2024 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), Certified Health IT Product List (CHPL) ID(s):

NextGen Enterprise EHR	6.2021.1 Patch 79	15.04.04.2054.Next.60.09.1.220303
NextGen Enterprise EHR	6.2021.1 Cures	15.04.04.2054.Next.60.10.1.220318
NextGen Enterprise EHR	Enterprise 8	15.04.04.2054.Next.80.11.1.230620

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

JUSTIFICATION FOR REAL WORLD TESTING APPROACH

- Because the functionality is the same in all products, all Real World Testing will occur in NextGen Enterprise 6.2021.1 Cures.
- 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 multispecialty 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 criteria, 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)	2022 CMS QRDA Category III IG
Updated certification criteria and associated product	170.315 (c)(3) NextGen Enterprise EHR 6.2021.1 Patch 79 NextGen Enterprise EHR 6.2021.1 Cures NextGen Enterprise EHR Enterprise 8
Health IT Module CHPL ID	7915.04.04.2054.Next.60.09.1.220303 15.04.04.2054.Next.60.10.1.220318 15.04.04.2054.Next.80.11.1.230620
Method used for standard update	SVAP
Date of ONC ACB notification	9/16/22
Date of customer notification (SVAP only)	9/5/22
Conformance measure	Conformance was demonstrated through the CMS validation tool Cypress
USCDI updated certification criteria (and USCDI version)	N/A

MEASURES USED IN OVERALL APPROACH

Description of Measurement/Metric

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

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	The requirement of **§ 170.315(b)(1) Transitions of Care** is the sending/receiving of Transition of Care documents. Counting the Transition of Care C-CDA documents sent/received compared to the count of **§ 170.315(h)(1) Direct Project -** Direct

and Referral Note type C-CDAs into the EHR using either NextGen® Share or NextGen® Rosetta 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 C-CDAs with validation successes • Number of imported/exported C-CDAs with validation failures	Messages sent/received with C-CDAs attached will prove that this functionality is working in production.

Associated Certification Criteria

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

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 CCD 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

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

Measurement/Metric	Justification
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	**§ 170.315(h)(1) Direct Project** 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 of this protocol by ambulatory providers using NextGen Enterprise EHR.
Collect the count of total C-CDA documents imported/exported using NextGen® Share, or NextGen® Rosetta Interface Messenger, into the NextGen Enterprise EHR (of type CCD and Referral Note) with C-CDA Validation status within a 3-month timeframe: • Validation Successes • Validation Failures	**§ 170.315(b)(1) Transitions of Care** 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

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

Measurement/Metric	Expected Outcomes
Collect the count of sent/received Direct Messages using NextGen®	**§ 170.315(h)(1) Direct Project** Count of sent/received messages with a success/failed status. Errors in transmission will be tracked and analyzed as part of this metric.

Share within a 3-month timeframe: • Percentage of successfully sent/received Direct Messages • Percentage of failed to send/receive Direct Messages	Expected outcome to meet or exceed 80% success rate.
Count of total imported/exported CCD 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	**§ 170.315(b)(1) Transitions of Care** 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 Information Reconciliation and Incorporation

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 and Incorporation** 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.

Associated Certification Criteria

§ 170.315(b)(2) Clinical Information Reconciliation and Incorporation

Measurement/Metric	Associated Certification Criteria
N/A	N/A

Justification for Selected Measurement/Metric

§ 170.315(b)(2) Clinical Information Reconciliation and Incorporation

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) Clinical Information Reconciliation and Incorporation** 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

§ 170.315(b)(2) Clinical Information Reconciliation and Incorporation

Measurement/Metric	Expected Outcomes
Percentage of C-CDA records received within a one-month timeframe where medications, allergies, and problems were reconciled.	Real World Testing will demonstrate the ability of organizations to receive and reconcile medications, allergies, and problems data within C-CDAs in accordance with the § **170.315(b)(2) Clinical Information Reconciliation and Incorporation** criterion. We will capture the percentages associated with incorporation of the clinical data elements received in C-CDA 1.1 and/or 2.1 format and made available for use within the EHR. The system workflow includes matching the received document with the correct patient, and then a user can simultaneously review the patient's data attributes in the EHR alongside with the data received in the C-CDA. The user can validate the codified data and choose to incorporate new or updated records as needed. 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 ten-day timeframe, along with total counts for each transaction type.	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

