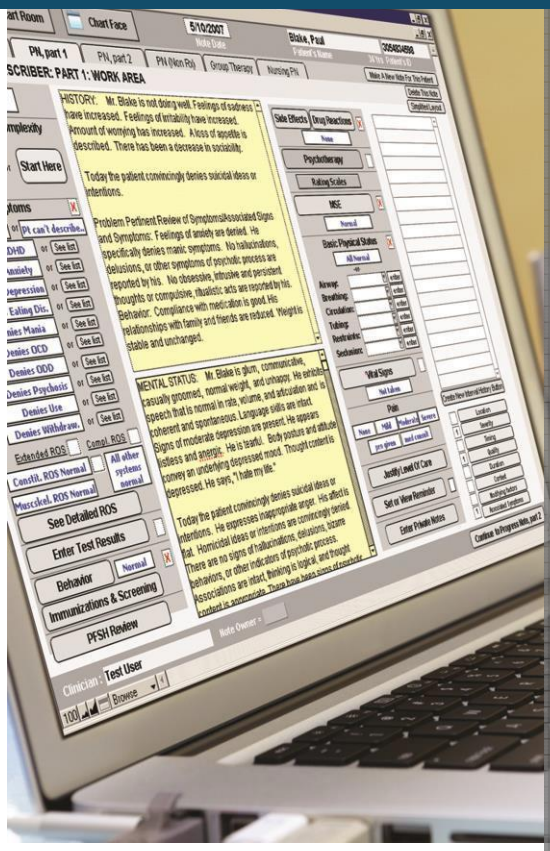
2022

Real World Test Plan Results



ICANotes LLC

11/15/2022

GENERAL INFORMATION

Plan Report ID Number: **RWT Plan ICANotes - 10-31-2022**

Developer Name: **ICANotes, LLC**

Product Name(s): **ICANotes EHR/EMR for Behavioral Health**

Version Number(s): **11.6, Edition 2015, Certification Date: 12/31/2018**

Certified Health IT: **15.04.04.1637.ICAN.11.00.1.181231**

Product List (CHPL) ID(s): **15.04.04.1637.ICAN.11.00.1.181231**

Developer Real World Testing Page URL:
https://www.icanotes.com/features/onc-atcb-certification/

JUSTIFICATION FOR REAL WORLD TESTING APPROACH

ICANotes is a medium-sized EHR founded in 1999 and designed by a psychiatrist to serve exclusively behavioral health providers. ICANotes serves those involved in behavioral health, including psychiatry, psychology, therapy, and addiction treatment. Currently certified for the 2015 Health Information Technology Edition, ICANotes uses a cloud-based solution. The majority of ICANotes customers provide outpatient services and receive referrals from other clinicians regularly.

It is ICANotes' belief that a single Real World Testing plan can address multiple certification criteria.

We will be utilizing real-time patient data and real-world production environments when implementing Real World Testing.

There might be a need to change our test methodology or approach based on what we found during our testing. During testing, this will only happen to accommodate unforeseen issues or problems that may arise. In these instances, a results report will document these types of changes, their reasons, and how intended outcomes were met more efficiently as a result.

Testing will take place via Go2Meeting software in the production environment using real-time patient data. Demographic information will be altered to ensure HIPAA privacy regulations are met. An agency will be selected to send and receive transitions of care. Testing will include the clinician or practice staff member, an ICANotes representative who interacts with the clinician, and an ICANotes observer who acts as a recorder. Development staff will be on standby during the testing for assistance if needed.

Measures will be tested will in a logical order to avoid unnecessary repetition and to minimize the clinician's time.

ICANotes has been conducting real-world testing in 2022. We will submit the results of our testing by March 15, 2023.

MEASURES USED IN THE OVERALL APPROACH

ASSOCIATED CERTIFICATION CRITERIA

List certification criteria associated with the measure and if updated to the 2015 Edition Cures Update criteria.

Measurement/Metric	Associated Certification Criteria
Measure 1 *	§ 170.315(b)(1) Transitions of Care (Receive)
Measure 2	§ 170.315(b)(2) Clinical Information Reconciliation and Incorporation
Measure 3 **	§ 170.315(c)(1) Clinical Quality Measures Record and Export
Measure 4 *	§ 170.315(b)(1) Transitions of Care (Send)
Measure 5	§ 170.315(e)(1) View, Download and Transmit to 3rd party
Measures 6 - 8	§ 170.315(b)(6) Data Export
Measure 9 ***	§ 170.315(g)(7) Application Access – Patient Selection
Measure 10	§ 170.315(g)(8) Application Access Data Category Request
Measure 11 ***	§ 170.315(g)(9) Application Access – All Data Request

* SureScripts Clinical Direct Messaging
Address: 2550 S. Clark Street, Floor 10, Arlington, VA 22202

** Dynamic Health IT, Inc. - CQMsolution
320-C Monticello Ave, New Orleans, LA 70121

*** Dynamic Health IT, Inc. - ConnectEHR + BulkFHIR
320-C Monticello Ave, New Orleans, LA 70121

Measurement/Metric	Description
Measure 1: The clinician logs into ICANotes and receives a CCDA from an external individual via Direct Protocol with no Tech Support and no errors. CCDA has demographic information adjusted so PHI is not visible. Successful receipt of CCDA is achieved and observed. The amount of time should be no more than 60 seconds.	Clinician begins a new patient encounter in ICANotes certified software with a patient referred by an external individual. With a Direct Address and unique Kno2 credentials, the clinician can have a seamless login and secure receipt of CCDA from the external individual using Direct Protocol (Surescripts is the underlying software that allows the use of Direct Messaging). Common Clinical Data Set (CCDS) standard will be demonstrated in these transactions through screenshots collected. Log files are also captured. These will all show the successful receipt of the CCDA with all fields completed. This will meet § 170.315(b)(1) (Receive).
Measure 2: The CCDA is validated and Clinical Information Reconciliation is performed. No errors are expected. The amount of time should be no more than 180 seconds.	After successful receipt of the CCDA, the clinician validates the CCDA within ICANotes. Clinical information reconciliation for medication, medication allergy, and current problem list is performed using ICANotes software. CCDS standard will be demonstrated in these transactions through screenshots collected. Log files demonstrate the reconciliation. This will meet § 170.315(b)(2).
Measure 3: Documentation of Medications (CQM #68) is done without assistance. The amount of time taken to document should be no more than 60 seconds. No errors are expected.	ICANotes clinician easily completes Documentation of Medications (CQM #68) within the appropriate location in ICANotes software to meet 170.315(c)(1) by completing the appropriate fields in ICANotes software. The following day it will be reflected in the numerator and denominator of this MIPS CQM measure.
Measure 4: Updated CCDA is sent back to an external individual. Successful sending of CCDA is achieved and observed. The amount of time to send the document should be no more than 60 seconds.	Clinician sends updated CCDA with minimal delay back to an external individual via Direct Protocol. Updated CCDA is also sent to the patient portal. Confirmation of sent CCDA is captured along with log files. This will meet § 170.315(b)(1) (Send).
Measure 5: Access via the patient portal - Observation of the View, Download & Transmit functions are performed. This will demonstrate the portal as a key tool for the clinician to share the patient's most current health information with the patient. The amount of time should be no more than 3 minutes total for 3 tasks and there should be no errors.	Real-time patient data will be adjusted to protect PHI before Measure 5 is completed. An office staff member is allowed access to the patient portal to view patient CCDA and download the CCDA without assistance. Transmission of patient data will be sent to another office staff member. This will meet § 170.315(e)(1).

Measure 6: Practice staff member successfully exports data file on demand.	An authorized office practice staff member will perform an export of CCDA data from the production server in real-time (on demand) with a specific start and end date immediately. This will be done without delay and sent to a specific file location decided by the staff member. This will be accomplished efficiently and with no error and the file will be inspected when received to ensure it is the file requested. Real world data will be used but demographic information will be changed to protect PHI. This measure allows the capture of report data selected by and on-demand without assistance from the development staff. The ability to independently create reports is vital to office practices and integral to a certified EHR. ICANotes staff will verify the reports have been created successfully with requested data and sent through verbal acknowledgements and/or screenshots. This will meet part of § 170.315(b)(6).
Measure 7: Practice staff member successfully exports a file at a delayed time – with a specific start and end date.	Authorized office practice staff members will perform an export of CCDA data in the future – 5 minutes from now — from the production server with a scheduled specific start and end date – such as November 1 - November 2, 2022. This will be accomplished efficiently and with no error and the file will be inspected when received to ensure it is the file requested. This measure allows the staff member to select a time in the future without assistance from the development staff. The ability to independently create reports is vital to office practices and integral to a certified EHR. ICANotes staff will verify the reports have been created successfully and sent with requested data through verbal acknowledgements and/or screenshots. This will meet another component of § 170.315(b)(6).
Measure 8: Practice staff member sets an export for a delayed time during hours after the practice is closed and can run successfully.	An authorized office practice staff member sets up a specific data export to run after the practice is closed. This measure allows the capture of report data selected by and on-demand without assistance from the development staff. The ability to independently create reports is vital to office practices and integral to a certified EHR. ICANotes staff will verify the reports have been created successfully with requested data and/or screenshots that capture the activity. This will meet the final component of § 170.315(b)(6).
Measure 9: Provide staff members with the API documentation.	A staff member uses a third-party application to communicate with ICANotes. A practice staff member acts as an authorized person (patient) and obtains a userKey and userSecret. A Patient ID is created which assures the privacy and security of the patient. This will meet § 170.315(g)(7).
Measure 10: A staff member will be able to use the API to view patient data for a specific date and time range.	Using the Patient ID captured in Measure 9, the staff member demonstrates that the API allows the return to comply with the CCDS standard from a specific date and time range. The tester verifies that the API routine can respond to a request for patient data for a specific date and that the patient data returned is accurate and without omission and equivalent to the health IT developer's documentation for the same data. This will meet § 170.315(g)(8).
Measure 11: A staff member demonstrates the ability, through the use of the token, to receive the entirety of a patient CCDA for a specific time and date with all data categories.	The return of the data is confirmed to be the patient earlier selected and data is returned successfully. This will meet § 170.315(g)(9).

