for ambulatory measures

Associated Certification Criteria

Measurement/Metric	Associated Certification Criteria
We will query to determine the total number of QRDA CAT I files **EXPORTED** and calculate the percentage of successful QRDA CAT I files **EXPORTED** during the reporting period	A requirement of **§ 170.315(c)(1)** is that the health IT must be able to record all data necessary to calculate CQMs presented for certification and that a user can **EXPORT** a data file formatted in accordance with HL7 QRDA Category I Release 3 or the corresponding version of the QRDA standard for the CMS annual measure update being certified for one or multiple patients that includes all the data captured in the Health IT.
We will query to determine the total number of QRDA CAT I	A requirement of **§ 170.315(c)(2)** is that a user can **IMPORT** a data file formatted in accordance with HL7 QRDA Category I Release 3

files **IMPORTED** and calculate the percentage of successful QRDA CAT I files **IMPORTS**	or the corresponding version of the QRDA standard for the CMS annual measure update being certified for one or multiple patients
We will validate data imported from a QRDA CAT I exists in the patient record from a random sample of **IMPORTED** patient files	A requirement of **§ 170.315(c)(2)** is to perform calculations on the CQMs presented for certification using the data imported from the QRDA CAT I file.
We will query the total number of QRDA CAT III files **EXPORTED** by program, determine a utilization rate for each file format and validate successful integration/submission.	A requirement of **§ 170.315(c)(3)** is to enable a user to electronically create a data file for transmission of CQM data in accordance with the CMS QRDA Category III IG for ambulatory measures. This metric also measures **§ 170.315(c)(3)**, the ability of the health IT to calculate each CQM presented for certification and validate the correct calculation of CQMs for reports submitted in the QRDA Category III format.

Justification for Selected Measurement/Metric

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

§ 170.315(c)(1) (Count of QRDA CAT I files failed) / (Count of QRDA CAT I files attempted) to calculate the rate of success vs. failure for file generation by querying the HQM database	We will abstract counts of generation attempts and failures for QRDA CAT I file **EXPORTS** and demonstrate that users are able successfully generate QRDA CAT I files with a minor margin of error.
§ 170.315(c)(2) Overall count of QRDA CAT I files **IMPORTED** by querying the HQM database	Counting that at least one (1) QRDA CAT I file has been **IMPORTED** will show the total number of users who were able to **IMPORT** data in accordance with the **§ 170.315(c)(2)** standard of a file formatted to the QRDA Category I standard for one or more patients without needing additional developer support. By querying the system to capture number of IMPORTS we will prove that this functionality is available for our users. If no clients utilized the functionality, we will test using a file generated by Cypress.
§ 170.315(c)(2) (Count of QRDA CAT I files **IMPORTED**) / (Count of QRDA CAT I files uploaded) to calculate the percentage of successful QRDA CAT I files **IMPORTED** during the reporting period by querying the HQM database	We will count the QRDA CAT I files **IMPORTED** in the production environment (excluding test accounts), calculate the use rate of the functionality, and validate that the file **IMPORT** capability is successfully being used in production by providers in accordance with the **§ 170.315(c)(2)** criteria. By querying the system to capture number of imports attempted and the % of attempts that were successful versus failures/non attempts we will prove that this functionality is highly available for our users. If no clients utilized the functionality, we will test using a file generated by Cypress.
§ 170.315(c)(2) (Count of QRDA CAT I files failed) / (Count of QRDA CAT I files attempted) to calculate the rate of success vs. failure for file generation by querying the HQM database	We will abstract counts of **IMPORT** attempts and failures for QRDA CAT I files and demonstrate that users are able successfully generate QRDA CAT I files with a minor margin of error.
§ 170.315(c)(2) Validate **IMPORTED** QRDA CAT I data exists in a random sample of **IMPORTED** patient files by visually inspecting the patient	We will select a random sample of 20 patients whose data was **IMPORTED** via QRDA CAT I file and verify that data from the QRDA CAT I was **IMPORTED** into the patient record in the Relied Upon Software NextGen® HQM and is available for use in the clinical quality measure calculations in accordance with the **§**

