MAXIMUS

Real World Testing Plan 2025

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Table of Contents

Executive Summary 4
Developer Attestation 7
General Information 8
Timeline and Milestones for Real World Testing CY 2025 8
Standards Version Advancement Process (SVAP) Updates 9
SVAP Standard 170.204(a)(2) 9
SVAP Standard 170.215(b)(1)(i) 9
Real World Testing Measurements 10
Testing Methodologies 10
Number of Clients Sites 11
Care and Practice Settings Targeted 11
RWT Measure #1. Number of Transition of Care C-CDAs Successfully Sent 12
Measurement Description 12
Measurement Justification 12
Measurement Expected Outcome 12
Real World Testing Metrics 13
Care Settings and Number of Clients Site to Test 13
RWT Measure #2. Compliance of C-CDA Error Detection 14
Measurement Description 14
Measurement Justification 14
Measurement Expected Outcome 14
Real World Testing Metrics 15
Care Settings and Number of Clients Site to Test 15
RWT Measure #3. Problem/Medication/Allergy Incorporation from C-CDA – C- CDA Scorecard Quantifiable Result 16
Measurement Description 16
Measurement Justification 16
Measurement Expected Outcome 16
Real World Testing Metrics 17
Care Settings and Number of Clients Site to Test 17
RWT Measure #4. Number of Quality Measures Successfully Reported on to CMS 18
Measurement Description 18

Measurement Justification 18
Measurement Expected Outcome 18
Real World Testing Metrics 19
Care Settings and Number of Clients Site to Test 19
RWT Measure #5. Number of Patients Given Access to Portal 20
Measurement Description 20
Measurement Justification 20
Measurement Expected Outcome 20
Care Settings and Number of Clients Site to Test 21
RWT Measure #6. Immunization Message – Number of Compliant Conformance Statements and Errors Detected 22
Measurement Description 22
Measurement Justification 22
Measurement Expected Outcome 22
Care Settings and Number of Clients Site to Test 23
RWT Measure #7. Syndromic Surveillance Message – Number of Compliant Conformance Statements and Errors Detected 24
Measurement Description 24
Measurement Justification 24
Measurement Expected Outcome 24
Real World Testing Metrics 25
Care Settings and Number of Clients Site to Test 25
RWT Measure #8. Number of Electronic Reportable Lab Messages Successfully Sent 26
Measurement Description 26
Measurement Justification 26
Measurement Expected Outcome 26
Real World Testing Metrics 27
Care Settings and Number of Clients Site to Test 27
RWT Measure #9. API Resource Query Support – C-CDA Scorecard Quantifiable Result 28
Measurement Description 28
Measurement Justification 28
Measurement Expected Outcome 28
Real World Testing Metrics 29
Care Settings and Number of Clients Site to Test 29

RWT Measure #10. Direct Project 30
Measurement Description 30
Measurement Justification 30
Measurement Expected Outcome 30
Real World Testing Metrics 31
Care Settings and Number of Clients Site to Test 31
RWT Measure #11 . Number of Patient Batch Exports Run 32
Measurement Description 32
Measurement Justification 32
Measurement Expected Outcome 32
Care Settings and Number of Clients Site to Test 32

Executive Summary

This is the real-world test plan for 2025 for Maximus certified EHR solution. It provides the real-world test measurements and metrics that meet the intent and objectives of ONC's Condition of Certification and Maintenance of Certification requirement for real world testing (§ 170.405 Real world testing) to evaluate compliance with the certification criteria and interoperability of exchanging electronic health information (EHI) within the care and practice setting which it is targeted for use.

As ONC has stated in its rule, "The objective of real-world testing is to verify the extent to which certified health IT deployed in operational production settings is demonstrating continued compliance to certification criteria and functioning with the intended use cases as part of the overall maintenance of a health IT's certification." We have worked toward this objective in designing our test plan and its subsequent real world testing measurements and metrics. This document builds toward the final testing measurements and metrics we will use to evaluate ourproduct interoperability within production settings. Within each use case, we document our testing methodology for the measure/metric we plan to employ. We also include the associated ONC criteria, our justification for measurement selection, our expected outcomes from the testing, the care settings applied for this measure, and if applicable the number of clients to use in our real-world testing. We have included our timeline and milestones for completing the real-world testing in 2025, and information about compliance with the Standards Version Advancement Process updates. A table of contents is provided above in the plan quick access to any document section, including the testing measurements and metrics. Our signed attestation of compliance with the real-world testing requirements is on the following pages.

