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Care Coordination	Electronic Exchange
§ 170.315(b)(1) Transitions of care	§ 170.315(h)(1) Direct Project
§ 170.315(b)(2) Clinical information reconciliation and incorporation	
§ 170.315(b)(3) Electronic prescribing	

Clinical Quality Measures	Patient Engagement
§ 170.315(c)(1) — record and export	§ 170.315(e)(1) View, download, and transmit to 3rd party
§ 170.315(c)(2) — import and calculate	
§ 170.315(c)(3) — report	

Public Health	Application Programming Interfaces
§ 170.315(f)(1) Transmission to immunization registries	§ 170.315(g)(7) Application access— patient selection
	§ 170.315(g)(8) Application access— data category request
	§ 170.315(g)(9) Application access— all data request

Criteria	Care Setting	Measurement Period	Key Milestones
Care Coordination			
§ 170.315(b)(1) Transitions of care § 170.315(b)(2) Clinical information reconciliation and incorporation § 170.315(h)(1) Direct Project: from the Electronic Exchange Category	Ambulatory	5/1/2022 - 8/31/2022	• Confirm Trading Partner • Confirm ability to send and receive clinical documents • Confirm with TP that production data will be used, whether in an actual live environment • From progress note or chronology area, care provider selects Referrals > New Referral and searches the address book for a provider, can manually add provider's Direct address if not present, then sends referral Recipient uses scorecard to grade CCD Care provider selects the CCD, chooses Incorporate, and searches for the correct • In the patient's chart, the care provider selects Last Received CCD then Reconcile. • The care provider reviews the record, and merges the patient's problems, medications, and medication allergies into the system under test with no duplicates. Calculate and compile metrics
§ 170.315(b)(3) Electronic prescribing	Ambulatory	5/1/2022 - 8/31/2022	• Confirm Trading Partner • Confirm ability to send and receive electronic prescriptions • Confirm with TP that production data will be used, whether in an actual live environment Prescription for non-controlled substance is shown in patient's record. Calculate and compile metrics
Clinical Quality Measures			
§ 170.315(c)(1)—record and export § 170.315(c)(2)—import and calculate § 170.315(c)(3)—report	Ambulatory	5/1/2022 - 8/31/2022	• Confirm Trading Partner • Confirm ability to calculate and report eCQMs • Confirm with TP that production data will be used, whether in an actual live environment The file should upload and be accepted by the environment without error. All populations of all measures should match. Calculate and compile metrics
Patient Engagement			
§ 170.315(e)(1) View, download, and transmit to 3rd party	Ambulatory	5/1/2022 - 8/31/2022	• Confirm ability to provide patients timely access to their ePHI • Confirm that production data will be used, whether in an actual live environment or a • Ensure patient received activation email or • Patient is provisioned with Username and Password in office Record validation in the audit log that patient has transmitted the C-CDA via DIRECT or • Run Timely Access report in Medicus and compare to patient visit report from EHR to determine percentage of patients who had access within 24 hours. • Calculate average of survey responses.

Public Health

§ 170.315(f)(1) Transmission to immunization registries	Ambulatory	5/1/2022	-	8/31/2022	• Has a state immunization registry that can receive immunization data • Already has a functional immunization interface or would like to implement one to their Validate that immunization interface is functioning as expected Verify that immunization data was received for patient A Calculate and compile metrics

Application Programming Interfaces

§ 170.315(g)(7) Application access— patient selection § 170.315(g)(8) Application access— data category request § 170.315(g)(9) Application access— all data request	Ambulatory	5/1/2022	-	8/31/2022	• Partner with PHR or identify existing PHR that can receive patient clinical data as described in this RWT plan. • Ensure that PHR has functionality to access the Application Data Access APIs for Encounter is created and visually confirmed • Application Data Access APIs for MedicusEHR v1.0 has transformed C-CDA into JSON data. Visually validate Assessment, Plan of Treatment and Health Concerns narrative text Calculate and compile metrics

Electronic Exchange

§ 170.315(h)(1) Direct Project (Included with (b)(1),(b)(7),(b)(8) in the CareCoordination Category)	Ambulatory	5/1/2022	-	8/31/2022	SEE CARE COORDINATION