level data in the HQM Production environment and producing a SQL query of the data in the underlying tables in the HQM database being used for calculation Measure rate of success vs failure of visual inspection	**170.315(c)(2)** criteria. By **IMPORTING** the QRDA CAT III files, and then visually inspecting the patient record, we will prove that we are compliant with the above requirement. Any discrepancy or delta will be counted as a failure of visual inspection.
§ 170.315(c)(3) Overall Count of QRDA CAT III files **EXPORTED** by supported program file type (CPC+, PCF, MIPS Quality) by querying the HQM database	Counting that at least one (1) QRDA CAT III file has been **EXPORTED** for each program will show the total number of users who were able to **EXPORT** data in accordance with the **§ 170.315(c)(3)** standard of a file formatted to QRDA CAT III for one or more patients without needing additional developer support. By querying the system to capture number of EXPORTS we will prove that this functionality is available for our users.
§ 170.315(c)(3) (Count of QRDA CAT III files successfully submitted) / Count of QRDA CAT III files **EXPORTED**) from a random sample of 5 files per supported CMS Program (CPC+, PCF, MIPS Quality INDV, MIPS Quality Group) to calculate a percentage of QRDA CAT III files in the correct format by contacting the clients by phone or email to confirm successful submission	A random sample of five clients per supported program, who **EXPORTED** QRDA CAT III files will be contacted to validate that their QRDA CAT III files uploaded successfully to the supported program agency. Calculating the percentage of successful submissions in the random sample will demonstrate that the generated QRDA CAT III file was in the correct format in accordance with the **§ 170.315(c)(3)** standard. By querying the system to capture number of EXPORTS attempted and the % of attempts that were successful versus failures/non attempts we will prove that this functionality is highly available for our users. If no clients utilize the functionality, we will test that an EXPORTED file created from a Cypress import. By validating that the QRDA CAT III files were successful, we will prove that we are compliant with the above requirement.

Expected Outcomes

Measurement/Metric	Expected Outcomes
§ 170.315(c)(1) Overall count of QRDA CAT I files **EXPORTED** by querying the HQM database	We will count the number of **EXPORTED** QRDA CAT I files and expect that it will be greater than zero which will validate that the functionality being used successfully in production by our providers.
§ 170.315(c)(1) (Count of QRDA CAT I files **EXPORTED**) / (Count of QRDA CAT I files generated) to calculate the percentage of successful QRDA CAT I files **EXPORTED** during the reporting period by querying the HQM database	We will abstract counts of **EXPORTED** QRDA CAT I files and compare that to the number of files generated to calculate what percentage of generated files are being exported to calculate a utilization rate. Expected that 80-90% of generated files are exported.
§ 170.315(c)(1) (Count of QRDA CAT I files failed) / (Count of QRDA CAT I files attempted) to calculate the rate of success vs. failure for file generation by querying the HQM database	We will abstract counts of generation attempts and failures for QRDA CAT I file exports. Expected that the number of failed attempts generate QRDA CAT I files in relation to the number of successful generations within the given timeframe are within a 10% error margin.
§ 170.315(c)(2) Overall count of QRDA CAT I files **IMPORTED** by querying the HQM database	We will count the number of **IMPORTED** QRDA CAT I files and expect that it will be greater than zero which will validate that the functionality being used successfully in production by our providers.
§ 170.315(c)(2) (Count of QRDA CAT I files **IMPORTED**) / (Count of QRDA CAT I files uploaded) to calculate the percentage of successful QRDA CAT I files **IMPORTED** during the reporting period by querying the HQM database	We will abstract counts of **IMPORTED** QRDA CAT I files and compare that to the number of files uploaded for import to validate what percentage of uploaded files are being successfully **IMPORTED** and calculate a utilization rate. We expect that 80-90% of uploaded files are successfully imported, and that 10-20% of patient files uploaded will be duplicates and be eliminated by the de-duplication process.
§ 170.315(c)(2) (Count of QRDA CAT I files failed) / (Count of QRDA CAT I files attempted) to	We will abstract counts of **IMPORT** attempts and failures for QRDA CAT I files. Expected that the number of failed attempts to import QRDA CAT I files in relation to the number of successful