§ 170.315(b)(3) Electronic Prescribing

Measurement/Metric	Associated Certification Criteria
N/A	N/A

Justification for Selected Measurement/Metric

§ 170.315(b)(3) Electronic Prescribing

Measurement/Metric	Justification
Calculation of the percentage of successful transactions for each supported message type over a ten-day timeframe, along with total counts for each transaction type.	This measurement will demonstrate our ability to generate and receive ePrescribing transactions in accordance with the **§ 170.315(b)(3) Electronic Prescribing** standards. The volume of transactions in the ten-day timeframe will provide feedback on the frequency and volume of transactions in real world patient care. Note: A ten-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

§ 170.315(b)(3) Electronic Prescribing

Measurement/Metric	Expected Outcomes
Calculation of the percentage of successful transactions for each supported message type over a ten-day timeframe, along with total counts for each transaction type.	This measurement will demonstrate our EHR's conformance to the **§ 170.315(b)(3) Electronic Prescribing** 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 the 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

§ 170.315(b)(6) Data Export

Measurement/Metric	Associated Certification Criteria
N/A	N/A

Justification for Selected Measurement/Metric

§ 170.315(b)(6) Data Export

Measurement/Metric	Justification
The count of export summaries created during a three-month timeframe.	This measurement will demonstrate the ability of organizations to create patient record summaries in accordance with **§ 170.315(b)(6) Data Export** criterion. This functionality is limited in availability to users who are granted permission to perform the export action, along with the configuration of what is included in the export. We expect that organizations will have used this functionality in different ways to export single or multiple patient records for various reasons, and we are not tracking the configurations being applied in each scenario. Users can configure exports by location, date, and time range, and by data element; and the format used in the export is C-CDA R2.1. Exports can be initiated in real-time or scheduled. The expected outcome is that the count will be non-zero since clients do have other mechanisms for providing patient(s) data electronically through other workflows. We are unable to determine an estimation of the count. We will track error counts as part of the logged export events.

Expected Outcomes

§ 170.315(b)(6) Data Export

Measurement/Metric	Expected Outcomes

The count of export summaries created during a three-month timeframe.	This Testing will demonstrate the ability of organizations to create patient record summaries in accordance with **§ 170.315(b)(6) Data Export** criterion. This functionality is limited in availability to users who are granted permission to perform the export action, along with the configuration of what is included in the export. We expect that organizations will have used this functionality in different ways to export single or multiple patient records for various reasons, and we are not tracking the configurations being applied in each scenario. Users can configure exports by location, date and time range, and by data element; and the format used in the export is C-CDA R2.1. Exports can be initiated in real-time or scheduled. The expected outcome is that the count will be non-zero since clients do have other mechanisms for providing patient(s) data electronically through other workflows. 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 the number of Care Plan documents received by our organizations during the specified timeframe to demonstrate our ability to receive Care Plan templates.
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

§ 170.315(b)(9) Care Plan

Measurement/Metric	Associated Certification Criteria
N/A	N/A

Justification for Selected Measurement/Metric

§ 170.315(b)(9) Care Plan

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) Care Plan** criterion and provides data for how often this type of document is being generated by practices in real-world settings.

Expected Outcomes

§ 170.315(b)(9) Care Plan

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 as unique document templates in CDA R2 format in accordance with **§ 170.315(b)(9) Care Plan** criterion. We are not aware of many organizations generating this specific type of document as they are often using the plan of care section of the C-CDA or sending plans of care as plain text documents, so we do not anticipate a high volume of organizations are receiving Care Plans in this format. 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 as unique document templates in CDA R2 format in accordance with **§ 170.315(b)(9) Care Plan** criterion and not just the plan of care section of the C-CDA. We support workflows to specifically capture the patient's goals and health concerns, along with interventions, for inclusion in the Care Plan CDA. Errors in generation or transmission will be tracked 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: • 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	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** – 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 in the CMS QRDA Category III IG format for ambulatory measures.

