



2025 NextGen Enterprise EHR 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 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 number of customers used for each criterion as well as applicable timeframe will be defined as part of 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 will be excluded from data collection and metric calculation.
- 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)
Health IT Module CHPL ID	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
Method used for standard update	SVAP
Date of ONC ACB notification	7/18/2023
Date of customer notification (SVAP only)	9/18/2023
Conformance measure	Conformance was demonstrated through Cypress, the ONC validation tool
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

Measurement/Metric	Description
Count of total imported/exported CCD and Referral Note type C-CDAs into the EHR using either NextGen® Share or NextGen® Rosetta Interface	A requirement of § 170.315(b)(1) Transitions of Care is the sending/receiving of Transition of Care documents.



Messenger within a 3-month timeframe <ul style="list-style-type: none"> Percentage of successfully exported C-CDAs Percentage of validated imported C-CDAs 	
--	--

Associated Certification Criteria

§ 170.315(b)(1) Transitions of Care

Measurement/Metric	Associated Certification Criteria
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 <ul style="list-style-type: none"> Percentage of successfully exported C-CDAs Percentage of validated imported C-CDAs 	§ 170.315(b)(1) Transitions of Care

Justification for Selected Measurement/Metric

§ 170.315(b)(1) Transitions of Care

Measurement/Metric	Justification
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 <ul style="list-style-type: none"> Percentage of successfully exported C-CDAs Percentage of validated imported C-CDAs 	§ 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

Measurement/Metric	Expected Outcomes
--------------------	-------------------



<p>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</p> <ul style="list-style-type: none"> • Percentage of successfully exported C-CDAs • Percentage of validated imported C-CDAs 	<p>§ 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.</p> <p>Expected outcome to meet or exceed 80% successful validation.</p>
---	---

Description of Measurement/Metric

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

Measurement/Metric	Description
<p>Percentage of C-CDA records received using either NextGen® Share or NextGen® Rosetta Interface Messenger within a 3-month timeframe where medications, allergies, and problems were reconciled</p>	<p>A requirement of § 170.315(b)(2) Clinical Reconciliation and Incorporation is to receive a Transition of Care or Referral summary (C-CDA) and reconcile the patient's active clinical data including their medication list, allergy history, and problem list within the EHR alongside the external content.</p> <p>We will use database records to count the number of C-CDA documents received for transitions of care or referrals during the specified timeframe and where reconciliation of clinical data occurred.</p>

Associated Certification Criteria

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

Measurement/Metric	Associated Certification Criteria
<p>Percentage of C-CDA records received using either NextGen® Share or NextGen® Rosetta Interface Messenger within a 3-month timeframe where medications, allergies, and problems were reconciled</p>	<p>§ 170.315(b)(2) Clinical Information Reconciliation and Incorporation</p>

Justification for Selected Measurement/Metric

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

Measurement/Metric	Justification
--------------------	---------------



<p>Percentage of C-CDA records received using either NextGen® Share or NextGen® Rosetta Interface Messenger within a 3-month timeframe where medications, allergies, and problems were reconciled</p>	<p>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 transitions of care or referrals.</p> <p>This metric also quantifies how often reconciliation of clinical data occurs from C-CDA records received, although not all C-CDAs contain records with these three data elements.</p>
---	---

Expected Outcomes

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

Measurement/Metric	Expected Outcomes
<p>Percentage of C-CDA records received using either NextGen® Share or NextGen® Rosetta Interface Messenger within a 3-month timeframe where medications, allergies, and problems were reconciled</p>	<p>Real World Testing will demonstrate the ability of organizations to receive and reconcile medications, allergies, and problems data within received 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.</p> <p>We expect that the C-CDA Reconciliation rate will be low when only considering C-CDAs where all three data elements (medications, allergies, and problems)sections have been reconciled.</p>

Description of Measurement/Metric

§ 170.315(b)(3) Electronic Prescribing

Measurement/Metric	Description
<p>Calculation of the percentage of successful transactions for each supported message type over a 10-day timeframe, along with total counts for each transaction type.</p>	<p>The primary requirement of § 170.315(b)(3) Electronic Prescribing is to demonstrate compliance with sending and receiving specific 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</p>



	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
Calculation of the percentage of successful transactions for each supported message type over a 10-day timeframe, along with total counts for each transaction type.	§ 170.315(b)(3) Electronic Prescribing

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 10-day timeframe, along with total counts for each transaction type.	<p>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 10-day timeframe will provide feedback on the frequency and volume of transactions in real world patient care.</p> <p>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.</p>

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 10-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 at 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. We anticipate that the majority of the transactions will pass message validation.