calculate the rate of success vs. failure for file generation by querying the HQM database	imports within the given timeframe are within a 10% error margin.
§ 170.315(c)(2) Validate **IMPORTED** QRDA CAT I data exists in a random sample of **IMPORTED** patient files by visually inspecting the patient level data in the HQM Production environment and producing a SQL query of the data in the underlying tables in the HQM database being used for calculation Measure rate of success vs failure of visual inspection	We will randomly select 20 patients who had data **IMPORTED** via QRDA CAT I and visually validate that imported data is present in their patient record in the relied upon software. Any discrepancy or delta will be counted as a failure of visual inspection. Expected that the number of failures to find data in relation to the number of imported files within the given timeframe is within a 10% error margin.
§ 170.315(c)(3) Overall Count of QRDA CAT III files **EXPORTED** by supported program file type (CPC+, PCF, MIPS Quality) by querying the HQM database	We will count the number of **EXPORTED** QRDA CAT III files by file type and expect that it will be greater than zero for each file type which will validate that the functionality being successfully used in production by our providers.
§ 170.315(c)(3) (Count of QRDA CAT III files successfully submitted) / Count of QRDA CAT III files **EXPORTED**) from a random sample of 5 files per supported CMS Programs to calculate a percentage of QRDA CAT III files in the correct format by contacting the clients by phone or email to confirm successful submission	We will randomly select 5 examples of **EXPORTED** QRDA CAT III files by each file type and validate successful submission to the appropriate reporting entity to calculate what percentage of exported files were successfully submitted. If we find that a specific file was not submitted via QRDA CAT III, but was submitted via another method (QPP JSON), we will select another random file for validation. We expect that 100% of submitted files will be successful.

Description of Measurement/Metric

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

Measurement/Metric	Description
Patients are able to successfully **View** C-CDA % of errors compared to success over a one month timeframe	A requirement of **§ 170.315(e)(1)** is that patients (and their authorized representatives) must be able to use health IT to **View** the C-CDA By querying the system to capture number of views attempted and the % of attempts that were successful versus failures we will prove that this functionality is highly available for the patient population.
Patients are able to successfully **Download** C-CDA % of errors compared to success over a one month timeframe	A requirement of **§ 170.315(e)(1)** is that patients (and their authorized representatives) must be able to use technology to **Download** an ambulatory C-CDA By querying the system to capture number of downloads attempted and the % of attempts that were successful versus failures we will prove that this functionality is highly available for the patient population.
Patients are able to successfully **Transmit** C-CDA % of errors compared to success over a one month timeframe	A requirement of **§ 170.315(e)(1)** is that patients (and their authorized representatives) must be able to **Transmit** the ambulatory C-CDA This measure will catalogue the transport mechanisms used to share C-CDA documents, as well as track usage of the transport mechanisms over a period of time. For a given practice, how many C-CDAs are shared via Email (un-encrypted). For a given practice, how many errors are logged for sharing C-CDAs via Email.

Associated Certification Criteria

Measurement/Metric	Associated Certification Criteria
Not Applicable	**Not Applicable**

Justification for Selected Measurement/Metric

Measurement/Metric	Justification
Patients are able to successfully **View** C-CDA % of errors compared to success over a one month timeframe	A requirement of **§ 170.315(e)(1)** is that patients (and their authorized representatives) must be able to use health IT to **View** their C-CDA in the Patient Portal. We will use database records to count number of CCDAs viewed in the Patient Portal during the specified timeframe. By demonstrating that for those number of patients who have activated their accounts and are now attempting to **View** are able to do so successfully with a minor margin of error.
Patients are able to successfully **Download** C-CDA % of errors compared to success over a one month timeframe	A requirement of **§ 170.315(e)(1)** is that patients (and their authorized representatives) must be able to use health IT to **Download** their C-CDA in the Patient Portal. We will use database records to count number of C-CDAs downloaded from Patient Portal during the specified timeframe. By demonstrating that for those number of patients who have activated their accounts and are now attempting to **Download** - they are able to do so successfully with a minor margin of error.
Patients are able to successfully **Transmit** their CCDA % of errors compared to success over a one month timeframe	A requirement of **§ 170.315(e)(1)** is that patients (and their authorized representatives) must be able to use health IT to **Transmit** their CCDA in the Patient Portal. We will use database records to count number of CCDA s transmitted from the Patient Portal during the specified timeframe. By demonstrating that for those number of patients who have activated their accounts and are now attempting to **Transmit** their records - they are able to do so successfully with a minor margin of error.