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Associated Certification Criteria:
§ 170.315(b)(1) Transition of Care
§ 170.315(b)(2) Clinical information reconciliation and incorporation
§ 170.315(h)(1) Direct Project

Measure Description:	Justification:	
Send and receive Transition of Care (TOC) messages with other providers to close the referral loop. The patient's ePHI will be exchanged using a C-CDA 2.1 Care Referral or Referral Note and DIRECT secure messaging for data transport.	**We chose to concentrate on the aspects of this criterion that would: 1) showcase MEDICUS's streamlined approach to provider-to-provider patient referrals and transitions of care with the ultimate goal being higher quality patient care 2) eliminate as much risk of data entry errors as possible by transmitting patient data securely and electronically rather than relying on manual data entry for referrals 3) reduce the overall time burden of manual data entry 4) ensure private and secure transmission of patients' PHI 5) result in increased interoperability between disparate HIT systems.**	
Metric Description: 1) 100 percent of outbound TOC's successfully received by HISP 2) Average C-CDA grade from scorecard for C-CDAs generated from MEDICUS is a "C" or better 3) 75 percent of C-CDAs flagged as restricted were received in restricted status based on confirmed receipt from trading partner 4) 75 percent of trading partner's TOC C-CDAs successfully received by MEDICUS.		**Standards Implemented: • CCDS (Common Clinical Data Set) • Applicability Statement for Secure Health Transport, Version 1.2, August 2015 (Direct) • HL7 C-CDA R2.1 Implementation Guide, October 2019. CDAR2_IG_C-CDAA_CLINNOTES_R1_DSTU2.1_2015AUG_2019JUNwith_errata •HL7 Implementation Guide for CDA® Release 2: Consolidated CDA Templates for Clinical Notes (US Realm), Draft Standard for Trial Use, Volume 1 - Introductory Material, Release 2.1, August 2015 •HL7 Implementation Guide for CDA® Release 2: Consolidated CDA Templates for Clinical Notes (US Realm), Draft Standard for Trial Use, Volume 2 - Templates and Supporting Material, Release 2.1, August 2015 •HL7 Implementation Guide for CDA® Release 2: IHE Health Story Consolidation, DSTU Release 1.1 (US Realm) Draft Standard for Trial Use July 2012 •ONC Implementation Guide for Direct Edge Protocols, Version 1.1, June 25, 2014 • HL7® CDA R2 Implementation Guide: C-CDA Templates for Clinical Notes R2.1 Companion Guide, Release 2-US Realm, October 2019**
Developer Info: MEDICUS Clinical, LLC 36 Corporate Office Park 20 Rd. ASSERTUS Building Suite 104 Guaynabo, PR 00966 (787) 622-2200 Ambulatory Care Setting: The ambulatory care setting is the most common one for MEDICUS EHR users. Many belong to specialties such as eye care, chiropractic and behavioral health. We don't specifically market to particular specialty areas, so this test plan generically applies to ambulatory care settings.	**Product Info: Product Name: MEDICUS EHR Product Version: 1.0 CHPL ID: 15.04.04.3057.Medi.01.00.1.191113**	**Methods Use to Demonstrate Interoperability: 1) HISP via Direct Protocol (SMTP) 2) HIE exchange 3) HTTPS via secure provider portal**