	<p><i>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.</i></p>
--	---

Description of Measurement/Metric

§ 170.315(b)(9) Care Plan

Measurement/Metric	Description
Count of Care Plan C-CDA documents received using either NextGen® Share or NextGen® Rosetta Interface Messenger within a 3-month timeframe	A requirement of § 170.315(b)(9) Care Plan is that users can receive electronic Care Plan type C-CDA documents. 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 CCD-A documents created using either NextGen® Share or NextGen® Rosetta Interface Messenger within a 3-month timeframe	A requirement of § 170.315(b)(9) Care Plan is that users can 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 created by organizations using our EHR.

Associated Certification Criteria

§ 170.315(b)(9) Care Plan

Measurement/Metric	Associated Certification Criteria
Count of Care Plan CCD-A documents received using either NextGen® Share or NextGen® Rosetta Interface Messenger within a 3-month timeframe	§ 170.315(b)(9) Care Plan
Count of Care Plan CCD-A documents created using either NextGen® Share or NextGen® Rosetta Interface Messenger within a 3-month timeframe	§ 170.315(b)(9) Care Plan



Justification for Selected Measurement/Metric

§ 170.315(b)(9) Care Plan

Measurement/Metric	Justification
Count of Care Plan C-CDA documents received using either NextGen® Share or NextGen® Rosetta Interface Messenger within a 3-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 C-CDA documents created using either NextGen® Share or NextGen® Rosetta Interface Messenger within a 3-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 C-CDA documents received using either NextGen® Share or NextGen® Rosetta Interface Messenger within a 3-month timeframe	Real World Testing will demonstrate the ability of organizations to receive Care Plans as unique document templates in C-CDA R2.1 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 C-CDA documents created using either NextGen® Share or NextGen® Rosetta Interface Messenger within a 3-month timeframe	Real World Testing will demonstrate the ability of organizations to send Care Plans as unique document templates in C-CDA R2.1 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(b)(10) EHI Export

Measurement/Metric	Description
Count of single patient export files created during a 3-month timeframe.	A requirement of § 170.315(b)(10) Electronic Health Information export is that a sub-set of users can create export file(s) of a single patient's electronic health information (EHI) without developer assistance. We will use database records to count the number of



	single patient exports successfully completed during the specified timeframe.
--	---

Associated Certification Criteria

§ 170.315(b)(10) EHI Export

Measurement/Metric	Associated Certification Criteria
Count of single patient export files created during a 3-month timeframe.	§ 170.315(b)(10) EHI Export

Justification for Selected Measurement/Metric

§ 170.315(b)(10) EHI Export

Measurement/Metric	Justification
Count of single patient export files created during a 3-month timeframe.	This demonstrates our EHR's ability to export single patient files containing all of their EHI. This metric will also provide information on the demand for this capability.

Expected Outcomes

§ 170.315(b)(10) EHI Export

Measurement/Metric	Justification
Count of single patient export files created during a 3-month timeframe	Real World Testing will demonstrate the ability of organizations to create single patient EHI export files in accordance with the 170.315(b)(10) criterion. The expected outcome is that the count will be non-zero. However, we do expect low counts as we anticipate that organizations will continue to use their previously existing mechanisms for exporting single patient data, including interoperability methods or manual.

Description of Measurement/Metric

§ 170.315(c)(1) Clinical Quality Measures (CQM) – Record and Export

§ 170.315(c)(2) Clinical Quality Measures (CQM) – Import and Calculate

§ 170.315(c)(3) Clinical Quality Measures (CQM) – Report

Measurement/Metric	Description
Collect the count of imported/exported QRDA Category (CAT) I files using NextGen® HQM during the reporting year: <ul style="list-style-type: none"> Number of successfully imported/exported QRDA CAT I files 	The requirement of § 170.315(c)(1) Clinical Quality Measures – Record and Export is to record clinical data in the EHR and export it in the QRDA CAT I format. The requirement of § 170.315(c)(2) Clinical Quality Measures – Import and Calculate is the ability to import QRDA CAT I files and use the clinical data to calculate CQMs.



