Passed	
☐	§ 170.315(b)(1) Transitions of care
☐	§ 170.315(b)(2) Clinical information reconciliation and incorporation
☐	§ 170.315(b)(3) Electronic prescribing

Passed	
☐	§ 170.315(b)(6) Data export

Clinical Quality Measures

Passed	
☐	§ 170.315(c)(1) — record and export
☐	§ 170.315(c)(2) — import and calculate
☐	§ 170.315(c)(3) — report

Patient Engagement

Passed	
☐	§ 170.315(e)(1) View, download, and transmit to 3rd party

Application Programming Interfaces

Passed	
☐	§ 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

Public Health

Passed	
☐	§ 170.315(f)(1) Transmission to immunization registries
☐	§ 170.315(f)(2) Transmission to public health agencies — syndromic surveillance
☐	§ 170.315(f)(4) Transmission to cancer registries

Electronic Exchange

Passed	
☐	§ 170.315(h)(1) Direct Project

Real World Testing Plan ID	20211001GEN
Authorized Representative Name	Bosco
Authorized Representative Signature	

	Care Setting	Measurement Period			Date		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	4/1/2022	-	7/31/2022	May, 2022	☐	• Confirm Trading Partner • Confirm ability to send and receive clinical documents • Confirm ability to reconcile and import clinical documents • Confirm with TP that production data will be used, whether in an actual live environment or a copy of a live environment
					June, 2022	☐	• Care provider selects recipient from directory of Direct addresses and initiates sending of Clinical Document. The user is able to create a C-CDA Release 2.1 that also includes the reason for referral, and the referring or transitioning provider's name and office contact information. • C-CDA Care Referral or Referral Note is triggered to send via Direct Protocol • Care provider reviews the Secure Message screen (under Sent menu - Track choice) to ensure Clinical Document was successfully transmitted.
					June, 2022	☐	Recipient uses scorecard to grade C-CDA
					July, 2022	☐	• Tester uses Document Manager to locate Clinical Document. • Care provider reviews the Secure Message screen (under Inbox).
					July, 2022	☐	• Care provider selects a clicinal document in Secure Message screen and initiates Reconciliation and Incorporation of Clinical data into patient chart
					August, 2022	☐	• Calculate and compile metrics
§ 170.315(b)(3) Electronic prescribing	Ambulatory	4/1/2022	-	7/31/2022	May, 2022	☐	• Confirm Trading Partner • Confirm ability to perform prescription related electronic transactions • Confirm with TP that production data will be used, whether in an actual live environment or a copy of a live environment
					June, 2022	☐	• Care provider is able to create a new prescription with the required elements mandated by pharmacies • Care provider is able to send prescription electronically to pharmacies via Surescripts • Care provider reviews the eRx status screen to ensure the transmission is successful
					June, 2022	☐	• Care provider is able to receive Rx change request and submit the Rx change response electronically to the pharmacies via surescripts. • Care provider reviews the eRx status screen to ensure the transmission is successful
					June, 2022	☐	• Care provider is able to cancel a prescription and receive the status electronically • Care provider reviews the eRx status screen to ensure the transmission is successful
					July, 2022	☐	• Care provider is able to view the refill requests received from pharmacies and approve/deny the refill prescriptions electronically • Care provider reviews the eRx status screen to ensure the transmission is successful
					July, 2022	☐	• Care provider is able to send a fill status request and get the status from the pharmacies • Care provider reviews the eRx status screen to ensure the transmission is successful
					July, 2022	☐	• Care provider is able send RXHREQ and receive the medication history information from surescripts • Care provider reviews the eRx status screen to ensure the transmission is successful
§ 170.315(b)(6) Data export	Ambulatory	4/1/2022	-	7/31/2022	May, 2022	☐	Logging in as users other than Office Manager will not have access to the export functionality
					June, 2022	☐	Use the Edge Test Tool to check validity of output file
					July, 2022	☐	Export summary was created and completed successfully
					August, 2022	☐	• 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	4/1/2022	-	7/31/2022	May, 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 or a copy of a live environment
					July, 2022	☐	The file should upload and be accepted by the environment without error.
					July, 2022	☐	All populations of all measures should match.
					August, 2022	☐	• Calculate and compile metrics
Patient Engagement							
§ 170.315(e)(1) View, download, and transmit to 3rd party	Ambulatory	4/1/2022	-	7/31/2022	May, 2022	☐	• Confirm Trading Partner • Confirm ability to provide patients timely access to their ePHI • Confirm with TP that production data will be used, whether in an actual live environment or a copy of a live environment
					June, 2022	☐	• Ensure patient received activation email or • provide patient with Username and Password
					June, 2022	☐	Record validation in the audit log that patient has transmitted the C-CDA via DIRECT or email
					August, 2022	☐	• Run Timely Access report in GeniusDoc and compare to patient visit report from EHR to determine percentage of patients who had access within 24 hours. • Calculate average of survey responses.

