REAL WORLD TESTING RESULTS REPORT

GENERAL INFORMATION

Report ID Number	20211027rep
Developer Name	ReportingMD
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/
Developer Real World Testing RESULTS Page URL	https://reportingmd.com/real-world-test-plan/

[OPTIONAL] CHANGES TO ORIGINAL PLAN

Summary of Change [Summarize each element that changed between the plan and actual execution of Real World Testing]	**Reason** [Describe the reason this change occurred]	**Impact** [Describe what impact this change had on the execution of your Real World Testing activities]
No customer data was loaded by April of 2022, so no quarter 1 data was available for real world testing	COVID PHE pushed 2021 MIPS submissions later into quarter 1, which in turn delayed quarter 1 customer data loading.	No quarter 1 data was available for real world testing, so no quarter 1 testing results are included in this report.

[OPTIONAL] WITHDRAWN PRODUCTS

Product Name(s):	N/A
Version Number(s):	N/A
CHPL ID(s):	N/A
Date(s) Withdrawn:	N/A
Inclusion of Data in Results Report: [Provide a statement as to whether any data was captured on the withdrawn products. If so, this data should be identified in the results report.]	N/A

SUMMARY OF TESTING METHODS AND KEY FINDINGS

1. **For § 170.315(c)(2)**, 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. 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.

   Results: Data validation to ensure compliance to 170.315 (c)(2) was completed on 26 different measures across 261 providers and 4,048. A total of 143 practice/TIN combinations were validated. 8 non-conformities (8 TIN/measures) were discovered resulting in 8 detailed audits being completed.8 TIN/measure non-conformities found during the data validations resulted in updates to the measure logic or clinical data scrubbing. Once the fix was in place for these 8 non-conformities, detailed audits were completed to ensure that the non-conformities were resolved.

   (8) Non-conformities:

1. TIN 1 – (CMS133v10) Measure 191 – Non-conformity discovered was a result of: Additional custom numerator scripting needed for customer and Value Set missing "Significant Ocular Conditions". Numerator scripts updated, results backloaded into the core tables, and added "Significant Ocular Conditions" to Value Set for CMS133v10. After updates implemented, a detailed audit completed, and the result was no additional non-conformities were discovered.

2. TIN 2 – (CMS124v10) Measure 309 - Non-conformity discovered was a result of: Custom numerator scripting needed for customer. Numerator scripts updated and results backloaded into the core tables. After updates implemented, a detailed audit completed, and the result was no additional non-conformities were discovered.
3. TIN 2 – (CMS130v10) Measure 113 - Non-conformity discovered was a result of: Custom numerator scripting needed for customer. Numerator scripts updated and results backloaded into the core tables. After updates implemented, a detailed audit completed, and the result was no additional non-conformities discovered.
4. TIN 2 – (CMS134v10) Measure 119 - Non-conformity discovered was a result of: Custom numerator scripting needed for customer. Numerator scripts updated and results backloaded into the core tables. After updates implemented, a detailed audit completed, and the result was no additional non-conformities discovered.
5. TIN 3 – (CMS143v10) Measure 12 - Non-conformity discovered was a result of: Additional data assets needed to be scripted from customer data pull. Additional numerator scripting required for new data assets. Scripting completed and results backloaded into the core tables. After updates implemented, a detailed audit completed, result was no additional non-conformities discovered.
6. TIN 4 – (CMS157v10) Measure 143 - Non-conformity discovered was a result of: (1) UI report displaying incorrect result date. Report updated to display correct result date. (2) Custom numerator scripting needed for customer. Numerator scripts updated and results backloaded into the core tables. After updates implemented, a detailed audit completed, and the result was no additional non-conformities discovered.
7. TIN 5 – (CMS124v10) Measure 309 - Non-conformity discovered was a result of: Custom numerator scripting needed for customer. Numerator scripts updated and results backloaded into the core tables. After updates implemented, a detailed audit completed, and the result was no additional non-conformities discovered.
8. TIN 5 – (CMS153v10) Measure 310 - Non-conformity discovered was a result of: Custom numerator scripting needed for customer. Numerator scripts updated and results backloaded into the core tables. After updates implemented, a detailed audit completed, and the result was no additional non-conformities discovered.

2. **For § 170.315(c)(3),** 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. 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.

   Results: validation completed to ensure compliance to 170.315 (c)(3). QRDA 3 files were generated for 261 providers across 15 different TINs. 26 eCQM measures were included across 261 provider QRDA 3 files generated. Zero non-conformities were found

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

Indicate as to whether optional standards, via SVAP and/or USCDI, are leveraged as part of the certification of your health IT product(s).

____ Yes, I have products certified with voluntary SVAP or USCDI standards. (If yes, please complete the table below).
__X__ No, none of my products include these voluntary standards

Standard (and version)	N/A
Updated certification criteria and associated product	N/A
Health IT Module CHPL ID	N/A
Conformance measure	N/A

Care Setting(s)

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

Metrics and Outcomes

Measurement /Metric	Associated Criterion(a)	Relied Upon Software (if applicable)	Outcomes	Challenges Encountered (if applicable)
170.315 (c)(2)	170.315 (c)(2) - Clinical Quality Measures - Import and Calculate	N/A	Data validation to ensure compliance to 170.315 (c)(2) was completed on 26 different measures across 261 providers and 4,048 patients. A total of 143 practice/TIN combinations validated. 8 TIN/measure non-conformities were	5 customers appeared with measure nonconformities. A total of 8 measures across those 5 customers required detailed audits.

			discovered resulting in 8 detailed audits being completed.	
170.315 (c)(3)	170.315 (c)(3) - Clinical Quality Measures - Report (Cures Update)	N/A	Validation completed to ensure compliance to 170.315 (c)(3). QRDA 3 files were generated for 261 providers across 15 different TINs. 26 eCQM measures included across the 261 providers for which QRDA files were generated	None

KEY MILESTONES

Key Milestone	Care Setting	Date/Timeframe
Quarter 1 Testing – Due to the pandemic, no customer data was loaded by April of 2022, so no quarter 1 data was available for real world testing	N/A	April 2022 (Include data from Jan 1 – Mar 31)
Quarter 2 Testing – Data validation completed included data on 25 different measures, 109 providers and 795 patients. Measures are updated annually to encompass annual value set, code, and logic changes. 6 measures included in the Q2 validation process were found to have non-conformities and therefore resulted in detailed audits	All Ambulatory care settings -	July 2022 (Include data from Jan 1 – June 30)
Quarter 3 Testing - Data validation completed included data on 18 different measures, 103 providers and 2776 patients. Measures are updated annually to encompass annual value set, code, and logic changes. 2 measures included in the Q3 validation process were found to have non-conformities and therefore resulted in detailed audits	All Ambulatory care settings	October 2022 (Include data from Jan 1 – Sept 30)
Quarter 4 Testing - Data validation completed included data on 18 different measures, 50 providers and 477 patients. Measures are updated annually to encompass annual value set, code, and logic changes. 2 measures included in the Q4 validation process were found to have non-conformities and therefore resulted in detailed audits	All Ambulatory care settings	Jan 2023 (Include data from Jan 1 – Dec 31)