

	<b>Passed</b>	<b>Care Coordination</b>		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	§ 170.315(b)(1) Transitions of care § 170.315(b)(2) Clinical information reconciliation and incorporation § 170.315(b)(6) Data export		
	<input type="checkbox"/>	<b>Application Programming Interfaces</b>		
	<input type="checkbox"/>	§ 170.315(g)(7) Application access— patient selection		
	<input type="checkbox"/>	§ 170.315(g)(8) Application access— data category request		
	<input type="checkbox"/>	§ 170.315(g)(9) Application access— all data request		
	<b>Passed</b>	<b>Electronic Exchange</b>		
	<input type="checkbox"/>	§ 170.315(h)(1) Direct Project		
		Plan Report ID Number 20211018WEL		

Criteria	Care Setting	Measurement Period	Date	Key Milestones
<b>Care Coordination</b>				
§ 170.315(b)(1) Transitions of care § 170.315(h)(1) Direct Project: from the Electronic Exchange Category	Ambulatory	3/1/2022 - 6/1/2022	May, 2022	<input type="checkbox"/> • Confirm Trading Partner <input type="checkbox"/> • Confirm ability to send and receive clinical documents <input type="checkbox"/> • Confirm with TP that production data will be used, whether in an actual live environment or a copy of a live environment
			June, 2022	<input type="checkbox"/> • 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. <input type="checkbox"/> • C-CDA Care Referral or Referral Note is triggered to send via Direct Protocol <input type="checkbox"/> • Care provider reviews the Direct Status screen (under Direct Outgoing menu choice) to ensure Clinical Document was successfully transmitted.
			June, 2022	Recipient uses scorecard to grade C-CDA
			July, 2022	<input type="checkbox"/> • Tester uses Document Center to locate Clinical Document. <input type="checkbox"/> • Care provider reviews the Direct Status screen (under Direct Outgoing menu choice). <input type="checkbox"/> • Recipient validates that Social History section of C-CDA is flagged as restricted.
			August, 2022	Calculate and compile metrics
§ 170.315(b)(2) Clinical information reconciliation and incorporation	Ambulatory	3/1/2022 - 6/1/2022	May, 2022	Import live patient data
			June, 2022	<input type="checkbox"/> Confirm role access limits <input type="checkbox"/> Verify imported patient data to existing patient match
			July, 2022	Reconcile imported allergy, medication, and problem data with existing data
§ 170.315(b)(6) Data export	Ambulatory	3/1/2022 - 6/1/2022	August, 2022	Calculate and compile metrics
			Start test plan execution: May, 2022	
			June, 2022	Use the Edge Test Tool to check validity of output file
			July, 2022	Export summary was created and completed successfully
			Complete test execution: August, 2022	Calculate and compile metrics
<b>Application Programming Interfaces</b>				
§ 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	3/1/2022 - 6/1/2022	May, 2022	<input type="checkbox"/> • Partner with PHR or identify existing PHR that can receive patient clinical data as described in this RWT plan. <input type="checkbox"/> • Ensure that PHR has functionality to access the Dynamic FHIR API as described here. <input type="checkbox"/> • Partner with EHR that is integrated with the Dynamic FHIR API and Patient Portal modules of ConnectEHR.
			June, 2022	Encounter is created and visually confirmed
			July, 2022	<input type="checkbox"/> • Dynamic FHIR API has transformed C-CDA into FHIR resources. <input type="checkbox"/> • PHR app consumes FHIR resources to populate EHR data
			July, 2022	Visually validate Assessment, Plan of Treatment and Health Concerns narrative text
			August, 2022	
<b>Electronic Exchange</b>				
§ 170.315(h)(1) Direct Project (Included with (b)(1),(b)(7),(b)(8) in the CareCoordination Category)	Ambulatory	3/1/2022 - 6/1/2022	SEE CARE COORDINATION	SEE CARE COORDINATION

<p>Table of Contents Link</p> <p>Associated Certification Criteria:  § 170.315(b)(1) Transition of Care (Cures Update)  § 170.315(h)(1) Direct Project</p>																																																	
<p>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.</p>	<p>Justification: We chose to concentrate on the aspects of this criterion that would: 1) showcase ConnectEHR'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.</p>																																																
<p>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 ConnectEHR is a "C" or better  3) 75 percent of C-CDAs flagged as restricted were received in restricted status based on confirmed receipt from trading partner  4) 75 percent of trading partner's TOC C-CDAs successfully received by ConnectEHR.</p>	<p>Standards Implemented: (SVAP)  • USCDIv1 July 2020 Errata  • Applicability Statement for Secure Health Transport, Version 1.2, August 2015 (Direct)  • HL7 C-CDA R2.1 Implementation Guide, October 2019. CDAR2_IG_C-CDAA_CLINNOTES_R1_DSTU2.1_2015AUG_2019JUNwith_errata  • HL7 Implementation Guide for CDA® Release 2: Consolidated CDA Templates for Clinical Notes (US Realm), Draft Standard for Trial Use, Volume 1 - Introductory Material, Release 2.1, August 2015  • HL7 Implementation Guide for CDA® Release 2: Consolidated CDA Templates for Clinical Notes (US Realm), Draft Standard for Trial Use, Volume 2 - Templates and Supporting Material, Release 2.1, August 2015  • HL7 Implementation Guide for CDA® Release 2: IHE Health Story Consolidation, DSTU Release 1.1 (US Realm) Draft Standard for Trial Use July 2012  • ONC Implementation Guide for Direct Edge Protocols, Version 1.1, June 25, 2014  • HL7® CDA R2 Implementation Guide: C-CDA Templates for Clinical Notes R2.1 Companion Guide, Release 2-US Realm, October 2019</p>																																																