	Care Setting	Measurement Period			Date		Key Milestones
Public Health							
§ 170.315(f)(1) Transmission to immunization registries	Ambulatory	4/1/2022	-	7/31/2022	May, 2022	☐	• Identify or use an exisiting state immunization registry that is enabled for bi-directional send/receive of immunization data.
					June, 2022	☐	Validate that immunization interface is functioning as expected
					July, 2022	☐	Verify immunization data was received in registry for patient A
					July, 2022	☐	Verify immunization data was received in EHR for patient B
					August, 2022	☐	See above
§ 170.315(f)(2) Transmission to public health agencies — syndromic surveillance	Ambulatory	4/1/2022	-	7/31/2022	May, 2022	☐	Syndromic surveillance messages are successfully received and processed by public health agency or any test tool.
					June, 2022	☐	Functioning HL7 2.5.1 interface to public health agency or any test tool.
					August, 2022	☐	• Calculate and compile metrics
§ 170.315(f)(4) Transmission to cancer registries	Ambulatory	4/1/2022	-	7/31/2022	May, 2022	☐	• Identify state Cancer registry / Test Tool that is enabled for receiving Cancer Case Information.
					July, 2022	☐	Verify Cancer data was received in registry / test tool for patient A
					August, 2022	☐	See above
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	4/1/2022	-	7/31/2022	May, 2022	☐	• Partner with PHR that can receive patient clinical data as described in this RWT plan. • Ensure that PHR has functionality to access the GeniusDoc API, as described here. • Partner with EHR that is integrated with the GeniusDoc API and Patient Portal modules of GeniusDoc.
					June, 2022	☐	Encounter is created and visually confirmed
					July, 2022	☐	• GeniusDoc API has transformed C-CDA into FHIR resources. • PHR app consumes FHIR resources to populate EHR data
					July, 2022	☐	Visually validate Assessment, Plan of Treatment and other CCDS elements
					August, 2022	☐	• Calculate and compile metrics
Electronic Exchange							
§ 170.315(h)(1) Direct Project (Included with (b)(1) in the CareCoordination Category)	Ambulatory	4/1/2022	-	7/31/2022	SEE CARE COORDINATION		SEE CARE COORDINATION

Table of Contents	**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: **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.**	**Justification:** **We chose to concentrate on the aspects of this criterion that would:** **1) showcase GeniusDoc'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.** **6) showcase GeniusDoc's ability to identify the patient received in transition of care/referral summary (CCDA).** **7) showcase GeniusDoc's ability to Reconcile and Incorporate CCDA in a straight forward fashion**				
	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 GeniusDoc is a "C" or better** **3) 75 percent of trading partner's TOC C-CDAs successfully received by GeniusDoc.** **4) 75 percent of trading partner's TOC C-CDAs are validated and incorporated in GeniusDoc**		**Standards:** **• § 170.202(a)(2) Direct Project: ONC Applicability Statement for Secure Health Transport, Version 1.2 (incorporated by reference §170.299).** **• § 170.202 (a)(2) Applicability Statement for Secure Health Transport v1.2 (incorporated by reference in § 170.299)** **• §170.202(d) ONC Implementation Guide for Direct Edge Protocols (incorporated by reference in § 170.299).** **• § 170.202 (e)(1) Delivery Notification - Implementation Guide for Delivery Notification in Direct v1.0** **• §170.205(p)(1) XDM package processing. IHE IT Infrastructure Technical Framework Volume 2b (ITI TF-2b) (incorporated by reference in § 170.299)** **• § 170.205(a)(3) HL7 Implementation Guide for CDA® Release 2: IHE Health Story Consolidation, DSTU Release 1.1 (US Realm) Draft Standard for Trial Use July 2012** **• § 170.205(a)(4) HL7 Implementation Guide for CDA® Release 2: Consolidated CDA Templates for Clinical Notes, Draft Standard for Trial Use, Release 2.1** **• § 170.207(d)(2) RxNorm, August 6, 2012 Full Release Update** **• § 170.207(d)(3) RxNorm, a standardized nomenclature for clinical drugs produced by the United States National Library of Medicine, September 8, 2015 Release** **• § 170.207(a)(3) International Health Terminology Standards Development Organisation (IHTSDO) Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT®) International Release July 31, 2012 and US Extension to SNOMED CT® March 2012 § • • § 170.207(a)(4) International Health Terminology Standards Development Organisation (IHTSDO) Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT®), U.S. Edition, September 2015 Release**			
	Developer Info: **GeniusDoc Inc.** **11407 Wistful Vista way** **Porter Ranch, CA 91326 4182** **Ambulatory Care Setting:** **The functionality for the criteria is the same regardless of the care setting.**	**Product Info:** **Product Name: GeniusDoc** **Product Version: 11.0** **CHPL ID:** **15.02.02.1529.A084.01.00.1.181228**	**Methods Use to Demonstrate Interoperability:** **1) HISP via Direct Protocol (SMTP)** **2) HIE exchange** **3) HTTPS via secure provider portal** **4) Visual validation**			