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, a failure rate for each file format, and validate successful integration/submission by program where applicable during Q1 of 2024	

Associated Certification Criteria

§ 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	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) Clinical Quality Measures – Record and Export** 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 of the data captured in the health IT.
We will query to determine the total number of QRDA CAT I files **IMPORTED** and calculate the percentage of successful QRDA CAT I files **IMPORTED** during the reporting period	A requirement of § **170.315(c)(2) Clinical Quality Measures – Import and Calculate** is that a user can import 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.

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) Clinical Quality Measures – Import and Calculate** 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) Clinical Quality Measures – Report** 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 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

§ 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	Justification
Overall count of QRDA CAT I files **EXPORTED** by querying the HQM database	**§ 170.315(c)(1) Clinical Quality Measures – Record and Export** 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) Clinical Quality Measures – Record and Export** standard of a file formatted to the QRDA CAT I standard for one or more patients without needing additional developer support. By querying the system to capture number of exports will prove that this functionality is available for our users.
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 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) Clinical Quality Measures – Record and Export** 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.
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	**§ 170.315(c)(1) Clinical Quality Measures – Record and Export** 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.
Overall count of QRDA CAT I files **IMPORTED** by querying the HQM database	**§ 170.315(c)(2) Clinical Quality Measures – Import and Calculate** Counting that at least one(1) QRDA CAT I file has been exported 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 the

	number of imports we will prove that this functionality is available for our users. If no clients utilized the functionality, we would test using a file generated by Cypress.
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	**§ 170.315(c)(2) Clinical Quality Measures – Import and Calculate** We will count the QRDA CAT I files imported in the production environment, 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 would test using a file generated by Cypress.
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	**§ 170.315(c)(2) Clinical Quality Measures – Import and Calculate** We will abstract counts of IMPORT attempts and failures for QRDA CAT I files and demonstrate that users are able successfully import QRDA CAT I files.
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	**§ 170.315(c)(2) Clinical Quality Measures – Import and Calculate** 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 **170.315(c)(2)** criteria. By importing the QRDA CAT III files, and then visually inspecting the patient record, we will be able to show that we are compliant with the above requirement. Any discrepancy or delta will be counted as a failure of visual inspection.
Overall Count of QRDA CAT III files **EXPORTED** by supported program file type (CPC+, PCF and MIPS Quality) by querying the HQM database	**§ 170.315(c)(3) Clinical Quality Measures – Report** 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.
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 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	**§ 170.315(c)(3) Clinical Quality Measures – Report** 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 to ensure an exported file created from Cypress can import.

	By validating that the QRDA CAT III files were successful, we will prove that we are compliant with the above requirement.

Expected Outcomes

§ 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	Expected Outcomes
Overall count of QRDA CAT I files **EXPORTED** by querying the HQM database	**§ 170.315(c)(1) Clinical Quality Measures – Record and Export** 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 is being used successfully in production by our providers. Rate of success vs. failure is being measured by the following metric, which is a percentage. This metric is a COUNT of the total number of exports.
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	**§ 170.315(c)(1) Clinical Quality Measures – Record and Export** 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.
Count of QRDA CAT I **EXPORTED** files failed / Count of QRDA CAT I file **EXPORT** attempts to calculate the rate of success vs. failure for file generation by querying the HQM database	**§ 170.315(c)(1) Clinical Quality Measures – Record and Export** 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 time period are within a 10% error margin.
170.315(c)(2) Overall count of QRDA CAT I files **IMPORTED** by querying the HQM database	**§ 170.315(c)(2) Clinical Quality Measures – Import and Calculate** 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. Rate of success vs. failure is being measured by the following metric, which is a percentage. This metric is a COUNT of the total number of successful imports.
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	**§ 170.315(c)(2) Clinical Quality Measures – Import and Calculate** 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.
Count of QRDA CAT I **IMPORTED** files failed / Count of QRDA CAT I file	**§ 170.315(c)(2) Clinical Quality Measures – Import and Calculate** We will abstract counts of **IMPORT** attempts and failures for QRDA CAT I files. Expected that the number of failed attempts to import