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Test Step:	Testing Procedure:	Expected Outcomes:	Key Milestone Date:	Key Milestone:	Outcomes:	Comments:
1	Identify Trading Partner (TP) and coordinate with TP for sending/receiving clinical documents using production data as described in this RWT plan.	• Confirm Trading Partner • Confirm ability to send and receive clinical documents • Confirm with TP that production data will be used, whether in an actual live environment or a copy of a live environment	May, 2022			
2	Patient has encounter with care provider and data is captured in EHR	• CCDS data elements captured in EHR (system under test) • Care provider signs progress note which triggers CCD 2.1 creation. • CCD includes the reason for referral, and the referring or transitioning provider's name and office contact information.				
3	Care provider initiates TOC to TP EHR in MEDICUS	• From progress note or chronology area, care provider selects Referrals > New Referral and searches the address book for a provider, can manually add provider's Direct address if not present, then sends referral • Care provider receives external email confirmation that referral was sent	June, 2022			
*	Next steps take place in trading partner's EHR.					
4	Validate that CCD for the patient contains CCDS data elements.	Recipient uses scorecard to grade CCD	June, 2022			
5	Trading partner refers same patient from TP EHR to MEDICUS by generating C-CDA Clinical Document or Referral Note.	Care provider selects recipient from directory of Direct addresses and initiates sending of Clinical Document.				
6	In MEDICUS, tester acknowledges receipt of valid Clinical Document.	Tester uses Messages Inbox to locate Clinical Document.				
7	Care provider assigns the CCD to a patient.	Care provider selects the CCD, chooses Incorporate, and searches for the correct patient to assign.	July, 2022			
8	Care provider reconciles the info from the incoming CCD into the patient's chart.	• In the patient's chart, the care provider selects Last Received CCD then Reconcile. • The care provider reviews the record, and merges the patient's problems, medications, and medication allergies into the system under test with no duplicates.	July, 2022			
9	Calculate and compile metrics		August, 2022		Report Range: May 1, 2022 through July 31, 2022 Transition of Care C-CDAs Successfully Sent, 0 Messages	Physicians in Puerto Rico do not creat electronc referrals because of the absence of sharing data between other vendors and the need of a state HIE

Attestation:

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

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Associated Certification Criteria:
§ 170.315(b)(3) Electronic prescribing

Measure Description: **Prescription-related electronic transaction:** **Create, Change, Cancel, Renew, Fill Status, Medication History including Status, Errors and Verification.**	**Justification:** **We chose to concentrate on the aspects of this criterion that would demonstrate the importance of the electronic prescription process in terms of patient care. Managing prescriptions electronically helps to ensure medications are accurate and not in conflict with each other by reducing the possibility of human error.**
Metric Description: **At least 80 percent of non-controlled substances are prescribed electronically.**	**Standards Implemented:** **• § 170.205(b)(1) NCPDP SCRIPT Standard, Implementation Guide, Version 2017071** **• § 170.207(d)(3) RxNorm, September 8, 2015 Full Release Update**
Developer Info: **MEDICUS Clinical, LLC** **36 Corporate Office Park 20 Rd. ASSERTUS Building Suite 104** **Guaynabo, PR 00966** **(787) 622-2200** **Ambulatory Care Setting:** **The ambulatory care setting is the most common one for MEDICUS EHR users. Many belong to specialties such as eye care, chiropractic and behavioral health. We don't specifically market to particular specialty areas, so this test plan generically applies to ambulatory care settings.**	**Product Info:** **Product Name: MEDICUS EHR** **Product Version: 1.0** **CHPL ID:** **15.04.04.3057.Medi.01.00.1.191113**	**Methods Use to Demonstrate Interoperability:** **- Tracking and counting how many NewRx electornic prescriptions successfully sent from Medicus Prescription Builder to a pharmacys selected during the report range.** **- Tracking and counting how many Cancel RX receive in the reporte range**

Test Step:	Testing Procedure:	Expected Outcomes:	Key Milestone Date:	Key Milestone:	Outcomes:	Comments:
1	Identify Trading Partner (TP) and coordinate with TP for sending/receiving electronic prescriptions using production data as described in this RWT plan.	• Confirm Trading Partner • Confirm ability to send and receive electronic prescriptions • Confirm with TP that production data will be used, whether in an actual live environment or a copy of a live environment	May, 2022			
2	In a patient's chart, open a progress note and add a prescription order for a non-controlled substance, including diagnoses.	Prescription for non-controlled substance is shown in patient's record.	June, 2022			
3	Select a pharmacy to receive the prescription. Optionally override interactions if shown. Send prescription.	Pharmacy confirms receipt of prescription electronically. Diagnoses are shown with prescription.			Number of NewRx Prescriptions Messages Successfully Sent Across entire network (all clients) Total Prescriptions: 433,896 Electronic Prescriptions:323,843	Report Range: May 1, 2022 through July 31, 2022
4	Modify the dosage of the existing non-controlled substance prescription.	Pharmacy shows modified prescription record.				
5	Query the status of the prescription order from within MEDICUS.	MEDICUS successfully receives fill status.				
6	Query the history of the medication from within MEDICUS.	HL7 message is sent to pharmacy. Pharmacy sends response back to MEDICUS.				