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 and also reconcile/Import using production data as described in this RWT plan.	• Confirm Trading Partner • Confirm ability to send and receive clinical documents • Confirm ability to reconcile and import 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 A has encounter with care provider and data is captured in EHR	• CCDS data elements captured in EHR (system under test) • Care provider selects Clinical Document to be transmitted. • Care provider is able to create a C-CDA Release 2.1 that also 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 EHR	• Care provider selects recipient from directory of Direct addresses and initiates sending of Clinical Document. The user is able to create a C-CDA Release 2.1 that also includes the reason for referral, and the referring or transitioning provider's name and office contact information. • C-CDA Care Referral or Referral Note is triggered to send via Direct Protocol • Care provider reviews the Secure Message screen (under Sent menu - Track choice) to ensure Clinical Document was successfully transmitted.	June, 2022	☐		
*	Next steps take place in trading partner's EHR.					
4	Validate that C-CDA for Patient A contains CCDS data elements.	Recipient uses scorecard to grade C-CDA	June, 2022	☐		
5	Trading partner refers Patient B from TP EHR to system under test 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 system under test, tester acknowledges receipt of valid Clinical Document.	• Tester uses Document Manager to locate Clinical Document. • Care provider reviews the Secure Message screen (under Inbox).	July, 2022	☐		
*	Reconciliation and Incorporation			☐		
7	Care provider initiates Reconciliation and Incorporation in EHR	• Care provider selects a clicinal document in Secure Message screen and initiates Reconciliation and Incorporation of Clinical data into patient chart	July, 2022	☐		
8	In system under test, tester identifies the patient of valid Clinical Document.	• Tester uses Secure Message screen to identify and map the patient		☐		
9	In system under test, tester reconciles the CCDS elements recieved in the Clinical Document	• Tester uses reconciliation screen to view the CCDS elements (Medications,Allergies and Problems) • Tester verifies the CCDS elements with existing data		☐		

10	In system under test, tester incorporates the CCDS elements into EHR	• Tester uses merge option in reconciliation screen to incorporate the CCDS elements into the patient chart		☐		
11	Calculate and compile metrics	• Calculate and compile metrics	August, 2022	☐		
	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.**					
	Authorized Representative Name:	**Bosco**				
	Authorized Representative Email:	**bosco@geniusdoc.com, support@geniusdoc.com**				
	Authorized Representative Phone:	**(310) 752-7772**				
	Authorized Representative Signature:					
	Date:	**09/29/2021**				

Table of Contents	§ 170.315(b)(3) Electronic prescribing					
	Measure Description: **Perform the following Prescription-related electronic transactions:** **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:** **1) Showcase GeniusDoc ability to create, change and cancel a prescription electronically** **2) Showcase GeniusDoc ability to Renew a prescription electronically** **3) Showcase GeniusDoc ability to request prescription Fill Status and history electronically** **4) Showcase GeniusDoc ability to Verify and track errors**				
	Metric Description: **1) 90 percent of prescriptions are documented and sent electronically** **2) 95 percent of prescriptions are received by pharmacies**		**Standards Implemented: (SVAP)** **• § 170.205(b)(2) - SCRIPT Standard, Implementation Guide, Version 10.6, October, 2008** **• § 170.207(d)(3) - RxNorm, September 8, 2015 Full Release Update; available at: http://www.nlm.nih.gov/research/umls/rxnorm/docs/rxnormfiles.html**			
	Developer Info: **GeniusDoc Inc.** **11407 Wistful Vista way** **Porter Ranch, CA 91326 4182** **Ambulatory Care Setting:** **The functionality for the criteria is the same regardless of the care setting.**	**Product Info:** **Product Name: GeniusDoc** **Product Version: 11.0** **CHPL ID:** **15.02.02.1529.A084.01.00.1.181228**	**Methods Use to Demonstrate Interoperability:** **1) Surescripts prescription network** **2) HTTPS requests** **3) SFTP**			