<ul style="list-style-type: none"> • Number of failed to import/export QRDA CAT I files 	<p>Counting the QRDA CAT I files imported/exported will prove that the above functionality is working in production.</p>
<p>Collect the count of exported QRDA CAT III files using NextGen® HQM during the reporting year:</p> <ul style="list-style-type: none"> • Number of exported QRDA CAT III files with submission success • Number of exported QRDA CAT III file failures 	<p>The requirement of § 170.315(c)(3) Clinical Quality Measures – Report is the ability to export QRDA CAT III files containing calculated CQMs and successfully transmit them for quality reporting.</p> <p>Counting the QRDA CAT III files exported and validating successful submission will prove that the above functionality is working in production.</p>

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
<p>Collect the count of exported QRDA CAT I files using NextGen® HQM during the reporting year:</p> <ul style="list-style-type: none"> • Number of successfully exported QRDA CAT I files • Number of failed to export QRDA CAT I files 	<p>§ 170.315(c)(1) Clinical Quality Measures – Record and Export</p>
<p>Collect the count of imported QRDA CAT I files using NextGen® HQM during the reporting year:</p> <ul style="list-style-type: none"> • Number of successfully imported QRDA CAT I files • Number of failed to import QRDA CAT I files 	<p>§ 170.315(c)(2) Clinical Quality Measures – Import and Calculate</p>
<p>Collect the count of exported QRDA CAT III files using NextGen® HQM during the reporting year:</p>	<p>§ 170.315(c)(3) Clinical Quality Measures – Report</p>



<ul style="list-style-type: none"> • Number of exported QRDA CAT III files with submission success • Number of exported QRDA CAT III files with submission failure 	
--	--

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
Collect the count of exported QRDA CAT I files using NextGen® HQM during the reporting year: <ul style="list-style-type: none"> • Successfully exported • Failed to export 	<p>§ 170.315(c)(1) Clinical Quality Measures – Record and Export This demonstrates our Health IT's ability to export correctly formatted QRDA CAT I files. This metric will also provide information on the frequency of use of this functionality by ambulatory providers using NextGen Enterprise EHR.</p>
Collect the count of imported QRDA CAT I files using NextGen® HQM during the reporting year: <ul style="list-style-type: none"> • Successfully imported • Failed to import 	<p>§ 170.315(c)(2) Clinical Quality Measures – Import and Calculate This demonstrates our Health IT's ability to import correctly formatted QRDA CAT I files. This metric will also provide information on the frequency of use of this functionality by ambulatory providers using NextGen Enterprise EHR.</p>
Collect the count of exported QRDA CAT III files using NextGen® HQM during the reporting year: <ul style="list-style-type: none"> • Successfully exported • Failed to export • Successfully transmitted • Failed to transmit 	<p>§ 170.315(c)(3) Clinical Quality Measures – Report This demonstrates our Health IT's ability to export correctly formatted QRDA CAT III files that users can successfully transmit for quality reporting. This metric will also provide information on the frequency of use of this functionality by ambulatory providers using NextGen Enterprise EHR.</p>

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
--------------------	-------------------