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7	Pharmacy requests a refill.	Care provider receives and approves refill request.				
8	Provider sends prescription renewal by changing the date of the medication in the patient's chart and sending the prescription to the pharmacy.	Pharmacy shows modified prescription record.				
9	Provider sends prescription cancelation from chronology log.	Pharmacy shows cancelation received.			Number of CancelRx Prescriptions Messages Successfully Sent Across entire network (all clients) Electronic prescription: 323,843 Cancel prescription: 69	Report Range: May 1, 2022 through July 31, 2022
10	Calculate and compile metrics		August, 2022		Results: the 75% of prescriptions was send electronically successfull	

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Table of Contents	Associated Certification Criteria: § 170.315(c)(1) - Clinical quality measures (CQMs) — record and export § 170.315(c)(2) - Clinical quality measures (CQMs) — import and calculate § 170.315(c)(3) - Clinical quality measures (CQMs) — report					
	Measure Description: • Capture and record electronic clinical quality measure (eCQM) data in EHR (or trading partner's EHR) for calculating eCQMs. • Electronically create a data file for transmission of CQM data in accordance with the CMS QRDA Category I IG for inpatient measures as adopted in § 170.205(h)(3) and CMS QRDA Category III IG for ambulatory measures as adopted in § 170.205(k)(3).	**Justification:** We chose to concentrate on the aspects of this criterion that would closely follow the actual activities of Medicus users with respect to eCQM calculation and output: 1) Run quality measure reports and display results on Dashboard to compare with industry-standard benchmarks and with prior/expected performance. 2a) Generate eCQM output for PI/IQR (universal eCQM reporting program for hospitals) and ensure that it can be successfully uploaded to the PI/IQR website. 2b) Generate eCQM output for MIPS (the most widely-used eCQM reporting program for ambulatory) and ensure that it can be successfully uploaded to the Quality Payment Program (QPP) website. 3a) Verify that CQMsolution is a product that can support hospital quality reporting needs. 3b) Verify that CQMsolution is a product that can support MIPS participants in achieving an end-to-end reporting bonus.				
	Metric Description: 1) 100 percent matching data elements in CQMsolution vs EHR. . This will be confirmed by visual validation of the following data: • Demographics • Problems • Medications • Allergies 2) 100 percent matching calculation results in CQMsolution vs submission environment 3) 0 percent of files uploaded to submission environment result in errors		**Standards Implemented: (SVAP)** • HL7 CDA® R2 Implementation Guide: Quality Reporting Document Architecture - Category I (QRDA I); Release 1, DSTU Release 3 (US Realm), Volume 1 - Introductory Material, June 2015 • HL7 CDA R2 Implementation Guide: Quality Reporting Document Architecture - Category I (QRDA I); Release 1, DSTU Release 3 (US Realm), Volume 2 - Templates and Supporting Material, June 2015			
	Developer Info: MEDICUS Clinical, LLC 36 Corporate Office Park 20 Rd. ASSERTUS Building Suite 104 Guaynabo, PR 00966 (787) 622-2200 **Ambulatory Care Setting:** The ambulatory care setting is the most common one for MEDICUS EHR users. Many belong to specialties such as eye care, chiropractic and behavioral health. We don't specifically market to particular specialty areas, so this test plan generically applies to ambulatory care settings.	**Product Info:** Product Name: MEDICUS EHR Product Version: 1.0 **CHPL ID:** 15.04.04.3057.Medi.01.00.1.191113	**Methods Use to Demonstrate Interoperability:** • Visual inspection and matching of QRDA I data to EHR data • Matching of calculation results from CQMsolution to CMS • API Sandbox testing with CMS for file acceptance			

Test Step:	Testing Procedure:	Expected Outcomes:	Key Milestone Date:	Key Milestone:	Outcome:	Comment(s)
1	Identify Trading Partner (TP) and coordinate with TP for calculating and reporting electronic clinical quality measures (eCQMs) using production data as described in this RWT plan.	• Confirm Trading Partner • Confirm ability to calculate and report eCQMs • Confirm with TP that production data will be used, whether in an actual live environment or a copy of a live environment	May, 2022		Functionalities have been set up in copy live environment and multiple tests had been performed. During the following months, production data will be used in an actual live environment.	
2	Identify six EP (Eligible Professional) eCQMs for RWT.	Based on historical data, select the most popular eCQMs.				