Test Step:	Testing Procedure:	Expected Outcomes:	Key Milestones Date:	Key Milestone:	Outcomes:	Comments:
1	Identify Trading Partner (TP) and coordinate with TP for prescription related electronic transactions using production data as described in this RWT plan.	• Confirm Trading Partner • Confirm ability to perform prescription related electronic transactions • 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	Create a new prescription	• Care provider is able to create a new prescription with the required elements mandated by pharmacies • Care provider is able to send prescription electronically to pharmacies via Surescripts • Care provider reviews the eRx status screen to ensure the transmission is successful	June, 2022	☐		
3	Change a prescription	• Care provider is able to receive Rx change request and submit the Rx change response electronically to the pharmacies via surescripts. • Care provider reviews the eRx status screen to ensure the transmission is successful	June, 2022	☐		
4	Cancel a prescription	• Care provider is able to cancel a prescription and receive the status electronically • Care provider reviews the eRx status screen to ensure the transmission is successful	June, 2022	☐		
5	Refill a prescription	• Care provider is able to view the refill requests received from pharmacies and approve/deny the refill prescriptions electronically • Care provider reviews the eRx status screen to ensure the transmission is successful	July, 2022	☐		
6	Receive a fill status notifications	• Care provider is able to send a fill status request and get the status from the pharmacies • Care provider reviews the eRx status screen to ensure the transmission is successful	July, 2022	☐		
7	Request and receive medication history information	• Care provider is able send RXHREQ and receive the medication history information from surescripts • Care provider reviews the eRx status screen to ensure the transmission is successful	July, 2022	☐		
8	Calculate and compile metrics	• Calculate and compile metrics	August, 2022	☐		

	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.**				
	Authorized Representative Name:	**Bosco**			
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	Authorized Representative Phone:	**(310) 752-7772**			
	Authorized Representative Signature:				
	Date:	**09/29/2021**			

Table of Contents	**Associated Certification Criteria: § 170.315(b)(6) - Data export**					
	Measure Description: **Export all available data elements from the Common Clinical Dataset (CCDS) for a population of patients for use in a different health information technology product or a third party system. This export can be used for many purposes, including data portability when a physician practice switches to a new EHR platform.**	**Justification:** **We chose to concentrate on the aspects of this criterion that would:** **1) demonstrate GeniusDoc's ability to export batches of patient data in a straightforward fashion** **2) facilitate interoperability by providing the exported data in the form of valid CCD files that conform to the HL7 standards as described in the HL7 Implementation Guide for CDA® Release 2: Consolidated CDA Templates for Clinical Notes (US Realm).**				
	Metric Description: **1) 100 Percent of Exports ran at the correct time.** **2) C-CDA count matches actual patient count for requested date range.** **3) Spot-checked C-CDAs pass scorecard with average overall grade of "C" or better.**		**Standards:** **• § 170.205(a)(4) HL7 Implementation Guide for CDA® Release 2: Consolidated CDA Templates for Clinical Notes, Draft Standard for Trial Use, Release 2.1 (incorporated by reference in § 170.299).** **• § 170.207(a)(4) International Health Terminology Standards Development Organisation (IHTSDO) Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT®), U.S. Edition, September 2015 Release** **• § 170.207(i) ICD-10-CM Data Elements and Vocabularies applicable to the 2015 Edition of the Common Clinical Data Set (CCDS) – Outlined in the Common Clinical Data Set Reference document.**			
	Developer Info: **GeniusDoc Inc.** **11407 Wistful Vista way** **Porter Ranch, CA 91326 4182** **Ambulatory Care Setting:** **The functionality for the criteria is the same regardless of the care setting.**	**Product Info:** **Product Name: GeniusDoc** **Product Version: 11.0** **CHPL ID:** **15.02.02.1529.A084.01.00.1.181228**	**Methods Use to Demonstrate Interoperability:** **1) Visual validation/counting** **2) Test output file with C-CDA scorecard to ensure correct format/contents.**			