REPORT AND RESULTS - Q1: March 2022

Expected outcomes for the **11 events** will include the following data points:

- Total number of events tested: **8**
- Number of passed (i.e. successful) events: **4**
- Number of partial completions: **1**
- Number of not tested / incomplete events: **6**
- Success rate expressed in percentage (**40%**)

As detailed in this plan under the "Schedule of Key Milestones" section, each measure/metric will be tested at least once per quarter with our clinician RWT groups to ensure the expected outcomes are reliably attained.

Measurement/Metric	Report	Result
§ 170.315(b)(1) Transitions of Care (Receive)	PHI was de-sensitized by the Clinicians; the de-sensitized information was replicated by an external individual and a CCDA was sent via Direct Protocol to the Clinicians with a Direct Address and unique Kno2 credentials. Due to an unknown Kno2 restriction between Stage and Integration accounts to Live/Product accounts due to their policies, Clinicians were unable to receive the CCDA.	Tested – Incomplete
§ 170.315(b)(2) Clinical Information Reconciliation and Incorporation	As a result of Measure 1 being incomplete, Measure 2 could not be tested and clinical information reconciliation for medication, medication allergy, and current problem list couldn't be successfully demonstrated until Measure 1 could be resolved.	Not Tested
170.315(c)(1) Clinical Quality Measures Record and Export	Measure 3 was tested within an appropriate location in ICANotes software within the stipulated 60 seconds but it was partially complete due to an overnight system that processes CCDS, as a result, we could not see the numerator and denominator until 24 hrs. has elapsed and it could not be observed within the testing period.	Tested – Partially Complete
§ 170.315(b)(1) Transitions of Care (Send)	As a result of Measures 1 and 2 being untested, Measure 4 could not be met. There wasn't an updated CCDA to send back using the Direct Protocol. The Clinician tried to send a CCDA to the external provider but due to a Kno2 restriction between Stage and Integration accounts to Live/Product accounts that ICANotes was unaware of the Clinicians were unable to reconcile the CCDA that they should have received.	Tested – Incomplete
§ 170.315(e)(1) View, Download and Transmit to 3rd party	The Clinicians accessed the patient portal using fake PHI and successfully Viewed, Downloaded and Transmitted a record under the stipulated 3-minute time.	Tested - Pass

Measurement/Metric	Report	Result
§ 170.315(b)(6) Data Export	The Clinicians accessed the ICANotes Upload Site and successfully did 3 different types of data exports. Measure 6 – Data Export (Immediate) Measure 7 – Data Export (Scheduled with specific date and time) Measure 8 – Data Export (Scheduled after work hours) The exported information wasn't recorded and stored due to the customer's time and availability.	Tested - Pass
§ 170.315(g)(7) Application Access – Patient Selection	The staff member acted as an authorized person (patient) and successfully generated a userKey and userSecret for API credentials. However, the Clinician was unable to use the third-party application to communicate with ICANotes to create a patientID.	Tested – Incomplete
§ 170.315(g)(8) Application Access – Data Category Request	The patientID was not captured in Measure 9, therefore, the staff member could not demonstrate that the API allowed the return to be compliant with the CCDS standard from a specific date and time range. Measure 10 was not tested.	Not Tested
§ 170.315(g)(9) Application Access – All Data Request	The return of data could not be confirmed because both Measures 9 and 10 were untested. Measure 11 was not tested.	Not Tested

Five (5) Clinicians/Practice staff members participated in a single session in which all measures were attempted to be tested.

Refer to the link below for a breakdown of each participant's results.

Synopsis of the Measures that were deemed Incomplete and/or Not Tested in Q1.

- **Measure 1, 2 and 4 – Kno2 restriction:**
  We discovered an unreported Kno2 limitation that blocked Direct Protocol communication between the ICANotes Kno2 Stage account and the participants Kno2 Live accounts. The three measures were affected in turn by this. The request to remove the limitation was presented at a meeting between ICANotes RWTP team and the Kno2 Product team, but it was rejected.

- **Measure 3 – Omitted CPT codes 99212/99213:**
  The Clinician must enter medication, enter a CPT code, and review medications in order for a MIPS CQM report to generate successfully. In the testing of Measure 3, each of the five participants successfully recorded medication(s), compiled the note, and reviewed the medication(s). However, the CPT code requirement was not met because the relevant codes were omitted, and as a result, the numerator and denominator could not be reflected in the CQM report, leaving the Measure only partially complete.

- **Measure 7 – Technical difficulties:**
  Due to unforeseen technical difficulties, two of the five participants were unable to participate; however, they still successfully completed Measures 6 and 8.

- **Measure 9 – Unknown workflow:**
  A userSecret and userKey must be generated by the Clinician or Staff acting as an authorized user in order to test Measure 9, but because of the workflow's unfamiliarity, 4 out of the 5 Clinicians have the status "Not Tested."
  However, only one out of the five Clinicians was able to generate the userSecret and userKey, and the overall outcome was labeled as "Incomplete" because they were unable to enter their credentials into a third-party application to retrieve the patientID.

- **Measure 10 & 11 – Third-Party Application:**
  Measures 10 and 11 were left untested as a result of Measure 9's incomplete status. Without the patientID, the API will be unable to request or retrieve any data, changing the status of the Measures to "Not Tested."

REPORT AND RESULTS – Q2: June 2022

Expected outcomes for the **11 events** will include the following data points:

- Total number of events tested: **7**
- Number of passed (i.e. successful) events: **4**
- Number of partial completions: **1**
- Number of not tested / incomplete events: **6**
- Success rate expressed in percentage (**40%**)

As detailed in this plan under the "Schedule of Key Milestones" section, each measure/metric will be tested at least once per quarter with our clinician RWT groups to ensure the expected outcomes are reliably attained.

Measurement/Metric	Report	Result
§ 170.315(b)(1) Transitions of Care (Receive)	PHI was de-sensitized by the Clinicians; the de-sensitized information was replicated by an external individual and a CCDA was sent via Direct Protocol to the Clinicians with a Direct Address and unique Kno2 credentials. For Measure 1 to be met the Clinicians have to receive the CCDA in their Kno2 account. Due to an unknown Kno2 restriction between Stage and Integration accounts to Live/Product accounts, Clinicians were unable to receive the CCDA.	Tested - Incomplete
§ 170.315(b)(2) Clinical Information Reconciliation and Incorporation	As a result of Measure 1 being incomplete, Measure 2 could not be tested and clinical information reconciliation for medication, medication allergy, and current problem list was not tested.	Not Tested
170.315(c)(1) Clinical Quality Measures Record and Export	Measure 3 was tested within an appropriate location in ICANotes software but it was partially complete because the following day it did not reflect in the numerator and denominator of this MIPS CQM measure.	Tested – Partially Complete
§ 170.315(b)(1) Transitions of Care (Send)	As a result of Measures 1 and 2 being untested, Measure 4 could not be met. There wasn't any updated CCDA to send back using the Direct Protocol. The Clinician tried to send a CCDA to the external provider but due to a Kno2 restriction between Stage and Integration accounts to Live/Product accounts that ICANotes was unaware of the Clinicians were unable to reconcile the CCDA that they should have received.	Tested – Incomplete
§ 170.315(e)(1) View, Download and Transmit to 3rd party	The Clinicians accessed the patient portal using fake PHI and successfully Viewed, Downloaded and Transmitted a record under the stipulated 3-minute time.	Tested – Pass
§ 170.315(b)(6) Data Export	The Clinicians accessed the ICANotes Upload Site and successfully did 3 different types of data exports. Measure 6 – Data Export (Immediate) Measure 7 – Data Export (Scheduled with specific date and time) Measure 8 – Data Export (Scheduled after work hours) The exported information was recorded and stored.	Tested – Pass

Measurement/Metric	Report	Result
§ 170.315(g)(7) Application Access – Patient Selection	The staff member acted as an authorized person (patient) but was unsuccessful in generating a userKey and userSecret for API credentials due to a bug that was encountered in the system. Technical errors needed to be resolved.	API did not generate
§ 170.315(g)(8) Application Access – Data Category Request	The userSecret and userKey did not generate for Measure 9 and a patientID was not captured, therefore, the staff member could not demonstrate that the API allowed the return to be compliant with the CCDS standard from a specific date and time range. Measure 10 was not tested.	Not Tested
§ 170.315(g)(9) Application Access – All Data Request	The return of data could not be confirmed because both Measures 9 and 10 were untested. Measure 11 was not tested.	Not Tested

Five (5) Clinicians/Practice staff members participated in a single session in which all measures were attempted to be tested.

Refer to the link below for a breakdown of each participant's results.

Synopsis of the Measures that were deemed Incomplete and/or Not Tested in Q2.

- **Measure 1, 2 and 4 – Kno2 restriction**:
  The Kno2 restriction reemerged in Q2. We were unable to fully test the measures identified because Direct Protocol communication was hindered by Kno2 account limitations, and a solution was not discovered in time for Q2.

- **Measure 3 – Omitted CPT codes 99212/99213**:
  In the testing of Measure 3, each of the five participants successfully recorded medication(s), compiled the note, and reviewed the medication(s). However, the CPT code requirement was not met because the relevant codes were omitted, and as a result, the numerator and denominator could not be reflected in the CQM report, leaving the Measure only partially complete.