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3	Identify a one calendar year reporting period with adequate patient data for reporting.	Admins with sufficient familiarity with the physician practice's clinical activities should be able to choose a period with an appropriate amount of quality data.				
4	Capture and record clinical quality measure (CQM) data in Trading Partner's (TP) EHR. Since manual data entry for an adequate quantity of data would be onerous, we will use actual patient data. a. If TP is integrated with CQMsolution, CQMsolution will capture data through a SQL query, so that when a user runs a CQM report, CQMsolution pulls data directly from the TP's database. b. Alternative approach: Pull in data through QRDA I files in a .zip folder	Data ready for report generation.				
5	Correctly calculate numerator, denominator, exclusion and exception values for selected eCQMs.	The CQMsolution report should complete with no errors.				
6	Spot-check 10 patients for each measure, ensuring that some are in the denominator only, some are in the numerator and denominator and, if possible, some are exclusions or exceptions.	Use Patient List to check which categories Initial Patient Population (IPP), Denominator (Den), Exclusions (Excl), Numerator (Num) or Exceptions (Excp) each patient falls into. For each spot-check patient, use the drill-down to confirm that the patient data in CQMsolution (encounters, codes, demographics) matches the patient data in the EHR and that the patient is correctly categorized in CQMsolution.				
7	Upload the generated MIPS QRDA III file to QPP.	The file should upload and be accepted by the environment without error.	July, 2022		Functionalities have been set up in copy live environment and multiple tests had been performed. During the following months, production data will be used in an actual live environment.	
8	Check the submission environment's measure calculation results and compare them to CQMsolution's calculation results.	All populations of all measures should match.	July, 2022		Functionalities have been set up in copy live environment and multiple tests had been performed. During the following months, production data will be used in an actual live environment.	
9	Calculate and compile metrics		August, 2022		Functionalities have been set up in copy live environment and multiple	

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Table of Contents	Associated Certification Criteria: 170.315(e)(1) View, Download, and Transmit to 3rd Party					
	Measure Description: Provide patient (and their authorized representatives) user friendly, secure Portal access to their PHI in C-CDA 2.1 HL7 Standard format. Allowing patient to download a summary in both a human readable format and using the CCD document template of the Consolidated CDA Release 2.1 containing: • The CCDS (Common Clinical Data Set) Data Elements • The provider's name and office contact information • Laboratory test report(s) • Diagnostic image report(s)	Justification: We chose to concentrate on the aspects of this criterion that would empower patients with timely electronic access to comprehensive, useful ePHI.				
	Metric Description: 1) More than 80 percent of unique patient with encounters in the review period are provided timely access (within 24 hours of their encounter) to health information to view online, download, and transmit to a third party. 2) Average score between 1 and 2 (1=Easy to use, 5=Unable to access) for patients or Authorized Representatives who tried to access the patient portal and responded to survey questions. 3) Average score between 1 and 2 (1=Easy to download/transmit, 5=Unable to download/transmit) for patients or Authorized Representatives who accessed the patient portal and tried to download or transmit a C-CDA.		Standards Implemented: • CCDS (Common Clinical Data Set) • Web Content Accessibility Guidelines (WCAG) 2.0, December 11, 2008 • Web Content Accessibility Guidelines (WCAG) 2.1, June 05, 2018 (Available 3/12/2021) • HL7 C-CDA R2.1 Implementation Guide, October 2019. CDAR2_IG_C-CDAA_CLINNOTES_R1_DSTU2.1_2015AUG_2019JUNwith_errata • HL7 Implementation Guide for CDA® Release 2: Consolidated CDA Templates for Clinical Notes (US Realm), Draft Standard for Trial Use, Volume 1 - Introductory Material, Release 2.1, August 2015 • HL7® CDA R2 Implementation Guide: C-CDA Templates for Clinical Notes R2.1 Companion Guide, Release 2-US Realm, October 2019		
	Developer Info: MEDICUS Clinical, LLC 36 Corporate Office Park 20 Rd. ASSERTUS Building Suite 104 Guaynabo, PR 00966 (787) 622-2200 Ambulatory Care Setting: The ambulatory care setting is the most common one for MEDICUS EHR users. Many belong to specialties such as eye care, chiropractic and behavioral health. We don't specifically market to particular specialty areas, so this test plan generically applies to	Product Info: Product Name: MEDICUS EHR Product Version: 1.0 CHPL ID: 15.04.04.3057.Medi.01.00.1.191113	Methods Use to Demonstrate Interoperability: 1) Direct Protocol Send Functionality 2) SMTP Email Send Functionality 3) HTTPS via secure portal Access for patient from any browser 4) Ability for Portal to be accessed via a Smartphone or Tablet 5) Tracking and counting the Number of Patients Given Access to Portal			