Test Step:	Testing Procedure:	Expected Outcomes:	Key Milestone Date:	Key Milestone:	Outcomes:	Comments
1	Using production data in an actual live environment or copy of live environment, demonstrate the ability to configure data export configurations for Timeframe and Location	• Date and time ranges can be configurable via the Data Export screen • Targeted Practices can be configurable via the Data Export screen • Patients exported can be configurable via the Data Export screen	May, 2022	☐		
2	Demonstrate the ability to limit the set of users who can create export summaries	Logging in as an Office Manager will have access to the export functionality				
3	Confirm users roles that have been denied export summary access cannot create export summaries	Logging in as users other than Office Manager will not have access to the export functionality				
4	Create and validate an export for a single patient	Use the Edge Test Tool to check validity of output file	June, 2022	☐		
5	Create an export summary for data within a entered date and time range	• Data was available for the entered date and time range • The export summary contained data only within that date and time range				
6	Create an export summary in real time	Export summary was created and completed successfully	July, 2022	☐		
7	Create an export summary based on a relative date and time (Ex. Every first of every month @ 8 AM)	The scheduled export summary created will be visually validated				
8	Create an export summary for a specific date/time (Ex. 10/01/2021 @ 5:00 PM)	• The scheduled export summary was created successfully • The specific date/time would be in the near future so the export could be confirmed				
9	Save the export summary to a preferred location at the time of export.	• Saving to a preferred location is allowed • Visually confirming the export after save is performed and successful				

10	Calculate and compile metrics	• Calculate and compile metrics	August, 2022	☐		
	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.**					
	Authorized Representative Name:	**Bosco**				
	Authorized Representative Email:	**bosco@geniusdoc.com, support@geniusdoc.com**				
	Authorized Representative Phone:	**(310) 752-7772**				
	Authorized Representative Signature:					
	Date:	**09/29/2021**				

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 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 GeniusDoc 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.** **2) Generate QRDA III and ensure that it can be successfully uploaded to the submission environment.**				
	Metric Description: **1) 100 percent matching calculation results in GeniusDoc vs submission environment** **2) 0 percent of files uploaded to submission environment result in errors**		**Standards:** **• § 170.205(h)(2) – HL7 CDA® Release 2 Implementation Guide for: Quality Reporting Document Architecture – Category I(QRDA I), DTSU Release 3 (US Realm) Volume 1 – Introductory Material and 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 (incorporated by reference in § 170.299)** **• § 170.205(k)(1) Quality Reporting Document Architecture Category III, Implementation Guide for CDA Release 2 (incorporated by reference in § 170.299).** **• § 170.205(k)(2) Errata to the HL7 Implementation Guide for CDA® Release 2: Quality Reporting Document Architecture – Category III, DSTU Release 1 (USRealm), September 2014 (incorporated by reference in § 170.299)**			
	Developer Info: **GeniusDoc Inc.** **11407 Wistful Vista way** **Porter Ranch, CA 91326 4182** **Ambulatory Care Setting:** **The functionality for the criteria is the same regardless of the care setting.**	**Product Info:** **Product Name: GeniusDoc** **Product Version: 11.0** **CHPL ID:** **15.02.02.1529.A084.01.00.1.181228**	**Methods Use to Demonstrate Interoperability:** **• Visual inspection and matching of QRDA I data to EHR data** **• Matching of calculation results from GeniusDoc to CMS** **• API Sandbox testing with CMS for file acceptance**			

Test Step:	Testing Procedure:	Expected Outcomes:	Key Milestone Date:	Key Milestone:	Outcome:	Comments
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	☐		
2	Identify one or more EP (Eligible Professional) eCQMs for RWT.	Based on historical data, select the most popular eCQMs.				
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	Data ready for report generation.				

5	Correctly calculate numerator, denominator, exclusion and exception values for selected eCQMs.	The GeniusDoc report should complete with no errors.				
6	Spot-check few 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.				
7	Upload the generated MIPS QRDA III file to QPP.	The file should upload and be accepted by the environment without error.	July, 2022	☐		
8	Check the submission environment's measure calculation results and compare them to GeniusDoc's calculation results. *Both settings*	All populations of all measures should match.	July, 2022	☐		
9	Calculate and compile metrics	• Calculate and compile metrics	August, 2022	☐		

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.

Authorized Representative Name:	**Bosco**
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Authorized Representative Signature:	
Date:	**09/29/2021**

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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 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) 90 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:
- **§ 170.204(a)(1) Web Content Accessibility Guidelines (WCAG) 2.0, Level A Conformance**
- **§ 170.204(a)(2) Web Content Accessibility Guidelines (WCAG) 2.0, Level AA Conformance**
- **§ 170.205(a)(4) HL7 Implementation Guide for CDA® Release 2**
- **§ 170.207(a)(4) International Health Terminology Standards Development Organization (IHTSDO) Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT®), U.S. Edition, September 2015 Release,**
- **§ 170.207(i) ICD-10-CM**
- **§ 170.210(a)(2) Any encryption algorithm identified by the National Institute of Standards and Technology (NIST) as an approved security function in Annex A of the Federal Information Processing Standards (FIPS) Publication 140-2, October 8, 2014**
- **§ 170.210(g): RFC 5905:Network Time Protocol Version 4: Protocol and Algorithms Specification, June 2010**
- **§ 170.210(g): (RFC) 1305: Network Time Protocol (Version 3) Specification, Implementation and Analysis, March 1992Web Site Disclaimers**

Developer Info:
GeniusDoc Inc.
11407 Wistful Vista way
Porter Ranch, CA 91326 4182

Ambulatory Care Setting:
The functionality for the criteria is the same regardless of the care setting.