IMPORT attempts to calculate the rate of success vs. failure for file generation by querying the HQM database	QRDA CAT I files in relation to the number of successful imports within the given time period are within a 10% error margin.
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	**170.315(c)(2) Clinical Quality Measures – Import and Calculate** 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 time period 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 is being successfully used in production by our providers.
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 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	**§ 170.315(c)(3) Clinical Quality Measures – Report** 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

Measurement/Metric	Description
Patients can successfully **View** C-CDA % of errors compared to success over a one-month timeframe	A requirement of **§ 170.315(e)(1) View, Download, and Transmit to 3rd Party Measurement/Metric Description** is that patients (and their authorized representative) must be able to use Health IT to **View** the C-CDA By querying the system to capture 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 can successfully **Download** C-CDA % of errors compared to success over a one-month timeframe	A requirement of **§ 170.315(e)(1) View, Download, and Transmit to 3rd Party Measurement/Metric Description** is that patients (and their authorized representative) must be able to use Health IT to **Download** the C-CDA By querying the system to capture 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 can successfully **Transmit** C-CDA % of errors compared to success over a one-month timeframe	A requirement of **§ 170.315(e)(1) View, Download, and Transmit to 3rd Party Measurement/Metric Description** is that patients (and their authorized representative) must be able to use Health IT to **Transmit** the C-CDA By querying the system to capture views attempted and the % of attempts that were successful versus failures we will prove that this functionality is highly available for the patient population.

Associated Certification Criteria

§ 170.315(e)(1) View, Download, and Transmit to 3rd Party Measurement/Metric Description

Measurement/Metric	Associated Certification Criteria
N/A	N/A

Justification for Selected Measurement/Metric

§ 170.315(e)(1) View, Download, and Transmit to 3rd Party Measurement/Metric Description

Measurement/Metric	Justification
Patients can successfully **View** C-CDA % of errors compared to success over a one-month timeframe	A requirement of **§ 170.315(e)(1) View, Download, and Transmit to 3rd Party Measurement/Metric Description** is that patients (and their authorized representative) must be able to use Health IT to **View** the C-CDA We will use database records to count the number of 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 can successfully **Download** C-CDA % of errors compared to success over a one-month timeframe	A requirement of **§ 170.315(e)(1) View, Download, and Transmit to 3rd Party Measurement/Metric Description** is that patients (and their authorized representative) must be able to use Health IT to **Download** the C-CDA We will use database records to count the number of 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 **Download** are able to do so successfully with a minor margin of error.
Patients can successfully **Transmit** C-CDA	A requirement of **§ 170.315(e)(1) View, Download, and Transmit to 3rd Party Measurement/Metric Description** is that patients (and their

% of errors compared to success over a one-month timeframe	authorized representative) must be able to use Health IT to **Transmit** the C-CDA We will use database records to count the number of 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** are able to do so successfully with a minor margin of error.

Expected Outcomes

§ 170.315(e)(1) View, Download, and Transmit to 3rd Party Measurement/Metric Description

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

Description of Measurement/Metric

§ 170.315(f)(1) Transmission to Immunization Registries

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.
Count of Immunization queries and responses (QBP) received from Registries in a one-month timeframe	A requirement of **§ 170.315(f)(1) Transmission to Immunization Registries** is to request immunization history and forecast 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 response messages seen during the specified timeframe to demonstrate our ability to support this type of transaction.