Developer Attestation

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

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Date: 08/22/2024

General Information

- **Plan Report ID Number:** 20240913max
- **Developer Name:** MaxRemind Inc
- **Certified Health IT Criteria:** 315(b)(1), (b)(2), (b)(10), (c)(1), (c)(2), (c)(3), (e)(1), (f)(1), (f)(2), (f)(3), (g)(7), (g)(9), (g)(10), (h)(1).
- **Product Name(s):** Maximus
- **Version Numbers(s):** V 1.0
- **Product List (CHPL) ID(s) and Link(s):**

  15.05.05.3173.MAXR.01.00.1.231031

  https://chpl.healthit.gov/#/listing/11360
- **Real World Testing Plans URL:** https://www.mremind.com/MaximusEHR-Certification

Timeline and Milestones for Real World Testing CY 2025

• 1Q-2025: Begin communication with clients to ask for their support and participation in real world testing. The goal is to have a sufficient number of clients committed for real world testing by the end of 1Q-2025.

• 2Q-3Q 2025. During the 2nd and 3rd quarter of CY 2025, the real-world testing with clients will be scheduled and performed. It is expected that a preparatory call will be done with clients to prepare them for testing activities. Results will be documented in the test results section of the test methods and ultimately used to build the test report. If any non-compliances are observed, we will notify the ONC-ACBof the findings and make the necessary changes required.

• 4Q-2025. During the last quarter of the year, the CY 2025 real world test plan will be completed according to ONC and ONC-ACB requirements and expectations. Test plan will be prepared for submission before the end of the year.

• 1Q-2026. Results will be Submitted to SLI by 01/15/2026

Standards Version Advancement Process (SVAP) Updates

For CY 2025, SVAP updates are listed below.

SVAP Standard 170.204(a)(2)

Standard	170.204(a)(2)
Date of ONC-ACB Notification	Oct 31,2023
Criterion	E1
Measure Used to Demonstrate Conformance with Updated Standard	Measure #5
Level of Conformance	Web Content Accessibility Guidelines (WCAG) 2.1, June 05, 2018 (Level AA Conformance)
Date of Customer Notification	N/A

SVAP Standard 170.215(b)(1)(i)

Standard	170.215(b)(1)(i)
Date of ONC-ACB Notification	Oct 31,2023
Criterion	G10
Measure Used to Demonstrate Conformance with Updated Standard	Measure #9
Level of Conformance	4.0.0 HL7® FHIR® US Core Implementation Guide STU 4.0.0, June 2021
Date of Customer Notification	N/A

Real World Testing Measurements

The measurements for our real-world testing plan are described below. Each measurement contains:

• Associated ONC criteria

• Testing Methodology used

• Description of the measurement/metric

• Justification for the measurement/metric

• Expected outcomes in testing for the measurement/metric

• Number of client sites to use in testing (if applicable)

• Care settings which are targeted with the measurement/metric

In each measurement evaluate, we elaborate specifically on our justification for choosing this measure and the expected outcomes. All measurements were chosen to best evaluate compliance with the certification criteria and interoperability of exchanging electronic health information (EHI) within the certified EHR.

Testing Methodologies

For each measurement, a testing methodology is used. For our test plan, we use the following methodologies.

Reporting/Logging: This methodology uses the logging or reporting capabilities of the EHR to examine functionality performed in the system. A typical example of this is the measure reporting done for the automate measure calculation required in 315(g)(2), but it can also be aspects of the audit log or customized reports from the EHR. This methodology often provides historical measurement reports which can be accessed at different times of the year and evaluate interoperability of EHR functionality, and it can serve as a benchmark for evaluating real world testing over multiple time intervals.