Product Info:
Product Name: GeniusDoc
Product Version: 11.0

CHPL ID:
15.02.02.1529.A084.01.00.1.181228

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

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.	• Confirm Trading Partner • Confirm ability to provide patients timely access to their ePHI • 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	For a period of time (3 months), monitor the system as the below steps (3-12) 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				
4	Provider documents the Patients health status	CCDS data elements are recorded in EHR				
5	Provider Signoff the visit	Trigger is provided to create C-CDA or C-CDA is dropped to GeniusDoc				

6	EHR system generates CCD including all provided CCDS data	• Validate that a C-CDA has been triggered. • 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.				
7	Patient activates Portal	• Ensure patient received activation email or • provide patient with Username and Password	June, 2022	☐		
8	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				
9	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 GeniusDoc timestamp				
10	Patient or authorized representative downloads C-CDA their choice of xml or p	Record validation in the audit log that patient has downloaded C-CDA				
11	Patient or authorized representative transmits:	Record validation in the audit log that patient has transmitted the C-CDA via DIRECT or email	June, 2022	☐		
a	C-CDA via Direct Protocol to a provider					
b	C-CDA via email to others					
12	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				
13	Calculate and compile metrics	• Run Timely Access report in GeniusDoc 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	☐		

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.

Authorized Representative Name:	**Bosco**
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Date:	**09/29/2021**

Table of Contents	**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.**				
	Metric Description: **1) 100 percent correct immunization records successfully posted to registry confirmed by visual validation.** **2) 100 percent 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:** **• §170.205(e)(4) - HL7 2.5.1 Implementation Guide for Immunization Messaging, Release 1.5, October 2014; and HL7 Version 2.5.1 Implementation Guide for Immunization Messaging (Release 1.5)—Addendum, July 2015 (incorporated by reference in § 170.299)** **• §170.207(e)(3) - HL7 Standard Code Set CVX—Vaccines Administered, updates through August 17, 2015** **• §170.207(e)(4) - National Drug Code Directory – Vaccine Codes, updates through August 17, 2015**			
	Developer Info: **GeniusDoc Inc.** **11407 Wistful Vista way** **Porter Ranch, CA 91326 4182** **Ambulatory Care Setting:** **The functionality for the criteria is the same regardless of the care setting.**	**Product Info:** **Product Name: GeniusDoc** **Product Version: 11.0** **CHPL ID:** **15.02.02.1529.A084.01.00.1.181228**	**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:	Comments:
1	Identify Trading Partner (TP) and coordinate with TP for transmitting immunization records using production data as described in this RWT plan.	• Identify or use an exisiting state immunization registry that is enabled for bi-directional send/receive of immunization data.	May, 2022	☐		
2	Implement bi-directional immunization interface (if interface not already in place)	Validate that immunization interface is functioning as expected	June, 2022	☐		
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	Create a new query	• Select a patient or create a new patient "B" in Client EHR and create a current patient encounter. • Request immunization record in Client EHR.				
6	Run immunization process to send/receive from registry (assuming process is batch, rather than real-time).	Confirm send/received functionality				
7	Access registry to verify that immunization data was received for patient A.	Verify immunization data was received in registry for patient A	July, 2022	☐		
8	Access EHR to verify that immunization data was received for patient B.	Verify immunization data was received in EHR for patient B	July, 2022	☐		
9	Calculate and compile metrics	See above	August, 2022	☐		
	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:	**09/29/2021**			