- **Measure 9 – API unable to generate**:
  A minor software bug prevented participants from seeing the FHIR API section, which prevented them from generating the userKey and userSecret, setting the status to "Incomplete".

- **Measure 10 & 11 – Third-Party Application**:
  Measures 10 and 11 were left untested as a result of Measure 9's incomplete status. Without the patientID, the API will be unable to request or retrieve any data, changing the status of the Measures to "Not Tested."

REPORT AND RESULTS – Q3: September 2022

Expected outcomes for the **11 events** will include the following data points:

- Total number of events tested: **11**
- Number of passed (i.e. successful) events: **9**
- Number of partial completions: **1 – CQM Report**
- Number of not tested / incomplete events: **1**
- Success rate expressed in percentage (**90%**)

As detailed in this plan under the "Schedule of Key Milestones" section, each measure/metric will be tested at least once per quarter with our clinician RWT groups to ensure the expected outcomes are reliably attained.

Measurement/Metric	Report	Result
§ 170.315(b)(1) Transitions of Care (Receive) – 60 seconds.	PHI was de-sensitized by the Clinicians and the replication of the de-sensitized information was done by an external individual. A CCDA was sent via Direct Protocol to the Clinicians with a Direct Address and unique Kno2 credentials. The restriction that was encountered in Q1 and Q2 was resolved in time for Q3 by using a certified Clinician (external provider) who has a Kno2 production account. The Clinician successfully received the CCDA within the stipulated time of 60 seconds.	Tested – Pass
§ 170.315(b)(2) Clinical Information Reconciliation and Incorporation – 180 seconds	After successful receipt of the CCDA, the Clinician validated it within ICANotes. They successfully reconciled the medication, medication allergy, and current problem list using the ICANotes software within the stipulated time of 180 seconds. The screenshots collected confirm the CCDS standard was demonstrated.	Tested – Pass
170.315(c)(1) Clinical Quality Measures Record and Export – 60 seconds	Measure 3 was tested within an appropriate location in ICANotes software, however, it did not reflect in the numerator and denominator of the MIPS CQM measure marking it as partially complete due to the provider deleting the note and the CQM report being unable to generate.	Tested – Partially complete
§ 170.315(b)(1) Transitions of Care (Send) – 60 seconds	The Clinician sent the updated CCDA with minimal delay back to the external individual via Direct Protocol within the stipulated 60 seconds. The updated CCDA was also sent to the Patient Portal. The screenshots collected confirm the CCDA was sent.	Tested – Pass
§ 170.315(e)(1) View, Download and Transmit to 3rd party – 3 minutes	The Clinicians accessed the patient portal using fake PHI and successfully Viewed, Downloaded and Transmitted a record within the stipulated time of 3 minutes.	Tested – Pass

Measurement/Metric	Report	Result
§ 170.315(b)(6) Data Export	The Clinicians accessed the ICANotes Upload Site and successfully did 3 different types of data exports. Measure 6 – Data Export (Immediate) Measure 7 – Data Export (Scheduled with specific date and time) Measure 8 – Data Export (Scheduled after work hours) The exported information was recorded and stored.	Tested – Pass
§ 170.315(g)(7) Application Access – Patient Selection	The bug that was experienced in Q2 was resolved shortly after and the section that displays the API credentials were displayed. The staff member acted as an authorized person (patient) and successfully generated a userKey and userSecret for API credentials. The userKey and userSecret were used to create the PatientID.	Tested – Pass
§ 170.315(g)(8) Application Access – Data Category Request	After capturing the patientID in Measure 9, the staff member demonstrated that the API allowed the return to comply with the CCDS standard from a specific date and time range. The tester verified that the patient data returned was accurate without omission and equivalent to the health IT developer's documentation for the same data.	Tested – Pass
§ 170.315(g)(9) Application Access – All Data Request	Through the use of the token, the staff member tried to receive the entirety of a patient's CCDA, however, due to a 30-second timeout in the third-party application and misguided workflow, it was not completed. We later determined that because of a CCDA's data load, the simple "Send" command cannot relay the request and the newly identified workflow uses the "Send and Download" command that will allow the third-party application to communicate with ICANotes and achieve full data-retrieval.	Tested – Incomplete

Five (5) Clinicians/Practice staff members participated in a single session in which all measures were attempted to be tested.

Refer to the link below for a breakdown of each participant's results.

Synopsis of the Measures that were deemed Incomplete and/or Not Tested in Q3.

- **Measure 3 – Omitted CPT codes 99212/99213:**
  In the testing of Measure 3, each of the five participants successfully recorded medication(s), compiled the note, and reviewed the medication(s). However, the CPT code requirement was not met because the relevant codes were omitted, and as a result, the numerator and denominator could not be reflected in the CQM report, leaving the Measure only partially complete.

- **Measure 4 –Internal Kno2 Issue:**
  During testing, a Kno2 outage prevented 4 out of 5 participants from sending the reconciled CCDA back to the external individual. On their website, Kno2 released a message explaining that they were aware of the issue and working on a fix.
  Fortunately, the problem was rectified by the final participant of the day, and the CCDA was successfully sent back; the measure was successful.

- **Measure 9 – Time constraint:**
  Due to time constraints, 1 out of 5 participants was unable to complete the measure.
  The measure, however, passed after the internal testers and the other 4 participants all conducted successful tests.

- **Measure 10 –Time constraint:**
  Due to time constraints, 1 out of 5 participants was unable to complete the measure.
  The measure, however, passed after the internal testers and the other 4 participants all conducted successful tests.

- **Measure 11 – Third-Party Application:**
  Due to time constraints, 2 of the participants were unable to complete the measure.

  Due to improper workflow, the other 3 participants were unable to complete the test.
  On the other hand, the internal testers were able to identify the workflow issue, resolve it, and carry out a successful test of the measure.

REPORT AND RESULTS – Q4: December 2022

Expected outcomes for the **11 events** will include the following data points:

- Total number of events tested: **11**
- Number of passed (i.e. successful) events: **11**
- Number of partial completions: **0**
- Number of not tested / incomplete events: **0**
- Success rate expressed in percentage (**100%**)

As detailed in this plan under the "Schedule of Key Milestones" section, each measure/metric will be tested at least once per quarter with our clinician RWT groups to ensure the expected outcomes are reliably attained.

Measurement/Metric	Report	Result
§ 170.315(b)(1) Transitions of Care (Receive) – 60 seconds.	PHI was de-sensitized by the Clinicians and the replication of the de-sensitized information was done by an external individual. A CCDA was sent via Direct Protocol to the Clinicians with a Direct Address and unique Kno2 credentials. The restriction that was encountered in Q1 and Q2 was resolved in time for Q3 and Q4 by using a certified Clinician (external provider) who has a Kno2 production account. The Clinician successfully received the CCDA within the stipulated time of 60 seconds.	Tested – Pass
§ 170.315(b)(2) Clinical Information Reconciliation and Incorporation – 180 seconds	After successful receipt of the CCDA, the Clinician validated it within ICANotes. They successfully reconciled the medication, medication allergy, and current problem list using the ICANotes software within the stipulated time of 180 seconds. The screenshots collected confirm the CCDS standard was demonstrated.	Tested – Pass
170.315(c)(1) Clinical Quality Measures Record and Export – 60 seconds	After realizing the limitations of not including the correct Service code for the note in past testing phases, the Clinicians were briefed on how that can affect their CQM report; they understood and without guidance, they entered the accurate Service code and compiled the note. Measure 3 was tested within an appropriate location in ICANotes software. It was successfully reflected in the numerator and denominator of the MIPS CQM measure marking complete. The screenshot collected confirms the CQM attestation was successful.	Tested – Pass
§ 170.315(b)(1) Transitions of Care (Send) – 60 seconds	The Clinician sent the updated CCDA with minimal delay back to the external individual via Direct Protocol within the stipulated 60 seconds. The updated CCDA was also sent to the Patient Portal. The screenshots collected confirm the CCDA was sent.	Tested – Pass

Measurement/Metric	Report	Result
§ 170.315(e)(1) View, Download and Transmit to 3rd party – 3 minutes	The Clinicians accessed the patient portal using fake PHI and successfully Viewed, Downloaded and Transmitted a record within the stipulated time of 3 minutes.	Tested – Pass
§ 170.315(b)(6) Data Export	The Clinicians accessed the ICANotes Upload Site and successfully did 3 different types of data exports. Measure 6 – Data Export (Immediate) Measure 7 – Data Export (Scheduled with specific date and time) Measure 8 – Data Export (Scheduled after work hours) The exported information was recorded and stored.	Tested – Pass
§ 170.315(g)(7) Application Access – Patient Selection	The staff member acted as an authorized person (patient) and successfully generated a userKey and userSecret for API credentials. The userKey and userSecret were used to create the PatientID.	Tested – Pass
§ 170.315(g)(8) Application Access – Data Category Request	After capturing the patientID in Measure 9, the staff member demonstrated that the API allowed the return to comply with the CCDS standard from a specific date and time range. The tester verified that the patient data returned was accurate without omission and equivalent to the health IT developer's documentation for the same data.	Tested – Pass
§ 170.315(g)(9) Application Access – All Data Request	In Q3 through the use of the token, the staff member tried to receive the entirety of a patient's CCDA. However, due to a 30-second timeout in the third-party application and misguided workflow, it was not completed. We later determined after consulting with QA and internal testing that because of a CCDA's data load, the simple "Send" command cannot relay the request. The newly identified workflow uses the "Send and Download" command that will allow the third-party application to communicate with ICANotes and achieve full data retrieval. After we identified the improper workflow and made the suitable adjustments stated above, we successfully implemented the new workflow during testing with the staff member and effectively retrieved full/complete data requests in the form of a downloadable CCDA.	Tested – Pass

Three (3) Clinicians participated in a single session in which all measures were attempted to be tested.