Test Step:	Testing Procedure:	Expected Outcomes:	Key Milestone Date:	Key Milestone:	Outcomes:	Comment(s)
1	Determine whether live production data or a copy of production data will be used.	• Confirm ability to provide patients timely access to their ePHI • Confirm that production data will be used, whether in an actual live environment or a copy of a live environment	May, 2022			Report Range: May 1, 2022 through July 31, 2022
2	For a period of time, monitor the system as the below steps (3-11) take place continuously.	Many patient visits will occur during the period of time, generating a sufficient amount of data for calculating the metrics at the end of testing.				
3	Patient arrives for a visit	Patient demographics are captured in the EHR				

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4	Provider Charts on the Patients health status	CCDS data elements are recorded in EHR				
5	Provider Signs note or patient checks out	• Validate that a C-CDA has been triggered and received in Medicus • Ensure patient is mapped to the right provider and practice. • Visually verify CCDS data sections exist with accurate information • Validate code systems and format with ScoreCard or ETT tool for schema validation.				
6	Medicus administrator user creates a new patient portal account for the patient.	• Ensure patient received activation email or • Patient is provisioned with Username and Password in office	June, 2022		343 number of patient with new access to portal	Report Range: May 1, 2022 through July 31, 2022
7	Patient or authorized representative logs into Portal	• URL is provided to patient in an email or • the Patient is provided the URL while in the physician's office. • Record validation in the audit log that URL is functional				
8	Patient or authorized representative views C-CDA or choses a date range of CCDs to view	• Record validation in the audit log that patient has viewed C-CDA • Validate NTP by comparing Portal timestamp with Medicus timestamp			Number or patient: 24 view their CCD	Report Range: May 1, 2022 through July 31, 2022
9	Patient or authorized representative downloads C-CDA their choice of xml or pdf	Record validation in the audit log that patient has downloaded C-CDA			Number or patient: 8 download their CCD	Report Range: May 1, 2022 through July 31, 2022
10	Patient or authorized representative transmits:	Record validation in the audit log that patient has transmitted the C-CDA via DIRECT or email	June, 2022		Number or patient: 2 transmit their CCD	Report Range: May 1, 2022 through July 31, 2022
a	C-CDA via Direct Protocol to a provider					
b	C-CDA via email to others					
11	Request survey response on Patient Portal ease of use and accessibility.	Patient or authorized representative provides a score from 1 (easy) to 5 (unable) on the following criteria: • accessing the portal • downloading and/or transmitting ePHI			Result: - accessing the portal: the patients score 4 of 5, they mention access to the portal was an easy process - dowloading and/or transmiting ePHI: the patient score 1 of 5, they mention are not interesting to send health record form the portal	
12	Calculate and compile metrics	• Run Timely Access report in Medicus and compare to patient visit report from EHR to determine percentage of patients who had access within 24 hours. • Calculate average of survey responses.	August, 2022		Results: Providers educate their population to access the patient portal, but they do not have interested to send health information from the portal	

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Associated Certification Criteria:
§170.315(f)(1) Transmission to immunization registries