Associated Certification Criteria

§ 170.315(f)(1)Transmission to Immunization Registries

Measurement/Metric	Associated Certification Criteria
N/A	N/A

Justification for Selected Measurement/Metric

§ 170.315(f)(1)Transmission to Immunization Registries

Measurement/Metric	Justification
Count of Immunization orders 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 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

§ 170.315(f)(1) Transmission to Immunization Registries

Measurement/Metric	Expected Outcomes
Count of Immunization orders reported to Registries in a one-month timeframe	Real World Testing will demonstrate the ability of organizations to generate and send immunization order transmissions following the format specified in the IG IM release 1.5 and the July 2015 addendum in accordance with the **§ 170.315(f)(1) Transmission to Immunization Registries** criterion. Transmissions can be for one or multiple vaccines at a time, codified using the NDC and CVX when the vaccine is administered by the organization, and the CVX at a minimum when reporting as a historical vaccination record. We anticipate a significant number of transactions will be seen during this timeframe as many of our care settings administer vaccines and report to their city and/or state registries using HL7. 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	Real World Testing will demonstrate the ability of organizations to generate and receive immunization history and forecast transmissions using the HL7 2.5.1 standard, IG IM release 1.5 and July 2015 addendum, in accordance with **§ 170.315(f)(1) Transmission to**

Registries in a one-month timeframe	**Immunization Registries** 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 but this should increase year over year. 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.

Associated Certification Criteria

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

Measurement/Metric	Associated Certification Criteria
N/A	N/A

Justification for Selected Measurement/Metric

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

Measurement/Metric	Justification
Count of Syndromic Surveillance Reports generated over a three-month timeframe	**§ 170.315(f)(2) Transmission to Public Health Agencies – Syndromic Surveillance** 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

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

Measurement/Metric	Expected Outcomes
Count of Syndromic Surveillance Reports	Real World Testing will demonstrate the ability of urgent care organizations to generate syndrome-based public health Syndromic Surveillance reports for electronic transmission using the HL7 2.5.1

generated over a three-month timeframe	standard, the PHIN messaging guide, and the corresponding August 2015 erratum, in accordance with **§ 170.315(f)(2) Transmission to Public Health Agencies – Syndromic Surveillance** 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	The Real World Testing of **§ 170.315(f)(4)Transmission to Cancer Registries** 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.

Associated Certification Criteria

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

Measurement/Metric	Associated Certification Criteria
N/A	N/A

Justification for Selected Measurement/Metric

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

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

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

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 cancer case information for sending via electronic transmission using the HL7 IG for CDA release 2, DSTU release 1.1, in accordance with **§ 170.315(f)(4) Transmission to Cancer Registries** criterion using the specified code sets for SNOMED CT and LOINC. 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) Transmission to Public Health Agencies – Electronic Case Reporting

Measurement/Metric	Description
Count of Electronic Case Reports generated over a three-month timeframe	A requirement of **§ 170.315(f)(5) Transmission to Public Health Agencies - 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.

Associated Certification Criteria

§ 170.315(f)(5) Transmission to Public Health Agencies – Electronic Case Reporting

Measurement/Metric	Associated Certification Criteria
N/A	N/A

Justification for Selected Measurement/Metric

§ 170.315(f)(5) Transmission to Public Health Agencies – Electronic Case Reporting

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 in accordance with **§ 170.315(f)(5) Transmission to Public Health Agencies - Electronic Case Reporting**. This metric will also provide information on the frequency of use of this electronic report type.

Expected Outcomes

§ 170.315(f)(5) Transmission to Public Health Agencies – Electronic Case Reporting

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 using the specified code sets in accordance with **§ 170.315(f)(5) Transmission to Public Health Agencies - Electronic Case Reporting** criterion. These reports are generated based on a matched value from a patient visit or encounter to a trigger code table that is maintained based on definition from public health authorities. There will likely not be a high volume of reports generated due to the 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 Surveys

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.