Refer to the link below for a breakdown of each participant's results.

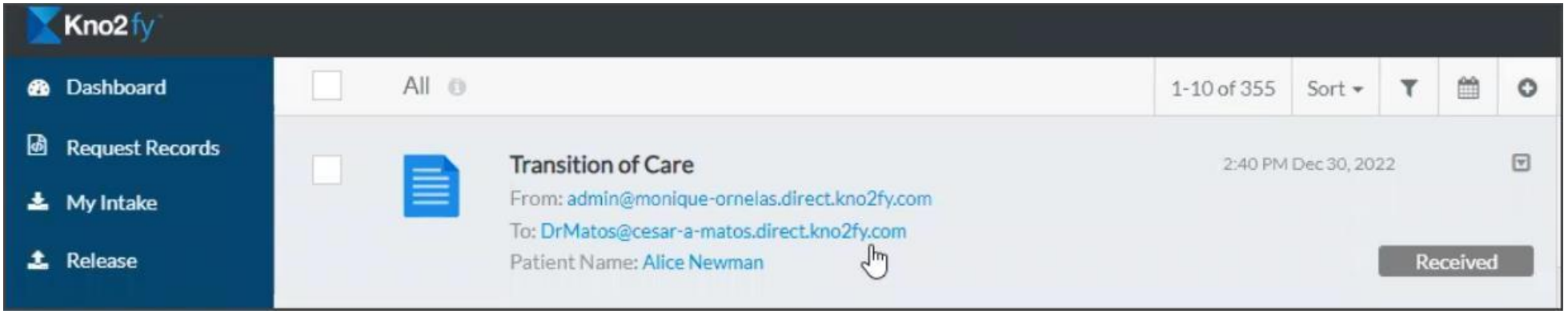
Synopsis of the Measures that were deemed Incomplete and/or Not Tested in Q4.

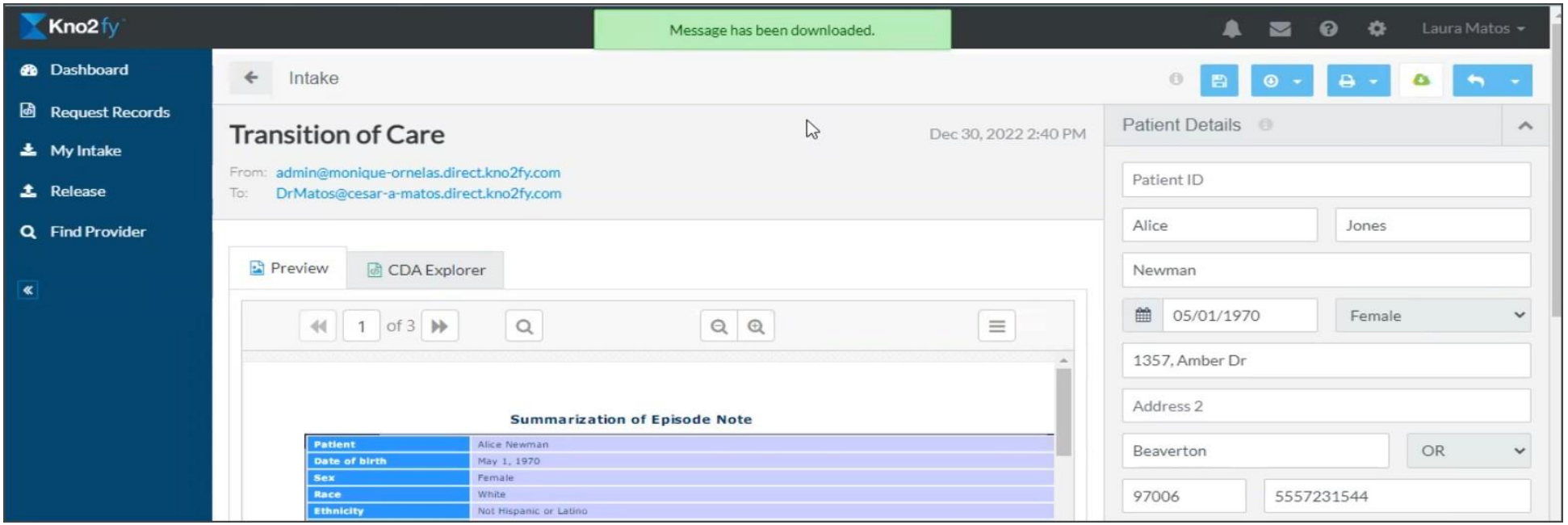
- **Measure 3 – Omitted CPT codes 99212/99213:**
  All three participants were effective in documenting the medication(s), compiling the note, and reviewing the medication(s). Only one of them, however, omitted the CPT code, leaving their test partially complete.

SCREENSHOTS FOR EVERY COMPLETE MEASURE

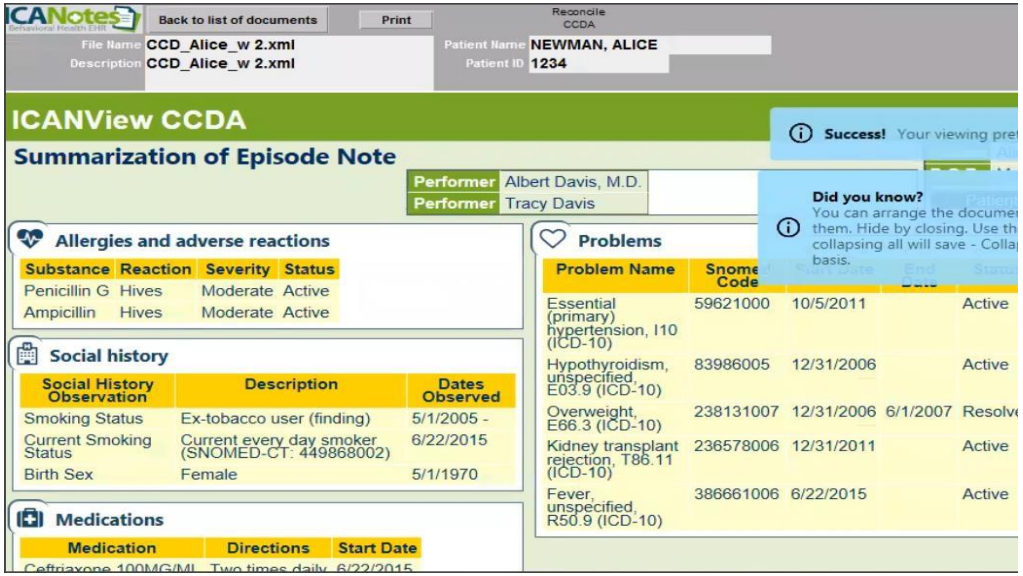
Measure 1: Transitions of Care (Receive)

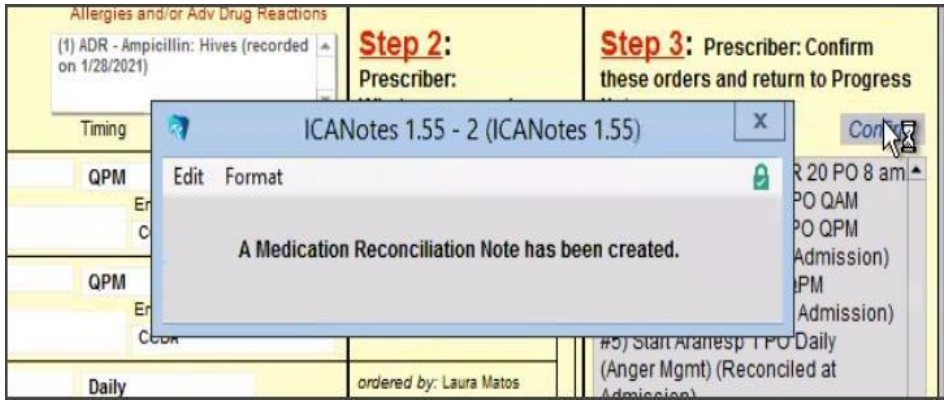
The patient name displayed was de-sensitized to meet CCDS protocols.