<p>Collect the count of exported QRDA CAT I files using NextGen® HQM during the reporting year:</p> <ul style="list-style-type: none"> Percentage of successfully exported QRDA CAT I files Percentage of failed to export QRDA CAT I 	<p>§ 170.315(c)(1) Clinical Quality Measures – Record and Export Count of exported QRDA CAT I files with a success/failed status. Errors will be tracked and analyzed as part of this metric.</p> <p>Expected outcome to meet or exceed 80% success rate.</p>
<p>Collect the count of imported QRDA CAT I files using NextGen® HQM during the reporting year:</p> <ul style="list-style-type: none"> Percentage of successfully imported QRDA CAT I files Percentage of failed to import QRDA CAT I 	<p>§ 170.315(c)(2) Clinical Quality Measures – Import and Calculate Count of imported QRDA CAT I files with a success/failed status. Errors will be tracked and analyzed as part of this metric.</p> <p>Expected outcome to meet or exceed 80% success rate.</p> <p>In the event that no QRDA CAT I files were imported, we will test import using a file generated by Cypress.</p>
<p>Collect the count of exported QRDA CAT III files using NextGen® HQM during the reporting year:</p> <ul style="list-style-type: none"> Percentage of QRDA CAT III export successes/failures Percentage of exported QRDA CAT III files successfully transmitted 	<p>§ 170.315(c)(3) Clinical Quality Measures – Report Count of exported QRDA CAT III file successes/failures and confirmation of successful transmission of files. Errors in standard exports will be tracked and analyzed as part of this metric.</p> <p>Expected outcome to meet or exceed 80% success rate</p> <p>Clients who exported QRDA CAT III files will be contacted to validate that their QRDA CAT III files were successfully transmitted. Expected outcome to meet or exceed 80% successful transmission</p>

Description of Measurement/Metric

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

Measurement/Metric	Description
<p>Patients can successfully View a C-CDA using Medfusion Patient Portal (NextGen® PxP Portal)</p> <p>% of errors compared to success over a 1-month timeframe</p>	<p>A requirement of § 170.315(e)(1) View, Download, and Transmit to 3rd Party is that patients (and their authorized representative) must be able to use Health IT to View the C-CDA.</p> <p>By querying the system to capture views attempted and the percentage of successful attempts, we will prove that this functionality is available for the patient population.</p>
<p>Patients can successfully Download a C-CDA using Medfusion Patient Portal (NextGen® PxP Portal)</p>	<p>A requirement of § 170.315(e)(1) View, Download, and Transmit to 3rd Party is that patients (and their authorized representative) must be able to use Health IT to Download the C-CDA.</p>



<p>% of errors compared to success over a 1-month timeframe</p>	<p>By querying the system to capture downloads attempted and the percentage of successful attempts versus failures, we will prove that this functionality is available for the patient population.</p>
<p>Patients can successfully Transmit a C-CDA using Medfusion Patient Portal (NextGen® PxP Portal)</p> <p>% of errors compared to success over a 1-month timeframe</p>	<p>A requirement of § 170.315(e)(1) View, Download, and Transmit to 3rd Party is that patients (and their authorized representative) must be able to use Health IT to Transmit the C-CDA.</p> <p>By querying the system to capture transmissions attempted and the percentage of successful attempts versus failures, we will prove that this functionality is available for the patient population.</p>

Associated Certification Criteria

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

Measurement/Metric	Associated Certification Criteria
<p>Patients can successfully View a C-CDA using Medfusion Patient Portal (NextGen® PxP Portal)</p> <p>% of errors compared to success over</p>	<p>§ 170.315(e)(1) View, Download, and Transmit to 3rd Party</p>
<p>Patients can successfully Download a C-CDA using Medfusion Patient Portal (NextGen® PxP Portal)</p> <p>% of errors compared to success over a 1-month timeframe</p>	<p>§ 170.315(e)(1) View, Download, and Transmit to 3rd Party</p>
<p>Patients can successfully Transmit a C-CDA using Medfusion Patient Portal (NextGen® PxP Portal)</p> <p>% of errors compared to success over a 1-month timeframe</p>	<p>§ 170.315(e)(1) View, Download, and Transmit to 3rd Party</p>

Justification for Selected Measurement/Metric

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

Measurement/Metric	Justification
<p>Patients can successfully</p>	<p>A requirement of § 170.315(e)(1) View, Download, and Transmit to 3rd Party is that patients (and their authorized representative) must be able to use Health IT to View the C-CDA.</p>



