REAL WORLD TESTING PLAN

GENERAL INFORMATION

Plan Report ID Number: 20211027rep

Developer Name: ReportingMD

Product Name(s): Total Outcomes Management (TOM)

Version Number(s): 9.8

Product List (CHPL) ID(s): 15.02.05.2270.RPMD.01.02.0.210924

Developer Real World Testing 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 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	15.02.05.2270.RPMD.01.02.0.210924
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

The ONC certified product is certified to report on the following list (List 1) of eCQM measures, but clients don't choose to report on all measures the TOM product is certified to report on.

LIST 1 - The ONC certified product is certified to report on the following list of eCQM measure

Clinical Quality Measures

Measure	Ver.	Measure	Ver.	Measure	Ver.	Measure	Ver.	Measure	Ver.
CMS 2	v9	CMS 75	v8	CMS 133	v8	CMS 147	v8	CMS 161	v8
CMS 22	v8	CMS 90	v9	CMS 134	v8	CMS 149	v8	CMS 165	v7
CMS 50	v8	CMS 122	v7	CMS 135	v8	CMS 153	v8	CMS 177	v8
CMS 56	v7	CMS 124	v7	CMS 139	v7	CMS 154	v8	CMS 347	v3
CMS 66	v7	CMS 127	v7	CMS 142	v8	CMS 155	v8	CMS 349	v2
CMS 68	v9	CMS 129	v9	CMS 143	v8	CMS 156	v8	CMS 645	v3
CMS 69	v7	CMS 130	v7	CMS 144	v8	CMS 157	v8	CMS 771	v1
CMS 74	v9	CMS 131	v8	CMS 145	v8	CMS 159	v8		

The following list (List 2) shows all eCQM measures currently being reported on within the TOM application:

LIST 2 – List of eCQMs currently in use by RMD customers from any/all ambulatory care settings

CMS122v9	CMS131v9	CMS139v9	CMS146v9	CMS156v9	CMS347v4
CMS124v9	CMS133v9	CMS142v9	CMS147v10	CMS157v9	CMS50v9
CMS125v9	CMS134v9	CMS143v9	CMS149v9	CMS165v9	CMS68v10
CMS127v9	CMS135v9	CMS144v9	CMS153v9	CMS22v9	CMS69v9
CMS130v9	CMS138v9	CMS145v9	CMS154v9	CMS2v10	

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.

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. For example, the October 2021 randomized sample created for data validation pulled in measure level data for the following 17 eCQM measures:

LIST 3 – List of eCQMs randomly pulled into the October 2021 sample for data validation from any/all ambulatory care settings

CMS122v9
CMS147v10
CMS127v9
CMS125v9
CMS130v9
CMS131v9
CMS134v9
CMS69v9
CMS68v10
CMS2v10
CMS138v9
CMS165v9
CMS156v9
CMS124v9
CMS22v9
CMS139v9
CMS50v9

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.

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.

DESCRIPTION OF MEASUREMENT/METRIC

Any measure in use within the TOM application has an equal opportunity of being included in the data validation random sample. The measurement that will be used is the percentage of error for 170.315(c)(2) – import and calculate and 170.315(c)(3) – report under Clinical Quality Measures. 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. Within that, whichever measures actively being used at the time will also be eligible to be included within that sample. The following is the list of RMD ONC certified eCQMS and the list of active eCQMs that are currently being used by clients. It is possible that, at the time of the real-world testing, any of the following 2 lists of possible

measures could be included in the final data validation random sample. Each measure has an equal opportunity of being included in the random sample as a product of which patients are included in that random sample:

CMS122v9	CMS131v9	CMS139v9	CMS146v9	CMS156v9	CMS347v4
CMS124v9	CMS133v9	CMS142v9	CMS147v10	CMS157v9	CMS50v9
CMS125v9	CMS134v9	CMS143v9	CMS149v9	CMS165v9	CMS68v10
CMS127v9	CMS135v9	CMS144v9	CMS153v9	CMS22v9	CMS69v9
CMS130v9	CMS138v9	CMS145v9	CMS154v9	CMS2v10	

Certification Criteria	Requirement
§ 170.315(c)(2) Clinical Quality Measures	Import and calculate

Justification: 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.

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. The following online calculator may be used to determine the actual size of the data set to be created: http://www.macorr.com/ss_calculator.htm. 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
- Facility (if applicable based on program requirement) – checked against the most current list of facilities downloaded from the given program portal (e.g., CPC+ portal) and supplied to ReportingMD from reporting clients
- 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

Expected Outcome: 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

Certification Criteria	Requirement
§ 170.315(c)(3) Clinical Quality Measures	Report

Justification: 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).

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. The following online calculator may be used to determine the actual size of the data set to be created: http://www.macorr.com/ss_calculator.htm. 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)
- Facility (if applicable based on program requirement) – checked against the most current list of facilities downloaded from the given program portal (e.g., CPC+ portal) and supplied to ReportingMD from reporting clients
- Measure version – checked against the CMS generated Quality Measures List
- Measure Denominator, Numerator, Performance Rate, and Reporting Rate – checked against the TOM application

Expected Outcome: 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' certification criterion

ASSOCIATED CERTIFICATION CRITERIA

See *170.315(c)(2) – import and calculate associated criteria*

See *170.315(c)(3) – report under Clinical Quality Measures associated criteria*

JUSTIFICATION FOR SELECTED MEASUREMENT/METRIC

See *170.315(c)(2) – import and calculate, Justification*

See *170.315(c)(3) – report under Clinical Quality Measures*

CARE SETTING(S)

Care setting information below applies to both § 170.315(c)(2) and § 170.315(c)(3).

Care Setting	Justification
All types of ambulatory care settings, that report quality measures to CMS for MIPS and/or Alternative Payment	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

Models APMs, under the Quality Payment Program (QPP) or for internal performance analysis	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

See *170.315(c)(2) – import and calculate expected outcomes*

See *170.315(c)(3) – report under Clinical Quality Measures expected outcomes*

SCHEDULE OF KEY MILESTONES

Key Milestone	Care Setting	Date/Timeframe
Quarter 1 Testing	Any Ambulatory care setting	April 2022 (Include data from Jan 1 – Mar 31)
Quarter 2 Testing	Any Ambulatory care setting	July 2022 (Include data from Jan 1 – June 30)
Quarter 3 Testing	Any Ambulatory care setting	October 2022 (Include data from Jan 1 – Sept 30)
Quarter 4 Testing	Any Ambulatory care setting	Jan 2023 (Include data from Jan 1 – Dec 31)
Real World Testing Results to the ACB	Any Ambulatory care setting	By January 15, 2023

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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