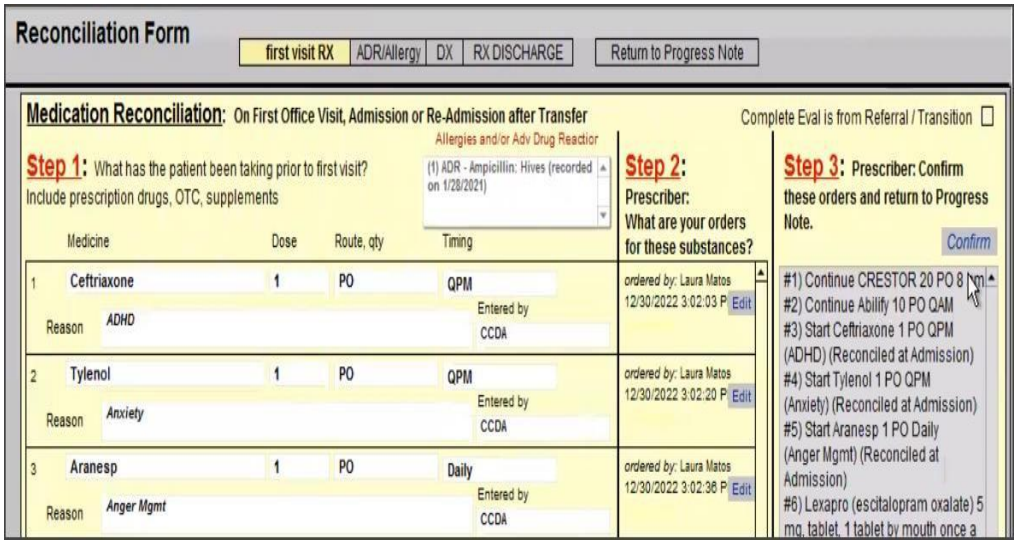


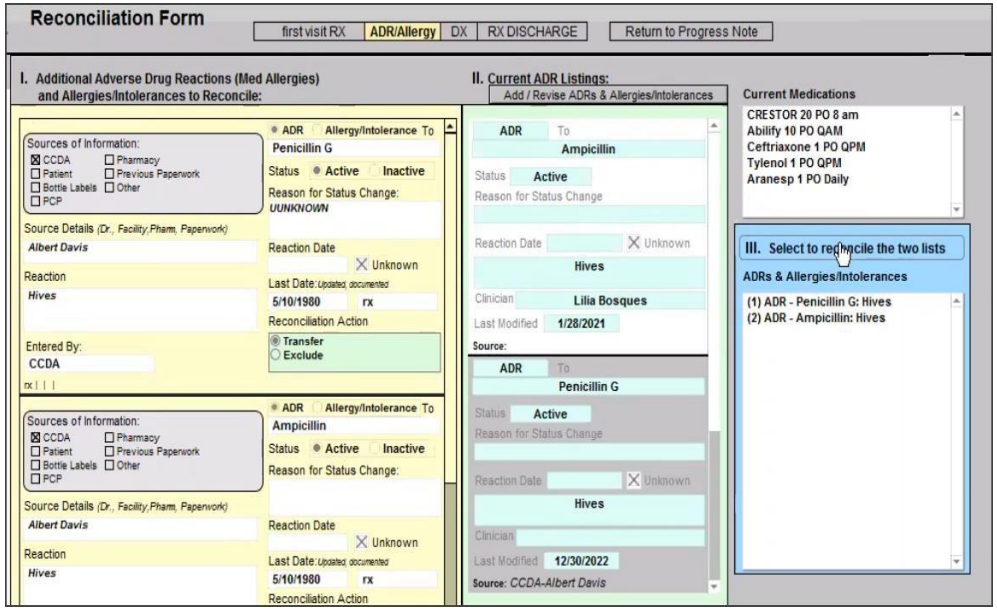


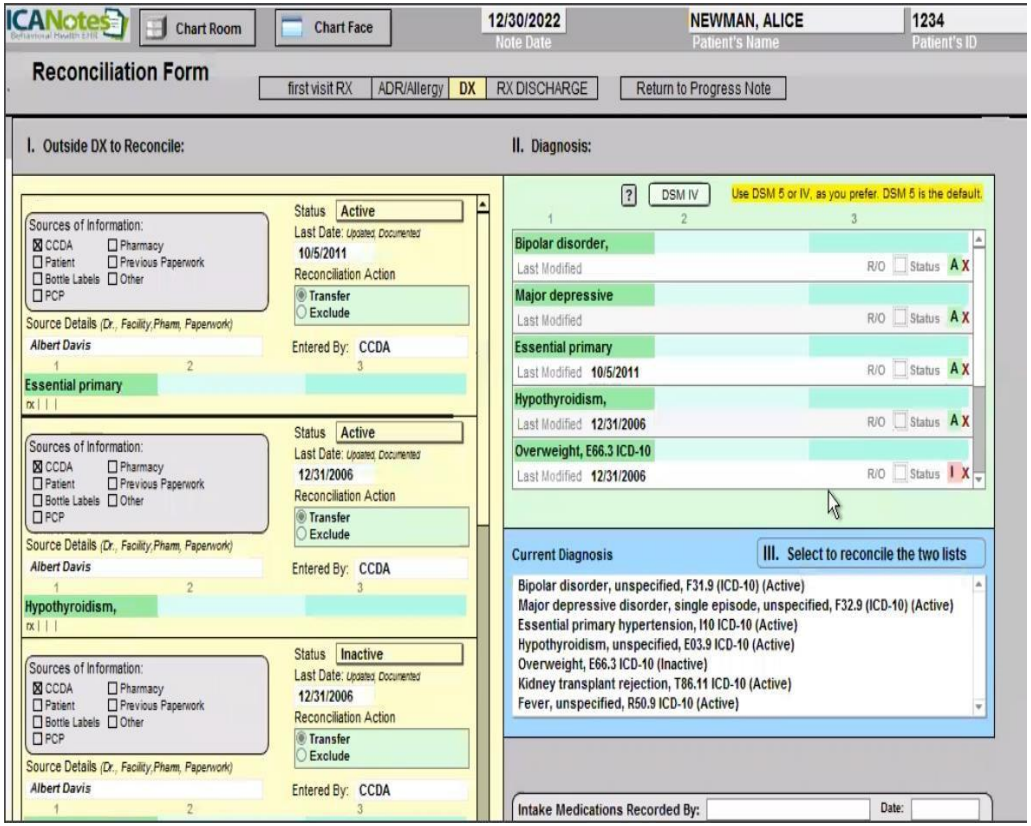
Measure 2: Clinical Information Reconciliation and Incorporation











NEWMAN, ALICE

12/30/2022
3:07 PM

ID: 1234 DOB: 5/1/1970

Complete Evaluation / Outpatient
Psychiatrist

EXAM: Ms. NEWMAN presents as calm, attentive, and relaxed. Her speech cannot be tested. Mood cannot be assessed. Ms. NEWMAN's condition today does not allow cognition to be formally tested. Insight into problems appears fair. Judgment appears fair. There are signs of anxiety. A short attention span is evident. Ms. NEWMAN displayed uncooperative behavior during the examination.

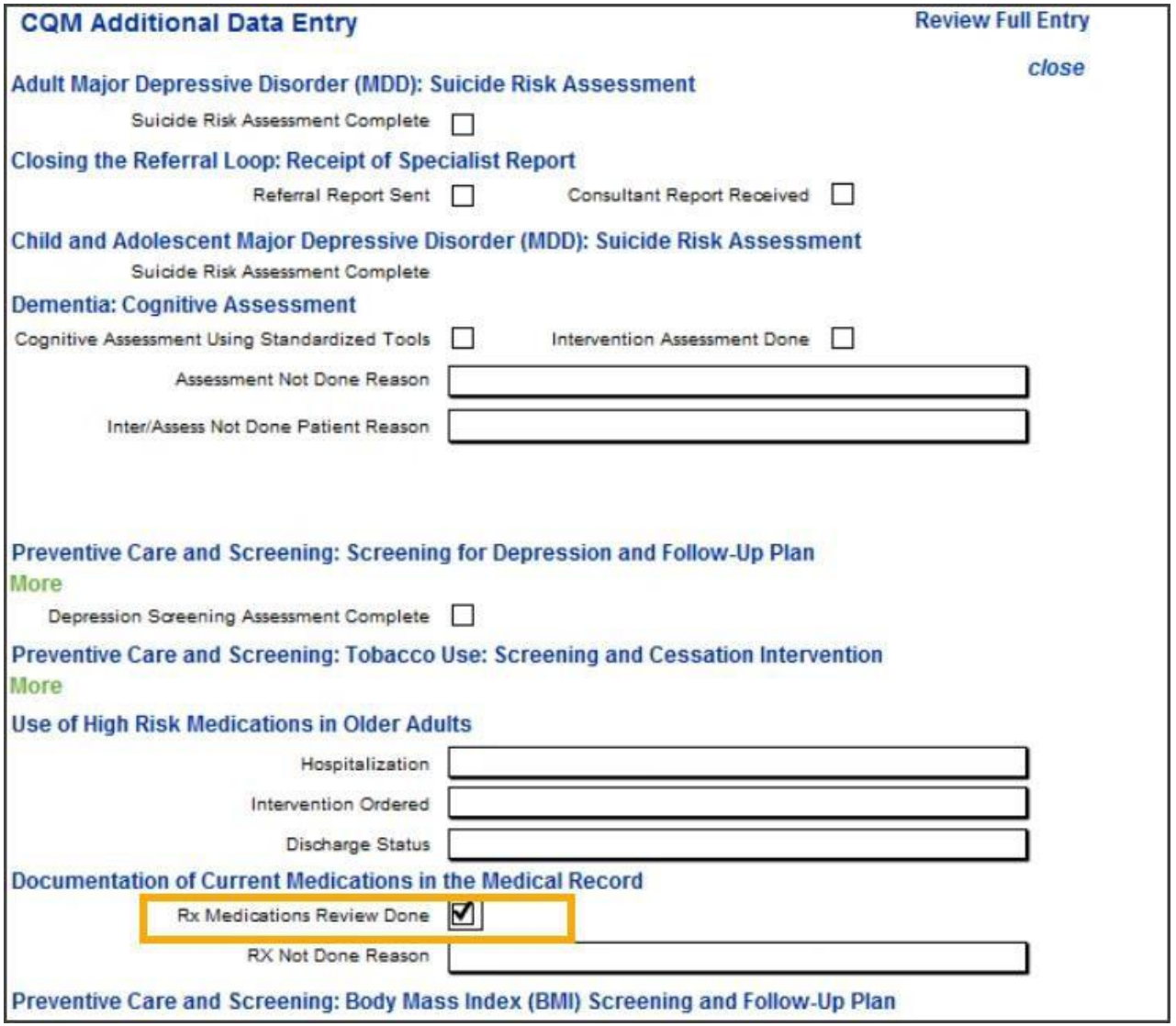
DIAGNOSES: The following Diagnoses are based on currently available information and may change as additional information becomes available.