Compliance with Reporting Metric or Scoring Tool: This methodology uses inspection to evaluate if EHR issupporting to the ONC criteria requirements in interoperability compliance. It can be done through 1-v-1 inspection testing and utilizing various tools to measure or evaluate compliance and interoperability. It either includes tool which produces a quantifiable result or uses specific metrics to evaluation real worldinteroperability.

Number of Clients Sites

Within each measure, we note the minimum number of clients or client sites we plan to use for this measure evaluation. The numbers vary depending on the methodology as well as overall use of the associated EHR Module criteria by our users. For criteria that are not widely used by our customer base, we may test the respective measure in our own production-sandbox environment given lack of customerexperience with the criteria functionality.

Care and Practice Settings Targeted

Our EHR is targeted to general ambulatory practices, and our measures were design for this setting inmind.

RWT Measure #1. Number of Transition of Care C-CDAs Successfully Sent

Associated Criteria: 315(b)(1)

Testing Methodology: **Reporting/Logging**

Measurement Description

This measure is tracking and counting how many C-CDAs are created and successfully sent from the EHR Module to a 3rd party via Direct messaging during a transition of care event over the course of a given interval. The interval for this measure will be three (3) months. Relied upon software is **MaxMD (Version 3.0)**

Measurement Justification

This measure will provide a numeric value to indicate both the how often this interoperability feature is being used as well as its compliance to the requirement. An increment to this measure indicates that the EHR can create a C-CDA patient summary record, including ability to record all clinical data elements, and by sending the C-CDA patient summary record, the EHR demonstrates successful interoperability of an exchanged patient record with a 3rd party. This measurement shows support for Direct Edge protocol in connecting to a HISP for successful transmission.

Measurement Expected Outcome

The measurement will produce numeric results over a given interval. We will utilize various reports and audit logs, including Automated Measure (315.g.2) reports, to determine our measure count.

A successful measure increment indicates compliance to the underlying ONC criteria. It will show that the EHR can create the C-CDA patient summary record, including record required clinical data elements. In sending the C-CDA patient summary record, the EHR will demonstrate ability to confirm successful interoperability of an exchanged patient record with a 3rd party, including support for Direct Edge protocol in connecting to a HISP. Successfully completing this measure also implies users have a general understanding of the EHR functional operations for this EHR Module and an overall support for the user experience while not completing this measure may indicate lack of understanding or possibly lack of use or need for this functionality.

The expected outcomes will be measured using a monthly report derived from Maximus Healthcare Intelligence analytics product for the sending and receiving of C-CDA document and will provide successful active engagement in the sample of customer production environments. For the validation criteria, the outcomes will be measured by a unique monthly report that reflects across all customers the count of C- CDAs that are in error. For the display criteria, the outcomes will be measured by a unique monthly report derived from the Advanced Interoperability Service (AIS) that reflects the instances of customers that have modified their preferences. Overall, outcomes anticipated are high volumes of utilization of the certified capabilities reflecting successful implementation and use of certified software in the real world.

Real World Testing Metrics

1. Number of standards-conformant C-CDA documents created per month by C-CDA document template (CCD, Referral Note)
2. Number of times per month a C-CDA document was opened and viewed utilizing the certified C-CDA viewer capability
3. Number of times per month the C-CDA validator capability was leveraged to assess the standards conformance of a C-CDA being viewed

Care Settings and Number of Clients Site to Test

We designed this measure to test the general ambulatory setting that we support and target. We will test a minimum of two (2) client practice(s). This number covers a sufficient percentage of existing practices to provide a viable sample of users of the certified EHRs.

RWT Measure #2. Compliance of C-CDA Error Detection

Associated Criteria: 315(b)(1)
Testing Methodology: Compliance with Reporting Metric
Relied Upon Software: **MaxMD (Version 3.0)**

Measurement Description

This measure is tracking compliance of the EHR Module criteria functionality of detecting errors within a received or imported C-CDA.

Measurement Justification

This measure will provide assurance of compliance to the EHR Module criteria, specifically ability to detect any conformance or vocabulary standard errors of a received or imported in CCDA. C-CDA error detection provides assurance to the user of the validity of received or imported in C-CDAs which is both a certification requirement and supports interoperability within production setting. The error detection will give a quantifiable and numeric result to evaluate real world interoperability. To avoid disclosing PHI, we will only work with test patients from the actual production environment or an appropriately production-mirrored environments to best evaluate production capabilities available to end users.