Associated Certification Criteria

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

Measurement/Metric	Associated Certification Criteria
N/A	N/A

Justification for Selected Measurement/Metric

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

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

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

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 compliance with all mandatory elements and requirements of the HL7 IG for CDA R2 Health Care Surveys Release 1 in accordance with **§ 170.315(f)(7) Transmission to Public Health Agencies – Health Care Surveys** 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. 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)(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 well as multi- this criterion: NextGen® FHIR patient access Report the number of successes vs failures over time to determine a success/failure rate for each of the above steps	The requirements of **§ 170.315(g)(7) Application Access – Patient Selection** and **(g)(9) Application Access – All Data Request** 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 C-CDA 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) Standardized API for Patient and Population Services** 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 authorization and API access. The following Relied Upon Software is needed to demonstrate API.

Associated Certification Criteria

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

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) Application Access – Patient Selection** and **(g)(9) Application Access – All Data Request** is to demonstrate the ability for the API to successfully match a patient in the EHR and generate an access token.
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 **(g)(9) Application Access – All Data Request** is to demonstrate the ability of the EHR to retrieve a complaint C-CDA R2.1 document.
Using the Inferno Test Tool demonstrate single and multi-patient API access as	A requirement of **§ 170.315(g)(10) Standardized API for Patient and Population Services** 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.

well as an EHR launched practitioner-based app	

Justification for Selected Measurement/Metric

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

Measurement/Metric	Justification
Query the API to match and authorize a patient and report the number of successes vs failures overtime to determine a success/failure rate	**§ 170.315(g)(7) Application Access – Patient Selection** and **(g)(9) Application Access – All Data Request** Demonstrate how the API can successfully match a patient's identity in the EHR.
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	**§ 170.315(g)(9) Application Access – All Data Request** Demonstrate how the EHR is able to successfully retrieve a C-CDA R2.1 complaint document from the EHR.
Using the Inferno Test Tool demonstrate single and multi-patient API access as well as an EHR launched practitioner-based app	**§ 170.315(g)(10) Standardized API for Patient and Population Services** Demonstrate single and multi-patient API access as well as an EHR launched practitioner-based app.

Expected Outcomes

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

Measurement/Metric	Expected Outcomes
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	**§ 170.315(g)(7) Application Access – Patient Selection** and **(g)(9) Application Access – All Data Request** The query with sufficient information shall match the intended patient and return an access token/ID to be able to perform subsequent data calls on the matched patient. Provide detailed documentation on how to access and utilize the API.
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	**§ 170.315(g)(9) Application Access – All Data Request** Successfully respond to requests for a C-CDA R2.1 document (all data or data range specific) containing all elements of USCDI v1. Supply user facing documentation on how to invoke and use this API. Validate an EHR C-CDA R2.1 document using the Testing Tools online for 3 random practices and report the success/error rate.

Demonstrate single and multi-patient API access as well as an EHR launched practitioner-based app over a 30-day period	**§ 170.315(g)(10) Standardized API for Patient and Population Services** Successfully demonstrate standalone patient access in both a full and limited permission scenario to return full USCDI v1 data in FHIR format. Successfully demonstrate an EHR based practitioner application registration & launch in the providers workflow. Demonstrate multi-patient authorization with refresh tokens using the API for a predetermined list of patients and scopes.

Care Setting(s)

Care Setting	Justification
Ambulatory	NextGen Enterprise supports most specialties in ambulatory care. All specialties have access to 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 2023
Identify Clients for Participation where applicable	Ambulatory	Q1 2024
The queries that will be used are developed and validated with internal data, client systems and/or transactions	Ambulatory	Q1 2024
Data collection and/or observation from client systems	Ambulatory	Q2 2024
Validation and analysis of data and metrics created	Ambulatory	Q2 2024
Report created and submitted to ONC-ACB (Drummond)	Ambulatory	Q1 2025

ATTESTATION

The Real World Testing plan must include the following attestation signed by the health IT developer authorized representative.

Note: The plan must be approved by a health IT developer authorized representative capable of binding the health IT developer for execution of the plan and include the representative's contact information.[ii]

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

Authorized Representative Name: Dr. John Ellis

Authorized Representative Email: jwellis@nextgen.com

Authorized Representative Phone: 215-657-7010

Authorized Representative Signature: DocuSigned by: John Ellis 285515A718454BD...

Date: 10/24/2023 | 13:25:24 PDT

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[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