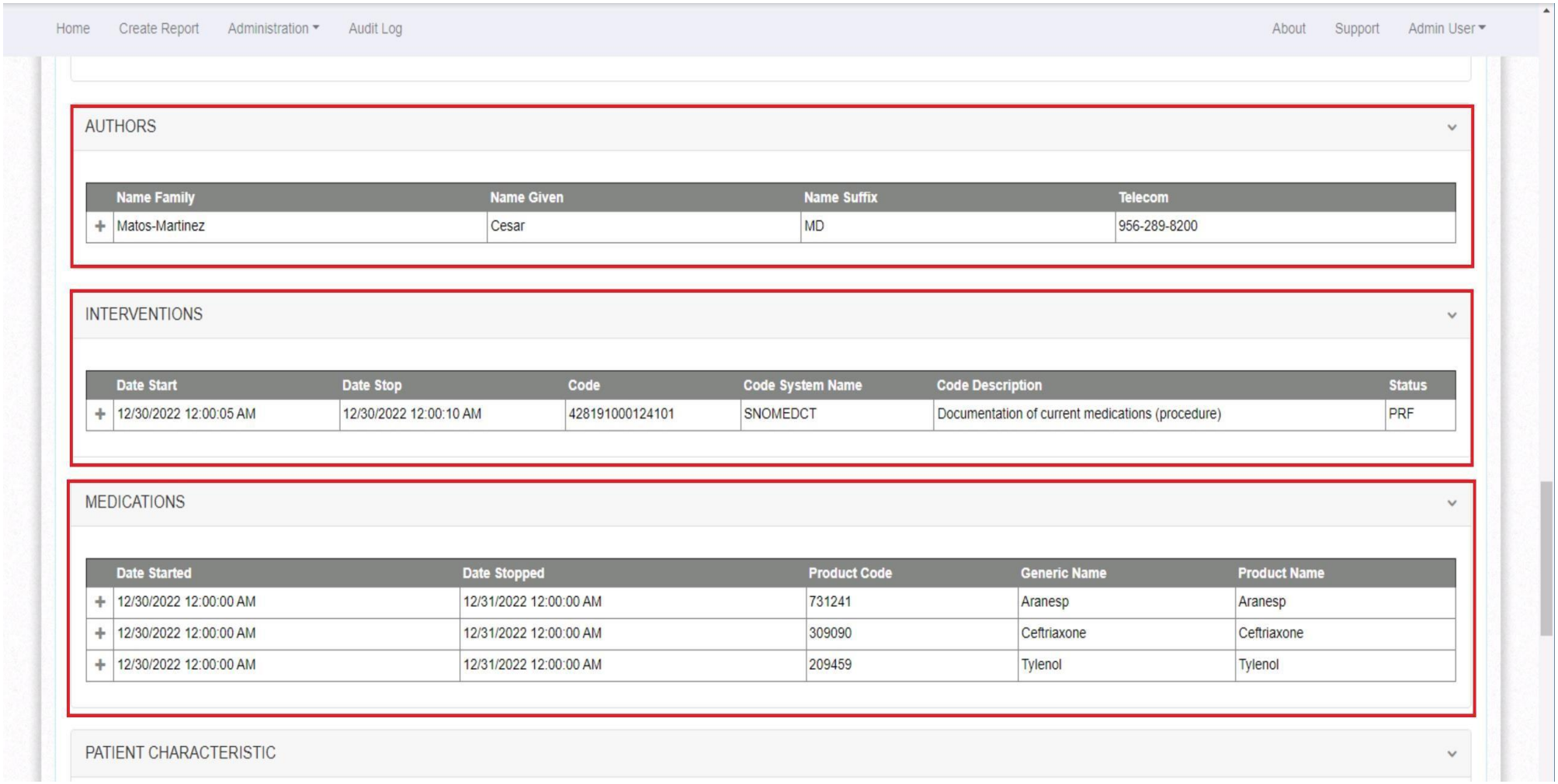
Bipolar disorder, unspecified, F31.9 (ICD-10) (Active)
Major depressive disorder, single episode, unspecified, F32.9 (ICD-10) (Active)
Essential primary hypertension, I10 ICD-10 (Active)
Hypothyroidism, unspecified, E03.9 ICD-10 (Active)
Overweight, E66.3 ICD-10 (Inactive)
Kidney transplant rejection, T86.11 ICD-10 (Active)
Fever, unspecified, R50.9 ICD-10 (Active)

#1) Continue CRESTOR 20 PO 8 am - ordered by Laura Matos
#2) Continue Abilify 10 PO QAM - ordered by Laura Matos
#3) **Start Ceftriaxone 1 PO QPM** (ADHD) (Reconciled at Admission) - ordered by Laura Matos
#4) **Start Tylenol 1 PO QPM** (Anxiety) (Reconciled at Admission) - ordered by Laura Matos
#5) **Start Aranesp 1 PO Daily** (Anger Mgmt) (Reconciled at Admission) - ordered by Laura Matos
#6) Lexapro (escitalopram oxalate) 5 mg, tablet, 1 tablet by mouth once a day, Qty: 30, Refills: 2, Duration: 30, Issued: 12/5/2019
#7) Adderall (dextroamphetamine-amphetamine) 10 mg, tablet, Take 1 tablet by mouth three times a day, Qty: 90, Refills: None, Duration: 30, Issued: 8/11/2017

99212 (Office Pt, Established))

Measure 3: Clinical Quality Measures Record





Home Create Report Administration Audit Log About Support Admin User

AUTHORS

	Name Family	Name Given	Name Suffix	Telecom
+	Matos-Martinez	Cesar	MD	956-289-8200

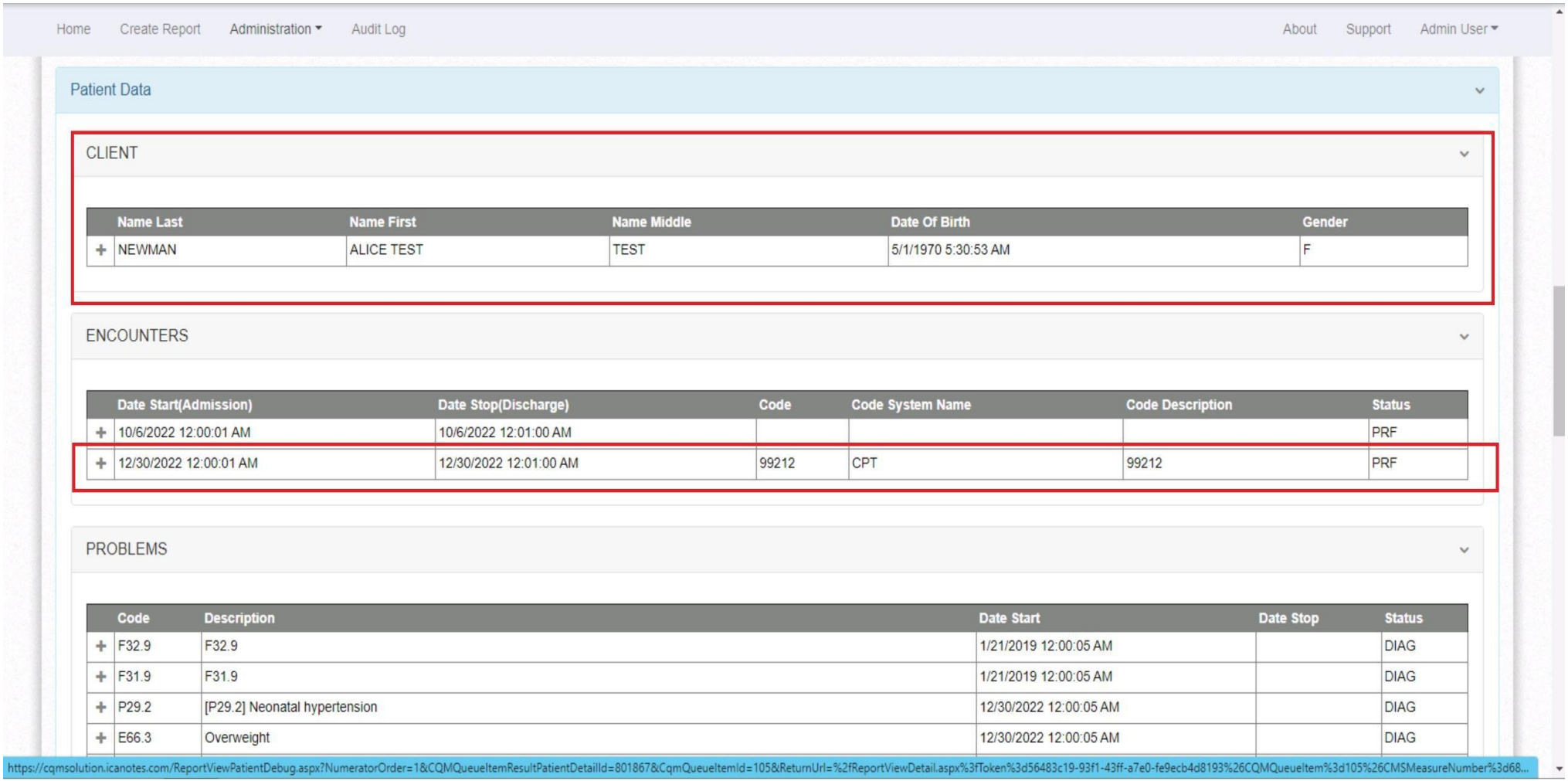
INTERVENTIONS

	Date Start	Date Stop	Code	Code System Name	Code Description	Status
+	12/30/2022 12:00:05 AM	12/30/2022 12:00:10 AM	428191000124101	SNOMEDCT	Documentation of current medications (procedure)	PRF