Measurement Expected Outcome

The user will import in, either through upload or inbound messages, C-CDAs with different known errors. The user will use the EHR functions to parse the C-CDA document and perform errors detection which will be reviewed by the user. We will confirm the process and steps done by the user meet the criteria requirements of the EHR Module and works as expected in production-type environment.

The expected outcomes will be measured using a monthly report derived from Maximus Healthcare Intelligence analytics product for the sending and receiving of C-CDA document and will provide successful active engagement in the sample of customer production environments. For the validation criteria, the outcomes will be measured by a unique monthly report that

reflects across all customers the count of C- CDAs that are in error. For the display criteria, the outcomes will be measured by a unique monthly report derived from the Advanced Interoperability Service (AIS) that reflects the instances of customers that have modified their preferences. Overall, outcomes anticipated are high volumes of utilization of the certified capabilities reflecting successful implementation and use of certified software in the real world.

Real World Testing Metrics

1. For the sending and receiving of C-CDA documents, number of patient visits for which a C-CDA document was either received or sent (target 50%+)
2. For the validation of C-CDA documents, the rate of C-CDA documents received inbound with any error (target less than 25%)
3. For the validation capabilities system settings, number of customers who have changed their display settings during the measurement period (target less than 5%)

Care Settings and Number of Clients Site to Test

We designed this measure to test the general ambulatory setting that we support and target. We will test with either a minimum of one (1) client practice(s) or use internal resources if necessary to evaluate this measure. This number covers a sufficient percentage of existing practices to provide a viable sample of users of the certified EHRs.

RWT Measure #3. Problem/Medication/Allergy Incorporation from C-CDA – C-CDA Scorecard Quantifiable Result

Associated Criteria: 315(b)(2)
Testing Methodology: **Scoring Tool**

Measurement Description

This measure is tracking compliance of the EHR Module criteria functionality of incorporating problem/medication/allergy from a C-CDA and doing a quantifiable evaluation using the ONC CCDA Scorecard tool.

Measurement Justification

This measure will provide assurance of compliance to the EHR Module criteria, specifically ability to select the appropriate patient and then incorporate the problems, medications, and allergies values into the patient record. Incorporating external clinical data into the patient record is critical for patient care, and this measure will give assurance of compliance of this functionality. This measure will also query the patient's C-CDA and evaluate it against the ONC C-CDA Scorecard tool. The C-CDA scorecard is designed for production use and measures how artifacts created by health IT compare against the HL7 C-CDA implementation guide and HL7 best practices.
To avoid disclosing PHI, we will only work with test patients from the actual production environment or an appropriately production-mirrored environments to best evaluate production capabilities available to end users.

Measurement Expected Outcome

Upon receipt of the C-CDA document, the EHR should allow the user to identify the correct patient the document is to be associated with, incorporate the document into the patient record, and merge and reconcile the problems, medications, and medication allergies into their respective lists. We will also confirm the process and steps done by the user meet the criteria requirements of the EHR Module and works as expected in production as in a controlled test environment. After this is done, the user will query the C-CDA of the patient record and will run the C-CDA through the Scorecard tool to obtain a result to give us a numeric and quantifiable

value to evaluate interoperability compliance. Expected outcomes include general consistency across months throughout the year for overall reconciliation actions (including both add and reject actions). This provides assurances that the certified capabilities are serving our customers' needs on a day-to-day basis without significant issues and/or interruptions. We also expect to observe higher volumes of reconciliation actions for Problems and Medications than for Allergies. This is expected as most patients are more likely to have a higher number of Medications and Problems than they would have Allergies, which will naturally result in more actions for those concepts.

Real World Testing Metrics

1. Total number of Problems added and rejected per month
2. Total number of Allergies added and rejected per month
3. Total number of Home Medications added and rejected per month

Note: all reconciliation actions being tracked are taken on external data parsed from HL7 CDA C-CDA documents received inbound.