Table of Contents	**Associated Certification Criteria:** **§170.315(f)(2) Transmission to public health agencies — syndromic surveillance**					
	Measure Description: **Create syndromic surveillance messages and transmit to public health agencies.**	**Justification:** **We chose to concentrate on the aspects of this criterion that would:** **1) Ensure all patients flagged will have health data sent for surveillance** **2) Allow for health threats to be reported faster.** **3) Provide information to the CDC or other registries to identify illness clusters early, before diagnoses are confirmed and reported to public health agencies, and to mobilize a rapid response, thereby reducing morbidity and mortality.**				
	Metric Description: **1) 100 percent of HL7 Syndromic Surveillance messages successfully sent and acknowledged (via HL7 ACK) by public health agency** **2) 100 percent of syndromic surveillance messages successfully received and processed by public health agency based on either:** **a) Logging into agency web site and validating, or** **b) Using a report provided by agency**		**Standards:** **• § 170.205(d)(4) HL7 2.5.1 (incorporated by reference in §170.299). Implementation specifications. PHIN Messaging Guide for Syndromic Surveillance: Emergency Department, Urgent Care, Inpatient and Ambulatory Care Settings, Release 2.0, April 21, 2015 (incorporated by reference in § 170.299) Erratum to the CDC PHIN 2.0 Implementation Guide, August 2015; Erratum to the CDC PHIN 2.0 Messaging Guide, April 2015 Release for Syndromic Surveillance: Emergency Department, Urgent Care, Inpatient and Ambulatory Care Settings (incorporated by reference in § 170.299)**			
	Developer Info: **GeniusDoc Inc.** **11407 Wistful Vista way** **Porter Ranch, CA 91326 4182** **Ambulatory Care Setting:** **The functionality for the criteria is the same regardless of the care setting.**	**Product Info:** **Product Name: GeniusDoc** **Product Version: 11.0** **CHPL ID:** **15.02.02.1529.A084.01.00.1.181228**	**Methods Use to Demonstrate Interoperability:** **1) ICD-10-CM** **2) SNOMED CT®** **3) SFTP** **4) TCP/IP** **5) Webservice**			

Test Step:	Testing Procedure:	Expected Outcomes:	Key Milestone Date:	Key Milestone:	Outcomes:	Comments:
1	Identify GeniusDoc Client who either: • Has a public health agency that can receive Syndromic Surveillance data • Already has a functional Syndromic Surveillance interface or would like to implement one to their public health agency and the agency willing to share metrics of syndromic surveillance messages successfully received. • If none of the state health agency are accepting syndromic surveillance data for Ambulatory care, sandbox testing will be used	Syndromic surveillance messages are successfully received and processed by public health agency or any test tool.	May, 2022	☐		
2	Implement send-only public health interface (if interface not already in place). • Determine whether test or production interface will be used • If production, determine whether an actual patient or a test patient will be used	Functioning HL7 2.5.1 interface to public health agency or any test tool.	June, 2022	☐		
3	Create a new patient encounter. • Register a patient or create a new patient "A" in Client EHR and create a current patient encounter • Enter one or more ICD-10 diagnosis codes present in the Trigger Events table that lists reportable Syndromic Surveillance diagnoses	Patient registered and queued for interface				
4	Run Syndromic Surveillance process to send to public health agency or test tool (assuming process is batch, rather than real-time).	• Ensure messages are de-identified per CDC PHIN Messaging Guide requirements • Messages sent to public health agency or any test tool				
5	Check whether HL7 messages ACKed by agency or in the test tool	HL7 messages are successfully received and ACKed				

6	Query agency to verify that public health data was received for patient A or Obtain logs from the test tool to verify thet the data was received for patient A	Public health successfully processed by agency or test tool				
7	Calculate and compile metrics	• Calculate and compile metrics	August, 2022	☐		
	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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Table of Contents	§ 170.315(f)(4) Transmission to cancer registries					
	Measure Description: **Create cancer case information for electronic transmission**	**Justification:** **We chose to concentrate on the aspects of this criterion that would provide the most patient care value in an actual setting. Cancer registries can be helpful to define and monitor cancer incidence at the local, state, and national levels. It is used to plan and evaluate cancer prevention and control interventions.**				
	Metric Description: **1) 90 percent correct cancer case information successfully posted to registry/sanbox confirmed by visual validation.** **2) Successful Transmission to Public Health Registry/Sanbox will be reviewed for ACK to ensure 100% successful transmission.**		**Standards:** **• § 170.205(i)(2) - HL7 Implementation Guide for CDA© Release 2: Reporting to Public Health Cancer Registries from Ambulatory Healthcare Providers, Release 1.1, April 2015** **• § 170.207(a)(4) - International Health Terminology Standards Development Organization (IHTSDO) Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT®) U.S. Edition, September 2015 Release** **• § 170.207(c)(3) - Logical Observation Identifiers Names and Codes (LOINC®) Database version 2.52, Released June 2015**			
	Developer Info: **GeniusDoc Inc.** **11407 Wistful Vista way** **Porter Ranch, CA 91326 4182** **Ambulatory Care Setting:** **The functionality for the criteria is the same regardless of the care setting.**	**Product Info:** **Product Name: GeniuDoc** **Product Version: 11.0** **CHPL ID:** **15.02.02.1529.A084.01.00.1.181228**	**Methods Use to Demonstrate Interoperability:** **1) ICD-10-CM** **2) SNOMED CT®** **3) LOINC®** **4) SFTP, TCP/IP, Webservice, HTTPS**			