<p>Developer Info:  Welligent, part of ContinuumCloud 100 S Ashley Drive, Suite 1500  Tampa, FL 33602</p> <p>Care Setting: Ambulatory care</p>	<p>Product Info: Welligent 8MU  CHPL ID: 15.02.02.2536.A110.  01.00.1.200221</p> <p>Methods Use to Demonstrate Interoperability:  1) HISP via Direct Protocol (SMTP)  2) HIE exchange  3) HTTPS via secure provider portal</p>																																																
<p>Test Step:</p>	<table border="1"> <thead> <tr> <th>Testing Procedure:</th> <th>Expected Outcomes:</th> <th>Key Milestone Date:</th> <th>Key Milestone:</th> <th>Outcomes:</th> <th>Comments:</th> </tr> </thead> <tbody> <tr> <td>1 Identify Trading Partner (TP) and coordinate with TP for sending/receiving clinical documents using production data as described in this RWT plan.</td> <td> <ul style="list-style-type: none"> <li>Confirm Trading Partner</li> <li>Confirm ability to send and receive clinical documents</li> <li>Confirm with TP that production data will be used, whether in an actual live environment or a copy of a live environment</li> </ul> </td> <td>May, 2022</td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>2 Patient A has encounter with care provider and data is captured in EHR</td> <td> <ul style="list-style-type: none"> <li>USCDIv1 data elements captured in EHR (system under test)</li> <li>Care provider selects Clinical Document to be transmitted.</li> <li>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.</li> <li>Care provider flags the document as restricted and subject to restrictions on re-disclosure.</li> </ul> </td> <td></td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>3 Care provider initiates TOC to TP EHR in EHR</td> <td> <ul style="list-style-type: none"> <li>Care provider selects recipient from directory of Direct addresses and initiates sending of Clinical Document. 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<b>Measure Description:</b> <b>Reconcile and incorporate specific information from C-CDAs formatted to both C-CDA Releases 1.1 and 2.1.</b> <ul style="list-style-type: none"> <li>Demographics for patient matching</li> <li>Problems</li> <li>Medication</li> <li>Allergies</li> </ul>		<b>Justification:</b> <b>We chose to concentrate on the aspects of this criterion that would:</b> <ol style="list-style-type: none"> <li>Demonstrate Welligent's ability to match received patient data properly to the correct patient</li> <li>Demonstrate the user's ability to reconcile patient medications, allergies, and problem lists to the patient's record</li> </ol>		<b>Associated Certification Criteria:</b> <b>§ 170.315(b)(2) Clinical information reconciliation and incorporation</b>																																																																																																											
<b>Metric Description:</b> <b>1. 100 Percent of patient data is able to be matched to an existing patient.</b> <b>2. Data is able to be reconciled with data for existing patient.</b>				<b>Standards Implemented: (SVAP)</b> <ul style="list-style-type: none"> <li>HL7 Implementation Guide for CDA® Release 2: Consolidated CDA Templates for Clinical Notes (US Realm), Draft Standard for Trial Use, Volume 1 - Introductory Material, Release 2.1, August 2015</li> <li>HL7 Implementation Guide for CDA® Release 2: Consolidated CDA Templates for Clinical Notes (US Realm), Draft Standard for Trial Use, Volume 2 - Templates and Supporting Material, Release 2.1, August 2015</li> </ul>																																																																																																											
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Associated Certification Criteria: § 170.315(b)(6) - Data export																																																																																																															
<b>Measure Description:</b> <b>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.</b>		<b>Justification:</b> <b>We chose to concentrate on the aspects of this criterion that would:</b> <ol style="list-style-type: none"> <li>demonstrate ConnectEHR's ability to export batches of patient data in a straightforward fashion</li> <li>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).</li> </ol>		<b>Standards Implemented: (SVAP)</b> <ul style="list-style-type: none"> <li>HL7 Implementation Guide for CDA® Release 2: Consolidated CDA Templates for Clinical Notes (US Realm), Draft Standard for Trial Use, Volume 1 - Introductory Material, Release 2.1, August 2015</li> <li>HL7 Implementation Guide for CDA® Release 2: Consolidated CDA Templates for Clinical Notes (US Realm), Draft Standard for Trial Use, Volume 2 - Templates and Supporting Material, Release 2.1, August 2015</li> </ul>																																																																																																											