Care Settings and Number of Clients Site to Test

We designed this measure to test the general ambulatory setting that we support and target. We will test with either a minimum of one (1) client practice(s) or use internal resources if necessary to evaluate this measure. This number covers a sufficient percentage of existing practices to provide a viable sample of users of the certified EHRs.

RWT Measure #4. Number of Quality Measures Successfully Reported on to CMS

Associated Criteria: 315(c)(1), (c)(2), (c)(3)
Testing Methodology: **Reporting/Logging**

Measurement Description

This measure is tracking and counting how many eCQM quality measures were successfully reported on by the EHR Module to CMS over the course of a given interval. The interval for this measure will be twelve (12) months.

Measurement Justification

This measure will provide a count and list of electronic clinical quality measures (eCQMs) which are calculated and submitted to CMS for a given program, like MIPS. Clinical quality measures are only used for the respective CMS programs and any production measures should utilize submission to CMS. Because CQM criteria, 315(c)(1), (c)(2), (c)(3) all work collectively together in the eCQM functionality of the EHR Module, this measurement is used for all three.

Measurement Expected Outcome

The measurement will a count and list of eCQMs submitted to CMS over a given interval. We will utilize various reports and audit logs to determine our measure count. A successful measure submission indicates compliance to the underlying ONC criteria. It will show that the EHR can do calculations on the eCQM and that they are accepted by CMS. Successfully completing this measure also implies users have a general understanding of the EHR functional operations for this EHR Module and an overall support for the user experience while not completing this measure may indicate lack of understanding or possibly lack of use or need for this functionality. RWT outcomes for the Maximus (CQMs) certified HIT module will consist of successful QRDA file submission to CMS and across the tracked customers. More specifically, for Eligible Hospitals, Maximus audit reports display the measure outcomes for each qualifying encounter and the aggregated outcome count for the quarter. The encounter could have an outcome assigned of Initial Population, Denominator, Denominator Exclusion, Numerator, or Exception. The aggregated count will include a total for each of the outcomes. These counts should match CMS submission reports. For Eligible Clinician measures, the QRDA III Maximus audit report matches

the submission detail report generated by the Maximus Quality Clearinghouse. The following outcomes are evaluated: Patient population, Denominator, Denominator Exclusion, Numerator, Exception, Performance rate, Medicare Population (Denominator), and Tax Identification Number (TIN) counts. The validation of the expected outcome correlates to successful real-world use of the certified capabilities.

Real World Testing Metrics

1. CQM – record and export criterion: percentage of selected patients for whom QRDA files are successfully generated (target = 100%)
2. CQM – import and calculate: percentage of patient data successfully imported (target = 90%)
3. CQM – report criterion: percentage of successful QRDA file submitted

Care Settings and Number of Clients Site to Test

We designed this measure to test the general ambulatory setting that we support and target. We will test a minimum of two (2) client practice(s). This number covers a sufficient percentage of existing practices to provide a viable sample of users of the certified EHRs.

RWT Measure #5. Number of Patients Given Access to Portal

Associated Criteria: 315(e)(1)
Testing Methodology: Reporting/Logging

Measurement Description

This measure is tracking and counting how many patients are given login access to their patient portal account in a given interval. The interval for this measure will be three (3) months.

Measurement Justification

A successful increase in this measure demonstrates compliance with the relevant ONC criteria. It confirms that patients can access their patient portal to view, download, or transmit their health information. Achieving this measure also suggests that users generally understand the EHR module's functionality and support the overall user experience. Conversely, failure to meet this measure could indicate a lack of understanding, use, or need for this feature.

Measurement Expected Outcome

We will collect this information from our system over a minimum period of three (3) months to provide an accurate representation of real-world interoperability.

A successful increase in this measure will demonstrate compliance with the ONC criteria, indicating that patients can log into their patient portal to view, download, or transmit their health data. Achieving this measure also suggests that users have a solid understanding of the EHR module's functionality and generally support the user experience. Failure to meet this measure could suggest a lack of understanding, use, or need for this feature.

The results of this measure will be used to establish a historical baseline of expected interoperability use, which will inform future real-world testing efforts.

This measure is designed to assess the general ambulatory sites that we support and target. We will test a minimum of three (3) client practices, which will represent a sufficient percentage of existing practices to provide a viable sample of users of the certified EHRs.