Measure Description: **Create and transmit immunization information. Enable a user to request, access, and display a patient's evaluated immunization history and the immunization forecast from an immunization registry**	**Justification:** **We chose to concentrate on the aspects of this criterion that would provide the most patient care value in an actual setting. Immunization registries can be very helpful in directing and informing patient care and in cost control through identification of needed immunizations and elimination of redundant immunizations. In our experience, most immunization registries do not yet have the ability to handle a bi-directional query/response type of interface. That's why we offered the Alternate Test Approach.**
Metric Description: **1) 100 percent correct immunization records successfully posted to registry confirmed by visual validation.** **2) 100 percent correct correct immunization history records successfully received in EHR confirmed by visual validation.** **3) Successful Transmission to Public Health Registry will be reviewed for ACK & NAK to ensure 100% successful transmission.**	**Standards Implemented:** **• § 170.205(e)(4) HL7 2.5.1 Implementation Specifications. HL7 2.5.1 Implementation Guide for Immunization Messaging, Release 1.5, October 2014** **• HL7 Version 2.5.1 Implementation Guide for Immunization Messaging (Release 1.5)—Addendum, July 2015§ 170.207(e)(3) HL7 Standard Code Set CVX— Vaccines Administered, updates through August 17, 2015** **• § 170.207(e)(4) National Drug Code (NDC) Directory– Vaccine NDC Linker, updates through August 17, 2015**
Developer Info: **MEDICUS Clinical, LLC** **36 Corporate Office Park 20 Rd. ASSERTUS Building Suite 104** **Guaynabo, PR 00966** **(787) 622-2200** **Ambulatory Care Setting:** **The ambulatory care setting is the most common one for MEDICUS EHR users. Many belong to specialties such as eye care, chiropractic and behavioral health. We don't specifically market to particular specialty areas, so this test plan generically applies to ambulatory care settings.**	**Product Info:** **Product Name: MEDICUS EHR** **Product Version: 1.0** **CHPL ID: 15.04.04.3057.Medi.01.00.1.191113**
	Methods Use to Demonstrate Interoperability: **1) SFTP** **2) TCP/IP** **3) Webservice** **4) HL7 Standard Code Set CVX – Vaccine AdministeredOID: 2.16.840.1.113883.12.292** **5) National Drug Code Directory OID: 2.16.840.1.113883.6.69** **6) SOAP-based standard for transport of immunization data**

Test Step:	Testing Procedure:	Expected Outcomes:	Key Milestone Date:	Key Milestone:	Outcomes:	Comment(s)
1	Identify Trading Partner (TP) and coordinate with TP for transmitting immunization records using production data as described in this RWT plan.	• Has a state immunization registry that can receive immunization data • Already has a functional immunization interface or would like to implement one to their registry	May, 2022		**In Puerto Rico, the government initiated the implementation of IIS, customers are expected to send immunization messages this year**	
2	Implement send-only immunization interface (if interface not already in place).	Validate that immunization interface is functioning as expected	June, 2022		**In Puerto Rico, the government initiated the implementation of IIS, customers are expected to send**	
3	Determine whether test or production interface will be used.	If production, determine whether an actual patient or a test patient will be used.				
4	Create a new immunization record.	• Register a patient or create a new patient "A" in Client EHR and create a current patient encounter • Record an immunization in Client EHR				
5	Run immunization process to send to registry (Note: This is an optional step for batch process registry transmission, rather than real-time).	Confirm immunization process				
6	Access registry to verify that immunization data was received for patient A.	Verify that immunization data was received for patient A	July, 2022			

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7	Calculate and compile metrics	August, 2022	initiated the implementation of IIS,

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

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Date: 1/31/2023	

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Table of Contents	Associated Certification Criteria: § 170.315(g)(7) Application access— patient selection § 170.315(g)(8) Application access— data category request § 170.315(g)(9) Application access— all data request					
	Measure Description: **Enable a patient's to access their electronic health data through a Personal Health Record (PHR) app on their smartphone. They have had a healthcare encounter with a provider using an EHR that is integrated with the Application Data Access APIs for MedicusEHR v1.0 and Medicus EHR. They would like to view the results from that encounter along with the rest of their electronic health record**	**Justification:** **CMS has a focus on empowering patients by providing them with an electronic copy of their health record. We agree that this is very important for patient satisfaction and improving population health in general.**				
	Metric Description: **1) Patient is able to retrieve API data from PHR app for 100 percent of encounters.** **2) In 100 percent of encounters from Step #1, PHR data matches data from EHR. This will be confirmed by visual validation of the following JSON resources:** **• Demographics** **• Problems** **• Medications** **• Allergies**		**Standards Implemented:**			
	Developer Info: **MEDICUS Clinical, LLC** **36 Corporate Office Park 20 Rd. ASSERTUS Building Suite 104** **Guaynabo, PR 00966** **(787) 622-2200** **Ambulatory Care Setting:** **The ambulatory care setting is the most common one for MEDICUS EHR users. Many belong to specialties such as eye care, chiropractic and behavioral health. We don't specifically market to particular specialty areas, so this test plan generically applies to ambulatory care settings**	**Product Info:** **Product Name: MEDICUS EHR** **Product Version: 1.0** **CHPL ID:** **15.04.04.3057.Medi.01.00.1.191113**	**Methods Use to Demonstrate Interoperability:** **1) HTTPS via secure portal** **2) Application Data Access APIs for MedicusEHR v1.0**			