<b>Metric Description:</b> <b>1) 100 Percent of Exports ran at the correct time.</b> <b>2) C-CDA count matches actual patient count for requested date range.</b> <b>3) Spot-checked C-CDAs pass scorecard with average overall grade of "C" or better.</b>				<b>Methods Use to Demonstrate Interoperability:</b> <ol style="list-style-type: none"> <li>Visual validation/counting</li> <li>Test output file with C-CDA scorecard to ensure correct format/contents.</li> </ol>																																																																																																											
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<p>Attestation:  <b>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.</b></p>						
Authorized Representative Name: Charles Sutelan						
Authorized Representative Email: csutelan@continuumcloud.com						
Authorized Representative Phone: 757-213-5970						
Authorized Representative Signature: Charles Sutelan						
Date: 10/11/2021						
Table of Contents	<p>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</p>					
<p>Measure Description:  <b>Enable a patient's to access their electronic health data through a Personal Health Record (PHR) app on their smartphone. They have had a healthcare encounter with a provider using an EHR that is integrated with the Dynamic FHIR API and Patient Portal modules of ConnectEHR. They would like to view the results from that encounter along with the rest of their electronic health record.</b></p>		<p>Justification:  <b>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.</b></p>				
<p>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</p>		<p>Standards Implemented: (SVAP) HL7 Implementation Guide for CDA® Release 2: Consolidated CDA Templates for Clinical Notes (US Realm), Draft Standard for Trial Use, Volume 1 - Introductory Material, Release 2.1, August 2015 HL7 Implementation Guide for CDA® Release 2: Consolidated CDA Templates for Clinical Notes (US Realm), Draft Standard for Trial Use, Volume 2 - Templates and Supporting Material, Release 2.1, August 2015 FHIR STU3 FHIR R4</p>				
<p>Developer Info:  <b>Welligent, part of ContinuumCloud 100 S Ashley Drive, Suite 1500 Tampa, FL 33602</b></p> <p>Care Setting: <b>Ambulatory care</b></p>		<p>Product Info: <b>Welligent 8MU</b>            CHPL ID: <b>15.02.02.2536.A110.01.00.1.200221</b></p>		<p>Methods Use to Demonstrate Interoperability:  <b>1) HTTPS via secure portal</b>  <b>2) FHIR</b></p>		
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.	<ul style="list-style-type: none"> <li>Partner with PHR or identify existing PHR that can receive patient clinical data as described in this RWT plan.</li> <li>Ensure that PHR has functionality to access the Dynamic FHIR API, as described here.</li> <li>Partner with EHR that is integrated with the Dynamic FHIR API and Patient Portal modules of ConnectEHR.</li> </ul>	May, 2022	<input type="checkbox"/>		
2	Patient A has encounter with care provider who uses EHR described above.	Encounter is created and visually confirmed	June, 2022	<input type="checkbox"/>		
3	Provider captures USCDIv1 data elements in EHR	USCDIv1 data elements are validated in the system		<input type="checkbox"/>		
4	Provider manually generates Care/Referral Summary C-CDA post-visit or ensures that the EHR generates one automatically.	C-CDA is confirmed for the specified patient				
5	Patient A uses Dynamic Patient Portal login to view clinical information	<ul style="list-style-type: none"> <li>Patient Portal automatically sends email reminder that Patient A has a new clinical document available.</li> <li>Email reminder has a URL hyperlink to the patient portal.</li> <li>If patient hasn't already activated their portal account, portal account can be activated via Welcome Email or by an Administrator user</li> </ul>				
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	<ul style="list-style-type: none"> <li>Dynamic FHIR API has transformed C-CDA into FHIR resources.</li> <li>PHR app consumes FHIR resources to populate EHR data</li> </ul>	July, 2022			
8	PHR app returns full set of data for a given category	PHR app will display and all data to be displayed for each data category				
9	PHR app returns data in a computable format using specified standards.	Data is confirmed to be in XML or JSON format				
10	PHR app returns full and accurate data for a specific date and specific date range	<ul style="list-style-type: none"> <li>Step 10 is optional, if PHR app has the capability to filter by date range</li> <li>Filtering data by a specific date returns data accurately and as expected</li> <li>Filtering data by a specific date range returns data accurately and as expected</li> </ul>				
11	Via visual inspection of PHR app, the data is verified to include Assessment, Plan of Treatment and Health concerns are specified as narrative text	Visually validate Assessment, Plan of Treatment and Health Concerns narrative text	July, 2022	<input type="checkbox"/>		
12	Calculate and compile metrics		August, 2022	<input type="checkbox"/>		
<p>Attestation:  <b>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.</b></p>						
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