Test Step:	Testing Procedure:	Expected Outcomes:	Key Milestone Date:	Key Milestone:	Outcomes:	Comments:
1	Identify Trading Partner (TP) and coordinate with TP for transmitting Cacer Case Information using production data as described in this RWT plan.	• Identify state Cancer registry / Test Tool that is enabled for receiving Cancer Case Information.	May, 2022	☐		
2	Determine whether test or production interface will be used.	If production, determine whether an actual patient or a test patient will be used.				
3	Create a new Cancer Case Record	• Register a patient or create a new patient "A" in Client EHR and create a current patient encounter • Record a Cancer diagnosis and treatment information in Client EHR.				
4	Run process to send information to registry / test tool	Confirm send functionality				
5	Access registry / test tool to verify that Cancer data was received for patient A	Verify Cancer data was received in registry / test tool for patient A	July, 2022	☐		
6	Calculate and compile metrics	See above	August, 2022	☐		

	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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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 or PC. They have had a healthcare encounter with a provider using an EHR that is integrated with the GeniusDoc API and Patient Portal modules of GeniusDoc. 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 FHIR 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 FHIR resources:** **• Demographics** **• Problems** **• Medications** **• Allergies**		**Standards:** **• Data Elements and Vocabularies applicable to the Common Clinical Data Set (CCDS) – Outlined in the Common Clinical Data Set Reference Document** **• § 170.205(a)(4): HL7 CDA R2 Implementation Guide: Consolidated CDA Templates for Clinical Notes (US Realm) Draft Standard for Trial Use Release 2.1** **Data Elements and Vocabularies applicable to the Common Clinical Data Set (CCDS) – Outlined in the Common Clinical Data Set Reference Document** **• OAuth 2.0** **• FHIR DSTU2 v1.0.2**			
	Developer Info: **GeniusDoc Inc.** **11407 Wistful Vista way** **Porter Ranch, CA 91326 4182** **Ambulatory Care Setting:** **The functionality for the criteria is the same regardless of the care setting.**	**Product Info:** **Product Name: GeniusDoc** **Product Version: 11.0** **CHPL ID:** **15.02.02.1529.A084.01.00.1.181228**	**Methods Use to Demonstrate Interoperability:** **1) HTTPS via secure portal** **2) FHIR**			

Test Step:	Testing Procedure:	Expected Outcomes:	Key Milestone Date:	Key Milestone:	Outcomes:	Comments:
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 that can receive patient clinical data as described in this RWT plan. • Ensure that PHR has functionality to access the GeniusDoc API, as described here. • Partner with EHR that is integrated with the GeniusDoc API and Patient Portal modules of GeniusDoc.	May, 2022	☐		
2	Patient A has encounter with care provider who uses EHR described above.	Encounter is created and visually confirmed	June, 2022	☐		
3	Provider captures CCDS data elements in EHR	CCDS data elements are validated in the system				
4	Provider generates Care/Referral Summary C-CDA post-visit or ensures that the EHR generates one automatically.	C-CDA is confirmed for the specified patient				
5	Patient A uses GeniusDoc Patient Portal login to view clinical information	• Patient Portal automatically sends email reminder that Patient A has a new clinical document available. • Email reminder has a URL/hyperlink to the patient portal. • If patient hasn't already activated their portal account, portal account can be activated via Welcome Email or by an Administrator user				
6	Patient A uses portal login credentials to log into PHR app	Specific patient ID and token are returned for authentication and data requests				
7	PHR app displays full set of data for all data categories	• GeniusDoc API has transformed C-CDA into FHIR resources. • PHR app consumes FHIR resources to populate EHR data	July, 2022	☐		

8	GeniusDoc API returns full set of data for a given category	PHR app will display and all data to be displayed for each data category				
9	GeniusDoc API returns data in a computable format using specified standards.	Data is confirmed to be in XML or JSON format				
10	GeniusDoc API returns full and accurate data for a specific date and 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 other CCDS elements	Visually validate Assessment, Plan of Treatment and other CCDS elements	July, 2022	☐		
12	Calculate and compile metrics	• Calculate and compile metrics	August, 2022	☐		
	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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