Care Settings and Number of Clients Site to Test

We designed this measure to test the general ambulatory setting that we support and target. We will test a minimum of two (2) client practice(s). This number covers a sufficient percentage of existing practices to provide a viable sample of users of the certified EHRs.

RWT Measure #6. Immunization Message – Number of Compliant Conformance Statements and Errors Detected

Associated Criteria: 315(f)(1)

Testing Methodology: **Scoring Tool**

Measurement Description

This measure is tracking and counting how many immunization messages are created and successfully sent from the EHR Module to an IIS/immunization registry for a given interval.

Measurement Justification

This measure will provide assurance of compliance to the EHR Module criteria, specifically ability to record immunization admission information on a patient and create an immunization message which can be delivered to a public health registry. To avoid disclosing PHI, we will only work with test patients from the actual production environment or an appropriately production-mirrored environments to best evaluate production capabilities available to end users.

Measurement Expected Outcome

This measure will yield numeric results over a specified interval. We will use various reports and audit logs to determine our measure count. This data will be collected from our system for a minimum period of three (3) months to ensure an accurate representation of real-world interoperability.

A successful increase in this measure will indicate compliance with the ONC criteria, demonstrating that the EHR can create the HL7 immunization record and accurately record the required clinical data elements. By sending the immunization message, the EHR will also confirm its ability to successfully interoperate with an IIS/immunization registry. Completing this measure successfully suggests that users have a solid understanding of the EHR module's functionality and generally support the user experience, while failure to meet this measure may indicate a lack of understanding, use, or need for this feature.

The results of this measure will be used to establish a historical baseline of expected interoperability, which will be applied in future real-world testing efforts.

Care Settings and Number of Clients Site to Test

We designed this measure to test the general ambulatory setting that we support and target. We will test with either a minimum of one (1) client practice(s) or use internal resources if necessary to evaluate this measure. This number covers a sufficient percentage of existing practices to provide a viable sample of users of the certified EHRs.

RWT Measure #7. Syndromic Surveillance Message – Number of Compliant Conformance Statements and Errors Detected

Associated Criteria: 315(f)(2)
Testing Methodology: **Scoring Tool**

Measurement Description

This measure is tracking compliance of the EHR Module criteria functionality of creating a syndromic surveillance message.

Measurement Justification

This measure will provide assurance of compliance to the EHR Module criteria, specifically ability to record syndromic surveillance information and create a syndromic surveillance message which can be delivered to a public health registry. To avoid disclosing PHI, we will only work with test patients from the actual production environment or an appropriately production-mirrored environments to best evaluate production capabilities available to end users.

Measurement Expected Outcome

The user will use the EHR functions to document clinical data which produce an electronic reportable lab message typical to the user's workflow and clinical documentation (e.g., influenza). After completing the encounter, the EHR will create HL7 Syndromic Surveillance ADT message regarding the patient's diagnosis which would be sent to the public health registry. We will inspect the message to confirm compliance with the required standard. We will also confirm the process and steps done by the user meet the criteria requirements of the EHR Module and works as expected in production as in a controlled test environment. We will also use a test tool to produce a numeric count of number of successful compliances as well as errors to evaluate real world interoperability. The results of the RWT plan will indicate the successful ongoing transmission of the HL7 transactions to the target DOH. It shall demonstrate the test sample customers actively and successfully generate and send information for their ED patients during the test period. This includes discharges (A03), and ED registrations (A04), specific to data reported for syndromic surveillance for the patients included in the reporting test period. This

approach will show successful “active engagement’ with public health registries as required for customers who rely on the certified capabilities as part of measurement under the Centers for Medicare and Medicaid Services’ (CMS) Promoting Interoperability programs.

Real World Testing Metrics

1. Percentage of successful daily syndromic surveillance transactions (A04, A03) for sample customers across the 30-day selected measurement period.

Care Settings and Number of Clients Site to Test

We designed this measure to test the general ambulatory setting that we support and target. We will test with either a minimum of one (1) client practice(s) or use internal resources if necessary to evaluate this measure. This number covers a sufficient percentage of existing practices to provide a viable sample of users of the certified EHRs.