Expected Outcomes

Measurement/Metric	Expected Outcomes
Patients are able to successfully **View** C-CDA % of errors compared to success over a 1 month timeframe	By demonstrating that for those number of patients who have activated their accounts and are now attempting to **View** - they are able to do so successfully with a minor margin of error. Expected outcome 75% success rate.
Patients are able to successfully **Download** C-CDA % of errors compared to success over a 1 month timeframe	By demonstrating that for those number of patients who have activated their accounts and are now attempting to **Download**- they are able to do so successfully with a minor margin of error. Expected outcome 75% success rate.
Patients are able to successfully **Transmit** C-CDA % of errors compared to success over a 1 month timeframe	By demonstrating that for those number of patients who have activated their accounts and are now attempting to **Transmit**- they are able to do so successfully with a minor margin of error. Expected outcome 75% success rate.

Description of Measurement/Metric

§ 170.315(f)(1) Transmission to Immunization

Measurement/Metric	Description
Count of Immunization orders (VXU) reported to Registries in a one-month timeframe	A requirement of **§ 170.315(f)(1)** Transmission to Immunization Registries is to create immunization orders for patients for transmission to immunization registries using proper code sets for both newly administered and historical vaccines. We will use database records to count the number of immunization orders sent during the specified timeframe to demonstrate our ability to support this transmission of public health data. The following Relied Upon Software is needed to demonstrate this criteria: NextGen® Rosetta Interface Messenger.
Count of Immunization queries and responses (QBP) received	A requirement of **§ 170.315(f)(1)** Transmission to Immunization Registries is to request immunization history and forecast

from Registries in a one-month timeframe	information for a patient from an immunization registry, where that information can then be displayed and access within the EHR. We will use database records to count the number of immunization query and responses messages seen during the specified timeframe to demonstrate our ability to support this type of transaction.

Associated Certification Criteria

Measurement/Metric	Associated Certification Criteria
Not Applicable	Not Applicable

Justification for Selected Measurement/Metric

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

Expected Outcomes

Measurement/Metric	Expected Outcomes

Count of Immunization orders (VXU) reported to Registries in a one-month timeframe	Real World Testing will demonstrate the ability of organizations to generate and send immunization order transmissions in accordance with **§ 170.315(f)(1)** criterion. We anticipate a significant number of transactions will be seen during this timeframe. Success percentage of transactions sent will also be reported. Note that some registries have a transmission format that may not guarantee our ability to ascertain full success of the transaction. There are known challenges throughout the IIS and EHR community where streamlined error handling is not fully integrated by both sides of the network. Error percentages are expected to be less than 10%.
Count of Immunization queries and responses (QBP) received from Registries in a one-month timeframe	Real World Testing will demonstrate the ability of organizations to generate and receive immunization history and forecast transmissions in accordance with **§ 170.315(f)(1)** criterion. We anticipate a lower volume of this transaction due to lower adoption of bi-directional capabilities across the state registry(s) technology and in our care setting. Success percentage of queries will also be reported. Note that some registries have a transmission format that may not guarantee our ability to ascertain full success of the transaction. There are known challenges throughout the IIS and EHR community where streamlined error handling is not fully supported by both sides of the network. Error percentages are expected to be less than 10%.

Description of Measurement/Metric

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

Measurement/Metric	Description

Count of Syndromic Surveillance Reports generated over a three-month timeframe	A requirement of **§ 170.315(f)(2)** Transmission to Public Health Agencies - Syndromic Surveillance is to electronically transmit patient syndrome-based health surveillance information using the specified standards. We will use database records to count the number of Syndromic Surveillance reports generated during the specified time frame by our urgent care organizations. The following Relied Upon Software is needed to demonstrate this criteria: NextGen® Rosetta Interface Messenger.

