REAL WORLD TESTING PLAN

GENERAL INFORMATION

Plan Report ID Number	20221116rmd
Developer Name	ReportingMD, Inc.
Product Name(s)	Total Outcomes Management (TOM)
Version Number(s)	9.8
Certified Health IT Product List (CHPL) ID(s)	15.02.05.2270.RPMD.01.02.0.210924
Developer Real World Testing Plan Page URL	https://reportingmd.com/real-world-test-plan/

JUSTIFICATION FOR REAL WORLD TESTING APPROACH

This policy defines the activities and controls that are required to be utilized to ensure the integrity and availability of the client data being managed by ReportingMD®, hereinafter, referred to as RMD. Both measures (***170.315(c)(2)*** – *import and calculate and* ***170.315(c)(3)*** – *report under Clinical Quality Measures)* included in this Real World Testing (RWT) plan for the TOM product require the use of specific testing protocols to ensure accuracy of reporting as well as submission for various quality programs hosted, not only by the Center for Medicare and Medicaid Services (CMS) but also by other payers, including private payers.

The TOM product, which is the ONC certified EHR Technology module, imports and calculates measure level data for any of the electronic Clinical Quality Measures (eCQMs) that any of the practices and/or providers choose to have displayed in the product for the purpose of pay-for-performance program reporting/submission or just for general performance monitoring and improvement.

Reporting of this data is done at various aggregations and levels including at the Tax ID Number (TIN)-aggregate, National Provider Identifier (NPI) aggregate, patient aggregate, and visit-level. The testing of data must encompass testing protocols to ensure accuracy throughout the data.

For the submission of data to CMS for programs like the Merit-Based Incentive Payment System (MIPS) and the Alternative Payment Models (APMs) like the Medicare Shared Savings Program (MSSP), which is now also allowing the reporting and submission of electronic Clinical Quality Measures (eCQMs) to fulfill quality reporting requirements, RMD must ensure accuracy to meet standards set for those programs but also to ensure accuracy for any/all reporting intents, whether for pay-for-performance program or for just internal performance monitoring and maintenance.

Real World Testing will demonstrate the TOM product's conformity to both certifications (***170.315(c)(2)*** *– import and calculate and* ***170.315(c)(3)*** *– report under Clinical Quality Measures)*

STANDARDS UPDATES (INCLUDING STANDARDS VERSION ADVANCEMENT PROCESS (SVAP) AND UNITED STATES CORE DATA FOR INTEROPERABILITY (USCDI))

Total Outcomes Management (TOM) version 9.8 has an active certification date of September 24, 2021 and does not require any updates to their certified health IT to remain compliant with the revised versions of the current criterion.

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

MEASURES USED IN OVERALL APPROACH

Description of Measurement/Metric

Measurement/Metric	Description
170.315 (c)(2)	The ONC certified product is certified to report on 42 eCQM measures, but clients don't always choose to report on all measures the product is certified to report on. Since the TOM product is utilized in the same way across any ambulatory care setting, any care setting and any eCQM measure has an equal opportunity of being included in the random sample generated for data validation auditing. The measures included in the data validation random sample will be based on the active client data in the RMD system at the time of the random sample creation. As part of the Real World Testing requirements for § 170.315(c)(2), the RWT will show that any eCQM measure any RMD client is actively reporting on in the TOM product shows accurate measure level and performance data, with a 0.00% error rate. **Test Methodology**: Utilize randomized sampling to create a sample of care settings, providers, patients, and measures to validate for accuracy to meet conformity for ONC certification requirements and RWT as well as to ensure accuracy in TOM product. Random Sampling Methodology - TIN/NPI level sampling from any/all ambulatory care setting. A randomized sample of no less than 3% of the TIN/NPI customer combinations will be sampled. The minimum sample size is 10 and a maximum sample size of 50 per TIN/NPI combination. Each record/event will be reviewed for eligibility as well as numerator outcome for each measure the practice is tracking or reporting. To create a simple random sample, RMD will select the number of records identified by the sample size calculator from the TIN/NPI population such that each record has an equal chance of being selected, i.e., the first record should have the same chance as being selected as the 10th, 100th or 1000th record. Patient-Measure level sampling from any/all TIN/NPI combination used in above TIN/NPI level sampling: A random sample of 25% of unique patients from the 3% TIN/NPI provider sample, will be reviewed for eligibility of each measure the practice is tracking or reporting. Auditing and Sampling of data and comparison of output of measures to the source data will confirm accuracy or identify any discrepancies in importing, calculating, or reporting the certified eCQMs. The expected outcome is to have a 0.00% error rate. If an error rate above 0.00% is resulted, then an additional audit should take place after corrections are made by updating our measure engine. The random sampling methodology will identify the set of data elements to validate to ensure accuracy of all data being reported, whether to meet quality reporting requirements or for performance analysis and improvement. RMD will verify that all fields within each randomized data validation audit are accurate when compared to the appropriate source of truth, which may or may not be limited to tax files, CMS public identification resources, quality measure specifications, and client source data. RMD will verify the following fields for accuracy: • Tax ID Number (TIN) – checked against client w-9 form

	• National Provider Identifier (NPI) – checked against the CMS National Plan and Provider Enumeration System (NPPES) for active flag and for validity
	• Measure – checked against the measure specification
	• Patient/Event eligibility – checking all the following to ensure accuracy and to ensure it meets the denominator criteria for the given measure:
	  ○ patient demographic data (age, gender, etc)
	  ○ Visit data (visit date and eligibility window)
	  ○ Diagnoses (patient diagnoses eligible for the given measure per the specification and confirmed accurate against client source data)
	  ○ CPT/HCPCS codes (encounter codes eligible for the given measure per the specification and confirmed accurate against client source data)
	Clinical action data – confirming accurate clinical quality action and dates meet the criteria as defined in the measure specification and are confirmed accurate against client source data

