HealthAdvanta
A Health Information and Technology Company

Real World Testing Plan for HealthAdvanta

Contents

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INTRODUCTION

Under the ONC Health IT Certification Program, health IT developers are required to conduct Real World Testing of their certified health IT. The functionality and use cases included in this test plan include:

- (b)(10) Electronic Health Information Export
- (c)(2) Clinical Quality Measures (CQMs) - Import and Calculate
- (c)(3) Clinical Quality Measures (CQMs) - Report

This plan evaluates the real world usage of these criteria. Information about how each certification criteria will be tested and measured can be found in section MEASUREMENTS USED IN OVERALL APPROACH.

GENERAL INFORMATION

Plan Report ID Number: 20241024ha

Developer Name: HealthAdvanta

Product Name(s): HealthAdvanta

Version Number(s): 4.0.5.0

Certified Health IT: 170.315 (b)(10), 170.315(c)2 and 170.315(c)3 Cures

Product List (CHPL) ID(s): 15.04.04.3185.Heal.04.00.0.231229

Developer Real World Testing Page URL: https://www.HealthAdvanta.com/disclosure

JUSTIFICATION FOR REAL WORLD TESTING APPROACH

Our MIPS registry software plays a critical role in enabling physicians and physician groups to meet their reporting requirements for the Merit-based Incentive Payment System (MIPS). As part of our Real World Testing approach, we will focus on the core functionalities that support interoperability and clinical quality reporting, ensuring compliance with the ONC certification criteria.

1. **Export of Electronic Health Information (EHI)**: Our software supports the secure export of EHI, a critical function that allows users to transfer clinical data from our registry to external systems. While we are not the system of record, our software facilitates the export of EHI in structured formats, ensuring that physician groups can securely transfer patient data as needed for reporting and interoperability purposes. This aligns with the ONC's goal of promoting the seamless exchange of health information between systems, particularly under the certification criterion 170.315(b)(10).
2. **Ingestion and Processing of QRDA I Files**: Our software enables the ingestion of Quality Reporting Document Architecture (QRDA) I files, which contain detailed patient-level data

from various EHR systems. Once ingested, the system deduplicates patients across files from different sources, ensuring that only unique patient data is used in the quality measure calculation process. This is critical for organizations that aggregate data from multiple care settings and need to avoid duplication when reporting clinical performance to CMS.

3. **Performance Calculation Based on QRDA I Files**: After deduplication, our software calculates clinical performance based on the QRDA I files. We use the relevant clinical quality measures (CQMs) to evaluate physician and practice performance. This step ensures that the performance metrics are accurately calculated and reflect the true quality of care provided by physicians, meeting the requirements of the MIPS program.
4. **Generation of QRDA III Files for Submission to CMS**: The final step in our workflow involves generating QRDA III files, which aggregate patient-level data into a format that meets the CMS reporting requirements. The system combines QRDA I data, performs the necessary calculations, and generates QRDA III files without errors. These files are then submitted to CMS through the QPP (Quality Payment Program) submission process, ensuring compliance with certification criteria 170.315(c)(1), (c)(2), and (c)(3).

This comprehensive approach to Real World Testing ensures that our software can handle the core tasks required by physician groups and physician practices for MIPS reporting, including the secure export of EHI, accurate ingestion and processing of QRDA I files, deduplication of patient data, performance calculation, and generation of error-free QRDA III files for submission. These activities are critical for demonstrating compliance with both interoperability and quality reporting requirements.

STANDARDS VERSION ADVANCEMENT PROCESS (SVAP) STANDARDS UPDATES

For CY 2025, we are not planning to make any version updates on approved standards through the SVAP process.

- Standard (and version): N/A
- Updated certification criteria and associated product: N/A
- Health IT Module CHPL ID: N/A
- Method used for standard update: N/A
- Date of ONC-ACB notification: N/A
- Date of customer notification (SVAP only): N/A
- Conformance measure: N/A
- USCDI-updated certification criteria (and USCDI version): N/A

MEASUREMENTS USED IN OVERALL APPROACH

The measurements for our real-world testing plan are described below, each measurement contains:

- Description of the measurement/metric
- Associated ONC criteria
- Relied Upon Software
- Justification for the measurement/metric
- Care Setting
- Expected outcomes
- Care Setting
- Schedule of Key Milestones

In each measurement evaluated, 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.