<p>View a C-CDA using Medfusion Patient Portal (NextGen® PxP Portal)</p> <p>% of errors compared to success over</p>	<p>We will use database records to count the number of C-CDA Views of the Patient Portal during the specified timeframe. By showing the number of successful C-CDA Views for those patients who have activated their accounts we will prove that patients can do so successfully with a minor margin of error.</p>
<p>Patients can successfully Download a C-CDA using Medfusion Patient Portal (NextGen® PxP Portal)</p> <p>% of errors compared to success over a 1-month timeframe</p>	<p>A requirement of § 170.315(e)(1) View, Download, and Transmit to 3rd Party is that patients (and their authorized representative) must be able to use Health IT to Download the C-CDA.</p> <p>We will use database records to count the number of the C-CDA Downloads from the Patient Portal during the specified timeframe. By showing that for those patients who have activated their accounts and are now attempting to Download, they can do so successfully with a minor margin of error.</p>
<p>Patients can successfully Transmit a C-CDA using Medfusion Patient Portal (NextGen® PxP Portal)</p> <p>% of errors compared to success over a 1-month timeframe</p>	<p>A requirement of § 170.315(e)(1) View, Download, and Transmit to 3rd Party is that patients (and their authorized representative) must be able to use Health IT to Transmit the C-CDA.</p> <p>We will use database records to count the number of C-CDA Transmissions from the Patient Portal during the specified timeframe. By showing that for those patients who have activated their accounts and are now attempting to Transmit, they can do so successfully with a minor margin of error.</p>

Expected Outcomes

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

Measurement/Metric	Expected Outcomes
<p>Patients can successfully View a C-CDA using Medfusion Patient Portal (NextGen® PxP Portal)</p> <p>% of errors compared to success over</p>	<p>This will show that patients who have activated their accounts and are now attempting to View can do so successfully with a small margin of error.</p> <p>Expected outcome 75%+ success rate</p>
<p>Patients can successfully Download a C-CDA using Medfusion Patient Portal (NextGen® PxP Portal)</p> <p>% of errors compared to success over a 1-month timeframe</p>	<p>This will show that patients who have activated their accounts and are now attempting to Download can do so successfully with a small margin of error.</p> <p>Expected outcome 75%+ success rate.</p>



<p>Patients can successfully Transmit a C-CDA using Medfusion Patient Portal (NextGen® PxP Portal)</p> <p>% of errors compared to success over a one-month timeframe</p>	<p>This will show that patients who have activated their accounts and are now attempting to Transmit can do so successfully with a small margin of error.</p> <p>Expected outcome 75%+ success rate.</p>
---	---

Description of Measurement/Metric

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

Measurement/Metric	Description
<p>Count of Immunization orders (VXU) reported to Registries NextGen Rosetta Interface Messenger in a 1-month timeframe</p>	<p>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.</p>
<p>Count of Immunization queries and responses (QBP) received from Registries NextGen Rosetta Interface Messenger in a 1-month timeframe</p>	<p>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.</p>

Associated Certification Criteria

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

Measurement/Metric	Associated Certification Criteria
<p>Count of Immunization orders (VXU) reported to Registries NextGen Rosetta Interface Messenger in a 1-month timeframe</p>	<p>§ 170.315(f)(1) Transmission to Immunization Registries</p>
<p>Count of Immunization queries and responses (QBP) received from Registries NextGen Rosetta Interface Messenger in a 1-month timeframe</p>	<p>§ 170.315(f)(1) Transmission to Immunization Registries</p>



Justification for Selected Measurement/Metric

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

Measurement/Metric	Justification
Count of Immunization orders reported to Registries NextGen Rosetta Interface Messenger in a 1-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 NextGen Rosetta Interface Messenger in a 1-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 NextGen Rosetta Interface Messenger in a 1-month timeframe	<p>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.</p> <p>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.</p> <p>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%.</p>
Count of Immunization queries and responses (QBP) received from Registries NextGen Rosetta Interface Messenger in a one-month timeframe	<p>Real World Testing will demonstrate the ability of organizations to query 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 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.</p>



	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 using NextGen Rosetta Interface Messenger over a 3-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.