MEDICATIONS

	Date Started	Date Stopped	Product Code	Generic Name	Product Name
+	12/30/2022 12:00:00 AM	12/31/2022 12:00:00 AM	731241	Aranesp	Aranesp
+	12/30/2022 12:00:00 AM	12/31/2022 12:00:00 AM	309090	Ceftriaxone	Ceftriaxone
+	12/30/2022 12:00:00 AM	12/31/2022 12:00:00 AM	209459	Tylenol	Tylenol

PATIENT CHARACTERISTIC



Home Create Report Administration Audit Log About Support Admin User

Patient Data

CLIENT

	Name Last	Name First	Name Middle	Date Of Birth	Gender
+	NEWMAN	ALICE TEST	TEST	5/1/1970 5:30:53 AM	F

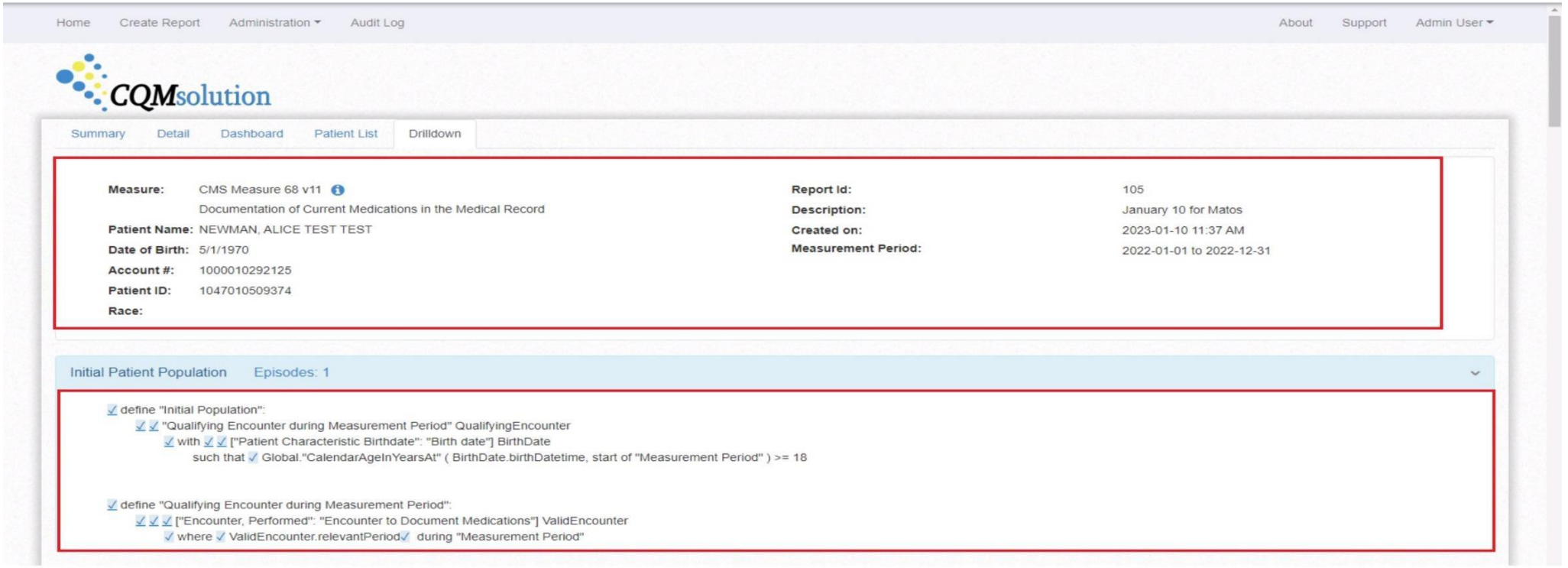
ENCOUNTERS

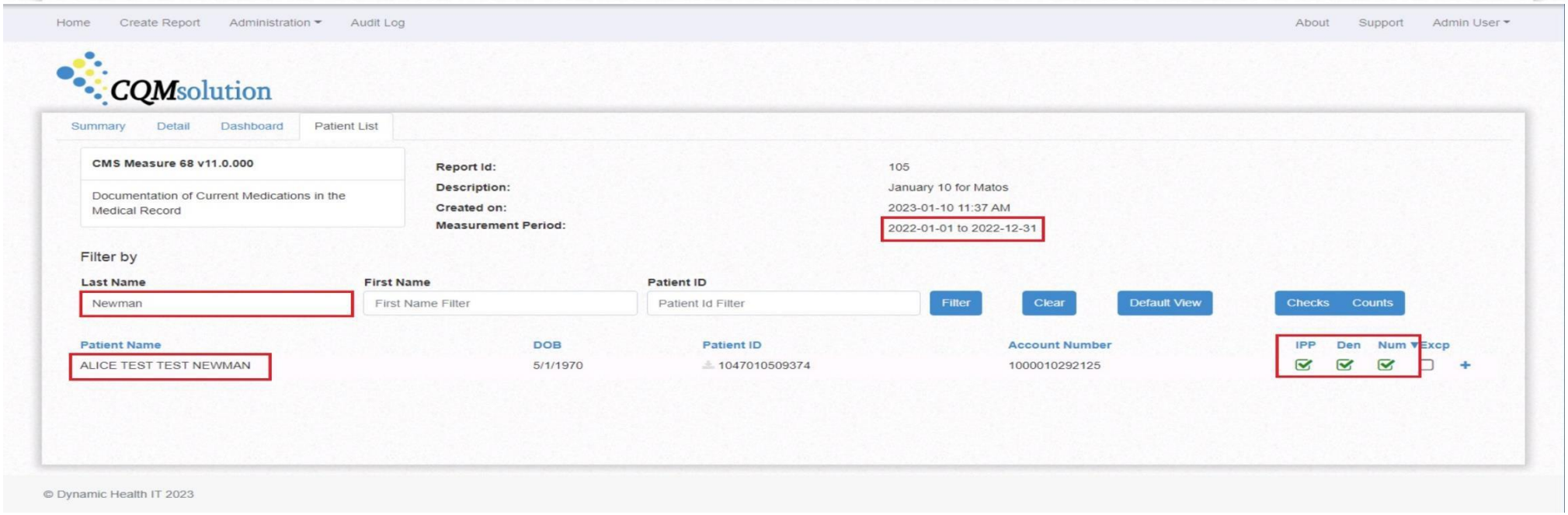
	Date Start(Admission)	Date Stop(Discharge)	Code	Code System Name	Code Description	Status
+	10/6/2022 12:00:01 AM	10/6/2022 12:01:00 AM				PRF
+	12/30/2022 12:00:01 AM	12/30/2022 12:01:00 AM	99212	CPT	99212	PRF

PROBLEMS

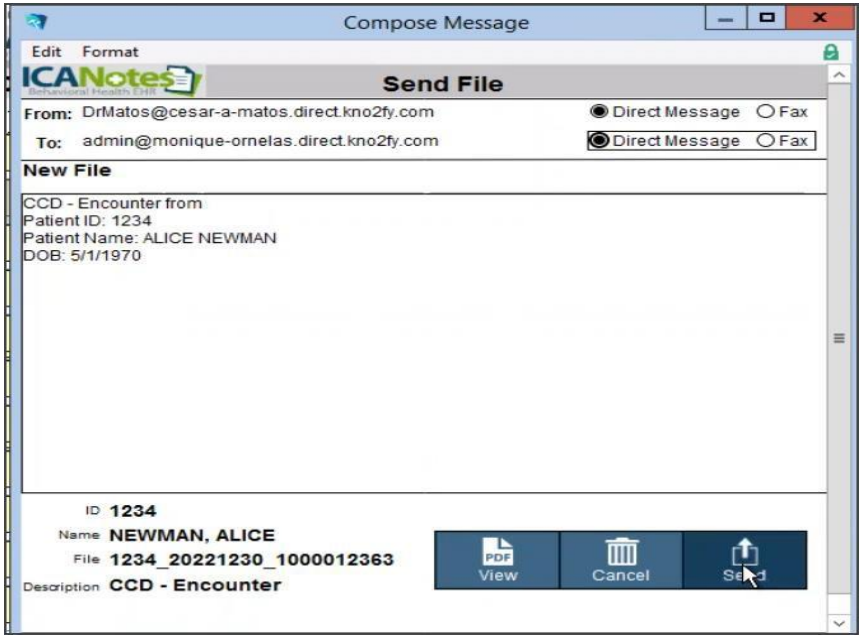
	Code	Description	Date Start	Date Stop	Status
+	F32.9	F32.9	1/21/2019 12:00:05 AM		DIAG
+	F31.9	F31.9	1/21/2019 12:00:05 AM		DIAG
+	P29.2	[P29.2] Neonatal hypertension	12/30/2022 12:00:05 AM		DIAG
+	E66.3	Overweight	12/30/2022 12:00:05 AM		DIAG