REAL WORLD TESTING MEASUREMENT 1 – ELECTRONIC HEALTH INFORMATION EXPORT

DESCRIPTION OF MEASUREMENT/METRIC

We will track the frequency and functionality of the Electronic Health Information (EHI) Export feature in our software. This includes monitoring how often the EHI export functionality is used by our users, focusing on the export of patient data from our registry to external systems for the purpose of ensuring data interoperability.

ASSOCIATED CERTIFICATION CRITERIA

170.315(b)10

RELIED UPON SOFTWARE

Not applicable.

JUSTIFICATION FOR SELECTED MEASUREMENT/METRIC

This measure evaluates the usage and performance of the EHI export feature. Tracking the number of EHI exports provides insight into whether users are effectively utilizing this interoperability feature, as well as ensuring that our software successfully supports secure data transfer in accordance with ONC's requirements.

CARE SETTING(S)

This measure will be applied across ambulatory care settings, which is where our MIPS registry software is primarily used. These settings typically involve outpatient clinics, physician offices, and other environments that need to transfer EHI to external systems or meet reporting requirements.

EXPECTED OUTCOMES

We will collect data on the number of EHI exports completed within a defined period (e.g., three months), ensuring that the export function is being used correctly. We will maintain a log of the EHI exports and the success of these exports, confirming that users are able to export complete and accurate EHI. In case of limited use, we may evaluate the functionality in a controlled sandbox environment to ensure that the feature performs as expected.

SCHEDULE OF KEY MILESTONES

Key Milestone	Care Setting	Date/Timeframe
Begin tracking EHI exports	Ambulatory care	January 2025 – March 2025
Compile and analyze log data from EHI exports	Ambulatory care	September 2025
Submit RWT results to certification body	Ambulatory care	January 2026

REAL WORLD TESTING MEASUREMENT 2 - CLINICAL QUALITY MEASURES

DESCRIPTION OF MEASUREMENT/METRIC

For this measure, we will track the ingestion of QRDA I files from external EHR systems, the deduplication of patient data, and the calculation of performance based on the clinical quality measures (CQMs). Additionally, we will monitor the generation of QRDA III files required for submission to the CMS production API endpoint for MIPS reporting. This metric focuses on ensuring that the CQM processing functions operate as expected without errors and that the QRDA III files meet CMS submission requirements. Please note that the CMS production endpoint does not open for submission until early January of the year after the reporting period.

ASSOCIATED CERTIFICATION CRITERIA

170.315(c)2 and 170.315(c)3

RELIED UPON SOFTWARE

Not applicable.

JUSTIFICATION FOR SELECTED MEASUREMENT/METRIC

This measure evaluates the core functionality of the MIPS reporting process, including the ingestion of QRDA I files from multiple EHR systems, deduplication of patient data to ensure accuracy, and the generation of QRDA III files for reporting to CMS. These activities are critical for physician groups to comply with MIPS and accurately report clinical performance.

CARE SETTING(S)

The measure will be applied in ambulatory care settings, including outpatient clinics and physician offices, where clinical quality measures need to be reported to CMS.

EXPECTED OUTCOMES

We expect to successfully process QRDA I files from various EHRs, perform accurate deduplication of patient data, and generate QRDA III files without errors. The generated QRDA III files will be submitted to CMS through the QPP submission environment, and we will track the percentage of files that are error-free. In the event that no physician groups utilize the QRDA I files for submission during the testing period, this functionality will be tested in a controlled environment, such as the CMS developer sandbox endpoint, to ensure that the software performs as expected.

SCHEDULE OF KEY MILESTONES

Key Milestone	Care Setting	Date/Timeframe
Ingest QRDA I files and process regularly	Ambulatory care	January 2025 – December 2025
Generate QRDA III file for MIPS submission	Ambulatory care	January 2026
Submit QRDA III (JSON) to CMS QPP API	Ambulatory care	January 2026 - March 2026
Compile and analyze log data on performance	Ambulatory care	March 2026 - May 2026
Submit RWT results to certification body	Ambulatory care	June 2026

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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