Associated Certification Criteria

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

Measurement/Metric	Associated Certification Criteria
Count of Syndromic Surveillance Reports generated using NextGen Rosetta Interface Messenger over a 3-month timeframe	§ 170.315(f)(2) Transmission to Public Health Agencies – Syndromic Surveillance

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 using NextGen Rosetta Interface Messenger over a 3-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. 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



<p>Count of Syndromic Surveillance Reports generated using NextGen Rosetta Interface Messenger over a 3-month timeframe</p>	<p>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 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 be a low 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.</p>
---	--

Description of Measurement/Metric

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

Measurement/Metric	Description
<p>Count of Cancer registry reports generated using NextGen Rosetta Interface Messenger over a 3-month timeframe</p>	<p>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.</p>

Associated Certification Criteria

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

Measurement/Metric	Associated Certification Criteria
<p>Count of Cancer registry reports generated using NextGen Rosetta Interface Messenger over a 3-month timeframe</p>	<p>§ 170.315(f)(4) Transmission to Cancer Registries</p>

Justification for Selected Measurement/Metric

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

Measurement/Metric	Justification
<p>Count of Cancer registry reports generated using NextGen Rosetta Interface Messenger over a 3-month timeframe</p>	<p>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.</p>

Expected Outcomes

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



Measurement/Metric	Expected Outcomes
Count of Cancer registry reports generated using NextGen Rosetta Interface Messenger over a 3-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 be a low volume of reports generated due to limited 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 using NextGen Rosetta Interface Messenger AND NextGen Share over a 3-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
Count of Electronic Case Reports generated NextGen Rosetta Interface Messenger AND NextGen Share over a 3-month timeframe	§ 170.315(f)(5) Transmission to Public Health Agencies – Electronic Case Reporting

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 NextGen Rosetta Interface Messenger AND NextGen Share over a 3-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 NextGen Rosetta Interface Messenger AND NextGen Share generated over a 3-month timeframe	<p>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.</p> <p>There will likely be a low volume of reports generated due to the limited adoption of this functionality across our care setting.</p>

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 using NextGen Rosetta Interface Messenger over a 3-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
Count of Healthcare Survey reports generated using NextGen Rosetta Interface Messenger over a 3-month timeframe	§ 170.315(f)(7) Transmission to Public Health Agencies – Health Care Surveys

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 using NextGen Rosetta Interface Messenger over a 3-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 using NextGen Rosetta Interface Messenger over a 3-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 be a low volume of reports (if any) generated due to limited 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 match a patient, generate an access token and report the number of successes vs failures over a 90-day timeframe to determine the success/failure rate.	<p>The requirements of § 170.315(g)(7) Application Access – Patient Selection is to demonstrate the ability of a patient to authenticate to the API to retrieve data from the Certified EHR.</p> <p>The following Relied Upon Software is needed to demonstrate these criteria: NextGen® Patient Access API, Medfusion Patient Portal (NextGen® PxP Portal).</p>
Using ONC’s Edge Testing Tool (ETT), validate a C-CDA R2.1 compliant document retrieved from NextGen Enterprise EHR and report the number of successes vs failures over a 90-day timeframe to determine a success/failure rate	<p>The requirements of § 170.315(g)(9) Application Access – All Data Request are to demonstrate the ability of a patient to retrieve from the Certified EHR individual categories of USCDI v1 data as well as retrieval of a compliant C-CDA R2.1 document.</p> <p>The following Relied Upon Software is needed to demonstrate these criteria: NextGen® Patient Access API.</p>
Using the Inferno Test Tool demonstrate single and multi-patient API access as well as an NextGen Enterprise EHR launched practitioner-based app over a 90-day timeframe to determine a success/failure rate	<p>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, and demonstrate multi-patient authorization and API access.</p> <p>The following Relied Upon Software is needed to demonstrate these criteria: NextGen® FHIR API.</p>



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, generate an access token and report the number of successes vs. failures over a 90-day timeframe to determine the 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 ONC’s Edge Testing Tool (ETT), validate a C-CDA R2.1 compliant document retrieved from NextGen Enterprise EHR and report the number of successes vs failures over a 90-day timeframe 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 compliant C-CDA R2.1 document.
Using the Inferno Test Tool demonstrate single and multi-patient API access as well as an NextGen Enterprise EHR launched practitioner-based app over a 90-day timeframe to determine a success/failure rate.	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 as validate patient access in both single and multi-patient scenarios.