170.315 (c)(3)	The ONC certified product is certified to report on 42 eCQM measures, but clients don't always choose to report on all measures the product is certified to report on. Since the TOM product is utilized in the same way across any ambulatory care setting, any practice/provider in any RMD client's care settings has an equal opportunity of being included in the random sample, which would be used to identify the QRDA files that would be included in the data validation auditing. As part of the Real World Testing requirements for § 170.315(c)(3), the RWT will show that any QRDA file generated for any RMD client will include accurate TIN, NPI, and measure level and performance data, with a 0.00% error rate. **Test Methodology**: If any RMD client chooses to have QRDA files generated for the purpose of CMS regulatory reporting, RMD will utilize the following random sampling methodology: Random Sampling Methodology - TIN/NPI level sampling from any/all ambulatory care setting: A randomized sample of no less than 3% of the TIN/NPI customer combinations will be sampled. The minimum sample size is 10 and a maximum sample size of 50 per TIN/NPI combination. Each record/event will be reviewed for eligibility as well as numerator outcome for each measure the practice is tracking or reporting. To create a simple random sample, RMD will select the number of records identified by the sample size calculator from the TIN/NPI population such that each record has an equal chance of being selected, i.e., the first record should have the same chance as being selected as the 10th, 100th or 1000th record. Patient-Measure level sampling from any/all TIN/NPI combination used in above TIN/NPI level sampling: A random sample of 25% of unique patients from the 3% TIN/NPI provider sample, will be reviewed for eligibility of each measure the practice is tracking or reporting. The random sampling methodology will identify which QRDA files to validate against the TOM product to ensure accuracy of data being reported. RMD will verify that all fields within the QRDA files being submitted meet conformity based on the active version of the CMS QRDA Implementation Guide (IG) for the given reporting period. RMD will verify the following fields for accuracy: • Tax ID Number (TIN) – checked against client w-9 form • National Provider Identifier (NPI) – checked against the CMS National Plan and Provider Enumeration System (NPPES)

	• Measure version – checked against the CMS generated Quality Measures List • Measure Denominator, Numerator, Performance Rate, and Reporting Rate – checked against the TOM application

Associated Certification Criteria

Measurement/Metric	Associated Certification Criteria	Relied Upon Software (if applicable)
170.315 (c)(2)	170.315 (c)(2) - Clinical Quality Measures - Import and Calculate	N/A
170.315 (c)(3)	170.315 (c)(3) - Clinical Quality Measures - Report **(Cures Update)**	N/A

Justification for Selected Measurement/Metric

Measurement/Metric	Justification
170.315 (c)(2)	The combination of sampling and auditing allows for detailed review of both patients/events included in the measures as well as the ability to capture any patients/events that may have been missed for eligibility in ReportingMD's measure engine. Additionally, the audit allows for randomized selection to review eligibility and outcomes by comparing the measure output to the source data. Since much of the utilization for the eCQMs is to fulfill CMS and other payer quality reporting requirements, it is also critically important that TIN and NPI level data is validated as well.
170.315 (c)(3)	Certain CMS programs provide the opportunity to report eCQM data either through an API using json or by creating QRDA files to be uploaded to the given CMS program portal. This is the justification for why RMD has been certified to § 170.315(c)(3)

Care Setting(s)

Care Setting	Justification
All types of ambulatory care settings, that report quality measures to CMS for MIPS and/or Alternative Payment Models APMs, under the Quality Payment Program (QPP) or for internal performance analysis	Since the providers and practices in the care settings we support utilize our TOM application and the eCQMs in the same way, our testing uses data from any of the care settings in which data is included from the randomized sampling processes we run to create the sample used for testing. Because of that, the testing is representative of all the care settings we serve.

Expected Outcomes

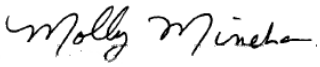
Measurement/Metric	Expected Outcomes
170.315 (c)(2)	All data within the random sample will be accurate when compared against client source data, with a 0.00% error rate. Real World Testing will demonstrate that the HealthIT Module is conformant to 170.315(c)(2) – 'import and calculate' certification criterion
170.315 (c)(3)	All data within each QRDA file that was subject to data validation based on inclusion in the random sample should be accurate with a 0.00% error rate. Real World Testing will demonstrate that the HealthIT Module is conformant to 170.315(c)(3) – 'report under Clinical Quality Measures' (Cures Update) certification criterion

SCHEDULE OF KEY MILESTONES

Key Milestone	Care Setting	Date/Timeframe
Quarter 1 Testing	Any Ambulatory care setting	April 2023 (Include data from Jan 1 – Mar 31)
Quarter 2 Testing	Any Ambulatory care setting	July 2023 (Include data from Jan 1 – June 30)
Quarter 3 Testing	Any Ambulatory care setting	October 2023 (Include data from Jan 1 – Sept 30)
Quarter 4 Testing	Any Ambulatory care setting	Jan 2024 (Include data from Jan 1 – Dec 31)
Real World Testing Results to the ACB	Any Ambulatory care setting	By January 15, 2024

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	Molly Minehan
Authorized Representative Email	mminehan@ReportingMD.com
Authorized Representative Phone	603-217-5297
Authorized Representative Signature	
Date	10/19/2022

[i] Certified health IT continues to be compliant with the certification criteria, including the required technical standards and vocabulary codes sets; certified health IT is exchanging EHI in the care and practice settings for which it is marketed for use; and EHI is received by and used in the certified health IT. (85 FR 25766)

[ii] https://www.federalregister.gov/d/2020-07419/p-3582