Associated Certification Criteria

Measurement/Metric	Associated Certification Criteria
Not Applicable	**Not Applicable**

Justification for Selected Measurement/Metric

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

Expected Outcomes

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

Description of Measurement/Metric

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

Measurement/Metric	Description
Count of Cancer registry reports generated over a three-month timeframe	A requirement of **§ 170.315(f)(4)** Transmission to Cancer Registries is to create cancer case information for electronic transmission using a specific CDA standard. We will use database records to count the number of Cancer registry specific reports generated during the specified timeframe. The following Relied Upon Software is needed to demonstrate this criteria: NextGen® Rosetta Interface Messenger.

Associated Certification Criteria

Measurement/Metric	Associated Certification Criteria
Not Applicable	Not Applicable

Justification for Selected Measurement/Metric

Measurement/Metric	Justification
Count of Cancer registry reports generated over a three-month timeframe	This demonstrates our Health IT's ability to generate Cancer registry report documents. This metric will also provide information on the frequency of use of this report type. Errors in file generation will be counted if identified during the data collection period.

Expected Outcomes

Measurement/Metric	Expected Outcomes

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

Description of Measurement/Metric

§ 170.315(f)(5) Electronic Case Reporting

Measurement/Metric	Description
Count of Electronic Case Reports generated over a three-month timeframe	A requirement of **§ 170.315(f)(5)** Electronic Case Reporting is to generate a case report based on designated trigger codes for electronic transmission. We will use database records to count the number of Electronic Case Reports generated during the specified timeframe containing the specified code sets. The following Relied Upon Software is needed to demonstrate this criteria: NextGen® Rosetta Interface Manager and NextGen® Share.

Associated Certification Criteria

Measurement/Metric	Associated Certification Criteria
Not Applicable	Not Applicable

Justification for Selected Measurement/Metric

Measurement/Metric	Justification
Count of Electronic Case Reports generated over a three-month timeframe	This demonstrates our Health IT's ability to generate Electronic Case Report documents. This metric will also provide information on the frequency of use of this electronic report type.

Expected Outcomes

Measurement/Metric	Expected Outcomes

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

Description of Measurement/Metric

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

Measurement/Metric	Description
Count of Healthcare Survey reports generated over a three-month timeframe	A requirement of **§ 170.315(f)(7)** Transmission to Public Health Agencies – Health Care Surveys is to create health care survey data for electronic transmission to the CDC following the mandatory elements and requirements of the specific C-CDA guide. We will use database records to count the number of Healthcare Survey reports generated during the specified timeframe. The following Relied Upon Software is needed to demonstrate this criteria: NextGen® Rosetta Interface Messenger.

Associated Certification Criteria

Measurement/Metric	Associated Certification Criteria
Not Applicable	Not Applicable

Justification for Selected Measurement/Metric

Measurement/Metric	Justification
Count of Healthcare Survey reports generated over a three-month timeframe	This demonstrates our Health IT's ability to generate Healthcare Survey report documents in any of the NHCS IG versions (1.0-1.2). This metric will also provide information on the frequency of use of this

	report type. Errors in file generation will be counted if identified during the data collection period.

Expected Outcomes

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

Description of Measurement/Metric

§ 170.315(g)(7) Application Access – Patient Selection
§ 170.315(g)(8) Application Access – Data Category Request
§ 170.315(g)(9) Application Access – All Data Request
§ 170.315(g)(10) Standardized API for Patient and Population Services

Measurement/Metric	Description
Query the API to successfully perform the following functions: • Identify a patient and receive a token for access • Retrieve the full set of data for each USCDI v1 data category • Retrieve a C-CDA R2.1 document and validate using the test tool • Demonstrate single patient and EHR based application access as	The requirements of **§ 170.315(g)(7), g8 and (g)(9)** are to demonstrate the ability of a patient to authorize an API to retrieve from the certified EHR individual categories of USCDI v1 data as well as retrieval of a compliant CCDA R2.1 document. The following Relied Upon Software is needed to demonstrate these criteria: NextGen® Patient Access API. The requirement of **§ 170.315(g)(10)** is to demonstrate standalone patient app access in both full and limited scopes. Demonstrate an API practitioner-based app within the EHR workflow. Demonstrate a single patient's access via the API. Demonstrate Multi-patient

well as multi-patient access Report the number of successes vs failures over time to determine a success/failure rate for each of the above steps	authorization and API access. The following Relied Upon Software is needed to demonstrate this criterion: NextGen® FHIR API