RWT Measure #8. Number of Electronic Reportable Lab Messages Successfully Sent

Associated Criteria: 315(f)(3)
Testing Methodology: **Reporting/Logging**

Measurement Description

This measure is tracking and counting how many electronic reportable messages are created and successfully sent from the EHR Module to a public health registry over the course of a given interval. The interval for this measure will be three (3) months.

Measurement Justification

This measure will provide a numeric value to indicate both the how often this interoperability feature is being used as well as its compliance to the requirement. An increment to this measure indicates that the EHR can create an electronic reportable lab message, including ability to record all clinical data elements, and by sending the message, the EHR demonstrates successful interoperability with a public health registry.

Measurement Expected Outcome

The measurement will produce numeric results over a given interval. We will utilize various reports and audit logs, to determine our measure count. A successful measure increment indicates compliance to the underlying ONC criteria. It will show that the EHR can create the HL7 electronic reportable lab record, including ability to record the required clinical data elements. In sending the ELR message, the EHR will demonstrate ability to confirm successful interoperability with a public health registry. Successfully completing this measure also implies users have a general understanding of the EHR functional operations for this EHR Module and an overall support for the user experience while not completing this measure may indicate lack of understanding or possibly lack of use or need for this functionality. The expected outcomes of the RWT plan will be that the test sample customers generate and transmit information for their reportable laboratory results successfully on a daily-basis during the test period. This will provide proof of “active engagement’ with public health registries as required for customers who rely on

the certified capabilities as part of measurement under the Centers' for Medicare and Medicaid Services' (CMS) Promoting Interoperability programs

Real World Testing Metrics

1. Percentage of successful daily reportable laboratory results transactions for sample customers across the 30-day selected measurement period (target = 85%+)

Care Settings and Number of Clients Site to Test

We designed this measure to test the general ambulatory setting that we support and target. We will test a minimum of two (2) client practice(s). This number covers a sufficient percentage of existing practices to provide a viable sample of users of the certified EHRs.

RWT Measure #9. API Resource Query Support – C-CDA Scorecard Quantifiable Result

Associated Criteria: 315(g)(7), (g)(9) and (g)(10)
Testing Methodology: **Scoring Tool**

Measurement Description

This measure is tracking compliance of the EHR Module criteria functionality of support of API query of patient data resources.

Measurement Justification

This measure will provide assurance of compliance to the EHR Module criteria, specifically ability to connect to the EHR's API resources and query patient clinical data through the API. This measure will also query the patient's C-CDA through the API and evaluate it against the ONC C-CDA Scorecard tool. The C- CDA scorecard is designed for production use and measures how artifacts created by health IT compare against the HL7 C-CDA implementation guide and HL7 best practices. Because API criteria, 315(g)(7) , (g)(9) , (g)(10), all work collectively together in the API functionality of the EHR Module, this measurement is used for all three. To avoid disclosing PHI, we will only work with test patients from the actual production environment or an appropriately production-mirrored environments to best evaluate production capabilities available to end users.

Measurement Expected Outcome

The user connects to the EHR through a client application via the API and is prompted for credentials and authentication according to the EHR's publicly available API documented specification. After supplying the correct credentials, the EHR returns a valid ID or token for the API Client to access the patient data. The user will query the patient clinical data resources via the API and receive access to them through the client application. Next, the user will query the C-CDA of the patient record and will run C-CDA through the Scorecard tool to obtain a result to give us a numeric and quantifiable value to evaluate interoperability compliance. We will also confirm the process and steps done by the user meet the criteria requirements of the EHR Module and works

as expected in production as in a controlled test environment. Expected outcomes for the Maximus (Clinical) certified APIs RWT execution will include high volumes of successful API transactions across all of the live production endpoints. This would be observed on a daily basis showing application usage for the certified APIs. Additionally, we anticipate that volumes of transactions will vary widely across individual FHIR resources based on the types of U.S. Core Data for Interoperability (USCDI) data that is more commonly requested by popular apps today. For example, volumes for the Observation resource will be significantly higher than any other resource. For HL7 FHIR Bulk Data export we anticipate seeing fairly low volumes of overall activity given the general novelty status of the capabilities. Production activity observed will likely