Test Step:	Testing Procedure:	Expected Outcomes:	Key Milestone Date:	Key Milestone:	Outcomes:	Comment(s)
1	Identify Trading Partner (TP) and coordinate with TP for providing patients timely access to their ePHI using production data as described in this RWT plan.	• Partner with PHR or identify existing PHR that can receive patient clinical data as described in this RWT plan. • Ensure that PHR has functionality to access the Application Data Access APIs for MedicusEHR v1.0, as described here. • Partner with EHR that is integrated with the Application Data Access APIs for MedicusEHR v1.0 and Medicus EHR.	May, 2022		**0 API Client Applications Connected to Medicus. No credentials request have been made to any of our Physicians.**	The functionality was tested in production environment, the result do not show any error
2	Patient A has encounter with care provider who uses EHR described above.	Encounter is created and visually confirmed	June, 2022		**0 API Client Applications Connected to Medicus. No credentials request have been made to any of our Physicians.**	The functionality was tested in production environment, the result do not show any error
3	Provider captures CCDS data elements in EHR	CCDS data elements are validated in the system				
4	Provider manually generates Care/Referral Summary C-CDA post-visit or ensures that the EHR generates one automatically.	C-CDA is confirmed for the specified patient				

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5	Patient A uses an administered Patient Portal login to view clinical information	• Patient Portal account has to be manually created by an Administrator. The Administrator will create an account for a Patient or Patient Representative • Once the account is created by an Administrator, an email is sent with the Portal URL, a username and a password for logging in. • On initial login, Patient A will need to provide their first name, last name and DOB before being able to login. • After initial activation, Patient Portal will automatically send an email reminder that Patient A has a new clinical document available.				
6	The Trading Partner obtains credentials for authorization thru Medicus.	• Specific credentials are provided to the Trading Partner in order for them to authenticate • Trading Partners will authenticate using ConnectorAccountKey, Token, SessionKey, and LoginToken • Once authenticated, Trading Partners will be allowed to call other methods and pull patient data				
7	PHR app (for example, Postman) displays full set of data for all data categories	• Application Data Access APIs for MedicusEHR v1.0 has transformed C-CDA into JSON data. • PHR app consumes JSON data to populate EHR data	July, 2022		**0 API Client Applications Connected to Medicus. No credentials request have been made to any of our Physicians.**	The functionality was tested in production environment, the result do not show any error
8	PHR app returns full set of data for a given category	PHR app will return all data to be displayed for each data category				
9	PHR app returns data in a computable format using specified standards.	Data is confirmed to be in JSON format				
10	PHR app returns full and accurate data for a specific date or specific date range	• Step 10 is optional, if PHR app has the capability to filter by date range • Filtering data by a specific date returns data accurately and as expected • Filtering data by a specific date range returns data accurately and as expected				
11	Via visual inspection of PHR app, the data is verified to include Assessment, Plan of Treatment and Health concerns which are specified as narrative text	Visually validate Assessment, Plan of Treatment and Health Concerns narrative text	July, 2022		**0 API Client Applications Connected to Medicus. No credentials request have been made to any of our Physicians.**	The functionality was tested in production environment, the result do not show any error
12	Calculate and compile metrics		August, 2022		**0 API Client Applications Connected to Medicus. No credentials request have been made to any of our Physicians.**	The functionality was tested in production environment, the result do not show any error

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