Associated Certification Criteria

Measurement/Metric	Associated Certification Criteria
Query the API to successfully match a patient and report the number of successes vs failures over time to determine a success/failure rate	A requirement of **§ 170.315(g)(7)** is to demonstrate the ability for the API to successfully match a patient in the EHR and generate an access token.
Query the API to retrieve USCDI v1 categories of data for the selected patient and report the number of successes vs failures over time to determine a success/failure rate	A requirement of **§ 170.315(g)(8)** is to demonstrate the ability for the API to successfully retrieve information for each USCDI v1 data class.
Using the online Testing Tools, validate a C-CDA R2.1 compliant document retrieved from the EHR and report the number of successes vs failures over time to determine a success/failure rate	A requirement of **§ 170.315(g)(9)** is to demonstrate the ability of the EHR to retrieve a complaint CCDA R2.1 document

Using the Inferno Test Tool demonstrate single and multi-patient API access as well as an EHR launched practitioner-based app	A requirement of **§ 170.315(g)(10)** is to demonstrate the ability of the EHR to launch a practitioner-based app, as well has validate patient access in both single and multi-patient scenarios

Justification for Selected Measurement/Metric

Measurement/Metric	Justification
§ 170.315(g)(7) Query the API to match and authorize a patient and report the number of successes vs failures overtime to determine a success/failure rate	Demonstrate how the API can successfully match a patient's identity in the EHR.
§ 170.315(g)(8) Query the API to successfully retrieve USCDI v1 categories of data on the selected patient and report the number of successes vs failures overtime to determine a success/failure rate	Demonstrate how the API can successfully retrieve each category of USCDI v1 data from the EHR.
§ 170.315(g)(9) Validate a CCDA R2.1 compliant document on the selected patient and report the number of successes vs failures overtime to determine a success/failure rate	Demonstrate how the EHR is able to successfully retrieve a CCDA R2.1 complaint document from the EHR.
§ 170.315(g)(10) Using the Inferno Test Tool demonstrate single and	Demonstrate single and multi-patient API access as well as an EHR launched practitioner-based app.

multi-patient API access as well as an EHR launched practitioner-based app	

Expected Outcomes

Measurement/Metric	Expected Outcomes
§ 170.315(g)(7) Query the API to successfully match and authorize a patient and report the number of successes vs failures overtime to determine a success/failure rate over a 30-day period	The query shall match the intended patient 100% of the time when there are ample matching criteria.
§ 170.315(g)(8) Query the API to successfully retrieve USCDI v1 categories of data on the selected patient and report the number of successes vs failures overtime to determine a success/failure rate over a 30-day period	The API is able to download all USCDI v1 categories that are present in their chart from the EHR and report the success/error rate.
§ 170.315(g)(9) Validate a C-CDA R2.1 compliant document on the selected patient and report the number of successes vs failures overtime to determine a success/failure rate over a 30-day period	Successfully validate an EHR C-CDA R2.1 document using the Testing Tools online for 3 random practices and report the success/error rate.
§ 170.315(g)(10) Demonstrate single and multi-patient API access as well as an EHR launched practitioner-based app over a 30-day period	Successfully demonstrate standalone patient access in both a full and limited permission scenario. Successfully demonstrate an EHR based practitioner application launch in the providers workflow. Demonstrate multi-patient authorization using the API for a predetermined list of patients.

Care Setting(s)

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

SCHEDULE OF KEY MILESTONES

Key Milestone	Care Setting	Date/Timeframe
Finalize Real World Test Plan and Submit to the ONC-ACB (Drummond)	Ambulatory	Q4 2022
Identify Clients for Participation where applicable	Ambulatory	Q1 2023
The queries that will be used are developed and validated with internal data, client systems and/or transactions	Ambulatory	Q1 2023
Data collection and/or observation from client systems	Ambulatory	Q2 2023
Validation and analysis of data and metrics created	Ambulatory	Q3 2023
Report created and submitted to ONC-ACB (Drummond)	Ambulatory	Q1 2024

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.

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John Ellis
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Date:

11/16/2022 | 12:20:50 PST

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