Real World Testing Metrics

1. (g10) Single Patient – Success rate of HL7 FHIR API transactions observed across all customer production activity for the 2025 calendar year (target = 98%+)
2. (g10) Bulk Data – Count of customers completing a HL7 FHIR Bulk Data extraction during the 2025 calendar year (no target)
3. (g9) C-CDA – Success rate of events returning a C-CDA document in a HL7 FHIR API response (no target)
4. (g7) – Count of successful access events for access token being granted to a patient (no target)

Care Settings and Number of Clients Site to Test

We designed this measure to test the general ambulatory setting that we support and target. We will test with either a minimum of one (1) client practice(s) or use internal resources if necessary to evaluate this measure. This number covers a sufficient percentage of existing practices to provide a viable sample of users of the certified EHRs.

RWT Measure #10. Direct Project

Associated Criteria: 315(h)(1)

Relied Upon Software: **MaxMD (Version 3.0)**

Measurement Description

Demonstration of creation of a C-CDA at the end of an ambulatory encounter with transmission to the next provider of care via Direct Messaging with a confirmation of receipt in a client production environment.

Spot check of evidence of successful C-CDA transmissions in the client's production environment from the timeline Tab with the referral option selected.

Demonstration of the ability to receive a C-CDA via Direct messaging into the Inbound Documents Queue and save it into the EHR.

Measurement Justification

To demonstrate the ability to send C-CDAs to the next provider of care via Direct Messaging upon ambulatory visit departure.

To demonstrate the ability to receive C-CDAs from external sources via Direct Messaging upon patient arrival as an admission, in transition or inbound referral.

Measurement Expected Outcome

Documentation evidencing receipt of C-CDAs into recipient EHRs when sent by the client via Direct Messaging statuses in timeline.

Documentation evidencing receipt of external C-CDAs into the client's EHR via Direct messaging into the Inbound External Documents Queue.

The expected outcomes for our RWT plan are that nearly all messaging activity across the measurement period is successfully processed within an hour. We also expect the system downtime % to be consistently very low indicating high system reliability. Overall, these expected outcomes show that the system works for its intended purposes and provides our customers with a high level of confidence in the capabilities

Real World Testing Metrics

1. Percentage of inbound and outbound messages processed in less than 1 hour over the Q1-Q3 2025 measurement period (target >=99.9%)

2. Overall system uptime over the Q1-Q3 2025 measurement period (target >=99.9%)

Care Settings and Number of Clients Site to Test

We designed this measure to test the general ambulatory setting that we support and target. We will test with either a minimum of one (1) client practice(s) or use internal resources if necessary to evaluate this measure. This number covers a sufficient percentage of existing practices to provide a viable sample of users of the certified EHRs.

RWT Measure #11 . Number of Patient Batch Exports Run

Associated Criteria: 315(b)(10)

Testing Methodology: **Reporting/Logging**

Measurement Description

This measure tracks and counting how many batch exports of Patient EHI were successfully performed by the EHR Module over the course of a given interval. The interval for this measure will be three (3) months.

Measurement Justification

This measure will provide a numeric value to indicate both the how often this interoperability feature is being used as well as its compliance to the requirement. An increment to this measure indicates that the EHR can create a batch export of multiple patient EHI records.

Measurement Expected Outcome

The measurement will produce numeric results over a given interval. We will utilize various reports and audit logs to determine our measure count. A successful measure increment indicates compliance to the underlying ONC criteria. It will show that the EHR can create a batch export of multiple patient EHI records, which can be used in means of health IT interoperability. Successfully completing this measure also implies users have a general understanding of the EHR functional operations for this EHR Module and an overall support for the user experience while not completing this measure may indicate a lack of understanding or possibly lack of use or need for this functionality. We will use the measure count to establish a historic baseline of expected interoperability use so it can be used in subsequent real-world testing efforts.

Care Settings and Number of Clients Site to Test

We designed this measure to test the general ambulatory setting that we support and target. We will test a minimum of two (2) client practice(s). This number covers a sufficient percentage of existing practices to provide a viable sample of users of the certified EHRs