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 successfully match a patient, generate an access token and report the number of successes vs. failures over a 90-day timeframe to	§ 170.315(g)(7) Application Access – Patient Selection and (g)(9) Application Access – All Data Request Demonstrates how the API can successfully match a patient’s identity in the EHR and receive an access token.



determine the success/failure rate.	
Using ONC’s Edge Testing Tool (ETT), validate a C-CDA R2.1 compliant document retrieved from NextGen Enterprise EHR and report the number of successes vs failures over a 90-day timeframe to determine a success/failure rate.	§ 170.315(g)(9) Application Access – All Data Request Demonstrates that the EHR can successfully retrieve a C-CDA R2.1 compliant document from the EHR.
Using the Inferno Test Tool demonstrate single and multi-patient API access as well as an NextGen Enterprise EHR launched practitioner-based app over a 90-day timeframe to determine a success/failure rate.	§ 170.315(g)(10) Standardized API for Patient and Population Services Demonstrates 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 a patient, generate an access token and report the number of successes vs. failures over a 90-day timeframe to determine the success/failure rate.	§ 170.315(g)(7) Application Access – Patient Selection and (g)(9) Application Access – All Data Request The query from random client databases will have sufficient information to match the intended patient and return an access token/ID to be able to perform subsequent data calls on the matched patient. We expect a 95% or greater success rate.
Using ONC’s Edge Testing Tool (ETT), validate a C-CDA R2.1 compliant document retrieved from NextGen Enterprise EHR and report the number of successes vs failures over a 90-day timeframe to determine a success/failure rate.	§ 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. Validate an EHR C-CDA R2.1 document using ONC’s Inferno Test Tool for 3 random practices and report the success/error rate. We expect a 95% or greater success rate.
Using the Inferno Test Tool demonstrate single and multi-patient API access as well as an NextGen Enterprise EHR launched	§ 170.315(g)(10) Standardized API for Patient and Population Services 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 and launch in the provider’s workflow. Successfully



practitioner-based app over a 90-day timeframe to determine a success/failure rate.	demonstrate multi-patient authorization with refresh tokens using the API for a predetermined list of patients and scopes. We expect a 95% or greater success rate.
---	---

Description of Measurement/Metric

§ 170.315(h)(1) Direct Project

Measurement/Metric	Description
Collect the count of sent/received Direct messages using NextGen® Share within a 3-month timeframe: <ul style="list-style-type: none"> • Number of Successfully sent Direct Messages • Number of Failed to send Direct Messages 	Counting the Transition of Care C-CDA documents sent/received compared to the count of § 170.315(h)(1) Direct Project - Direct Messages sent/received with C-CDAs attached will prove that this functionality is working in production.

Associated Certification Criteria

§ 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: <ul style="list-style-type: none"> • Number of Successfully sent Direct Messages • Number of Failed to send Direct Messages 	§ 170.315(h)(1) Direct Project

Justification for Selected Measurement/Metric

§ 170.315(h)(1) Direct Project

Measurement/Metric	Justification
Collect the count of sent/received Direct messages using NextGen® Share within a 3-month timeframe: <ul style="list-style-type: none"> • Number of Successfully sent Direct Messages • Number of Failed to send Direct Messages 	§ 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.



Expected Outcomes

§ 170.315(h)(1) Direct Project

Measurement/Metric	Expected Outcomes
Collect the count of sent/received Direct messages using NextGen® Share within a 3-month timeframe: <ul style="list-style-type: none"> • Number of Successfully sent Direct Messages • Number of Failed to send Direct Messages 	<p>§ 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.</p> <p>Expected outcome to meet or exceed 80% success rate.</p>

Care Setting(s)

Care Setting	Justification
Ambulatory	NextGen Enterprise EHR supports most specialties in ambulatory care. All specialties have access to NextGen Enterprise EHR 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 2024
Identify Clients for Participation where applicable	Ambulatory	Q1 2025
The queries that will be used are developed and validated with internal data, client systems and/or transactions	Ambulatory	Q1 2025
Data collection and/or observation from client systems	Ambulatory	Q2 2025
Validation and analysis of data and metrics created	Ambulatory	Q2 2025
Report created and submitted to ONC-ACB (Drummond)	Ambulatory	Q1 2026



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: John Ellis, DO

Authorized Representative Email: jellis@nextgen.com

Authorized Representative Phone: 877-986-8416

Authorized Representative Signature:

DocuSigned by:
John Ellis
285515A718454BD...

Date: 09/24/2024 | 10:12:23 PDT

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>