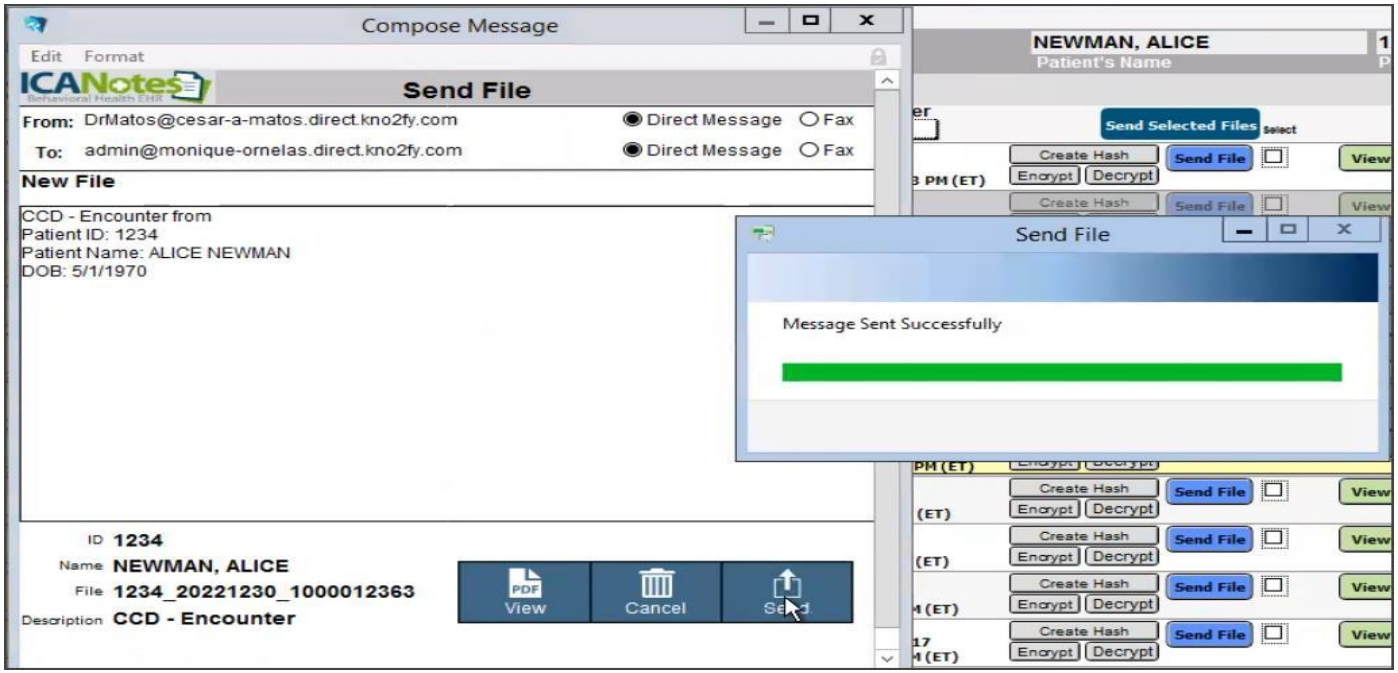
https://cqmsolution.icanotes.com/ReportViewPatientDebug.aspx?NumeratorOrder=1&CQMQueueItemResultPatientDetailId=801867&CqmQueueItemId=105&ReturnUrl=%2fReportViewDetail.aspx%3fToken%3d56483c19-93f1-43ff-a7e0-fe9ecb4d8193%26CQMQueueItem%3d105%26CMSMeasureNumber%3d68...


Home
Create Report
Administration
Audit Log
About
Support
Admin User
CQMsolution
Summary
Detail
Dashboard
Patient List
Drilldown
Measure: CMS Measure 68 v11
Documentation of Current Medications in the Medical Record
Patient Name: NEWMAN, ALICE TEST TEST
Date of Birth: 5/1/1970
Account #: 1000010292125
Patient ID: 1047010509374
Race:
Report Id: 105
Description: January 10 for Matos
Created on: 2023-01-10 11:37 AM
Measurement Period: 2022-01-01 to 2022-12-31
Initial Patient Population
Episodes: 1
define "Initial Population":
"Qualifying Encounter during Measurement Period" QualifyingEncounter
with ["Patient Characteristic Birthdate": "Birth date"] BirthDate
such that Global."CalendarAgeInYearsAt" (BirthDate.birthDatetime, start of "Measurement Period") >= 18
define "Qualifying Encounter during Measurement Period":
["Encounter, Performed": "Encounter to Document Medications"] ValidEncounter
where ValidEncounter.relevantPeriod during "Measurement Period"

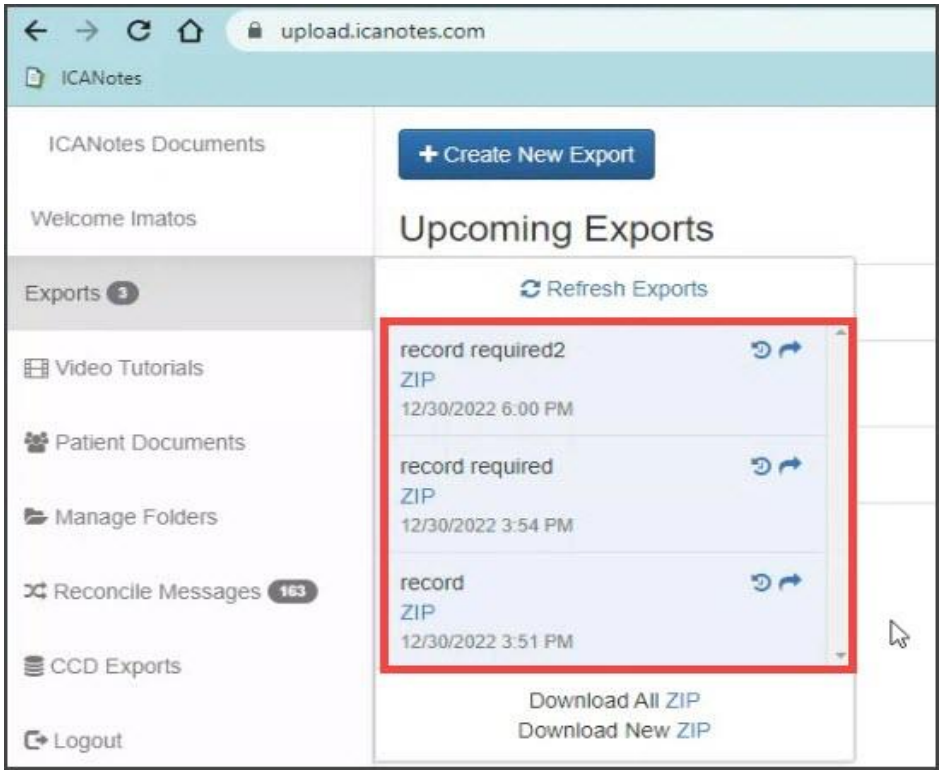

Home
Create Report
Administration
Audit Log
About
Support
Admin User
CQMsolution
Summary
Detail
Dashboard
Patient List
CMS Measure 68 v11.0.000
Documentation of Current Medications in the Medical Record
Report Id: 105
Description: January 10 for Matos
Created on: 2023-01-10 11:37 AM
Measurement Period: 2022-01-01 to 2022-12-31
Filter by
Last Name
Newman
First Name
First Name Filter
Patient ID
Patient Id Filter
Filter
Clear
Default View
Checks
Counts
Patient Name
ALICE TEST TEST NEWMAN
DOB
5/1/1970
Patient ID
1047010509374
Account Number
1000010292125
IPP
Den
Num
Excp
© Dynamic Health IT 2023

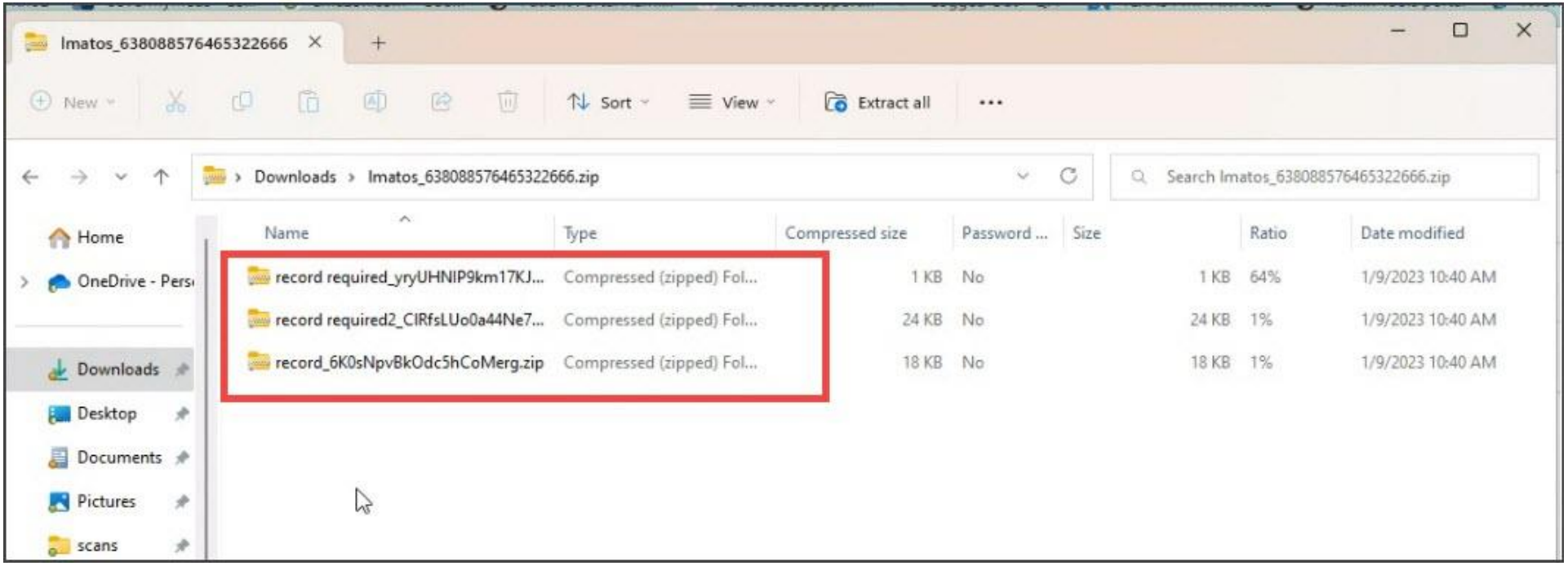
Measure 4: Transitions of Care (Send)





Measure 6 - 8: Data Export

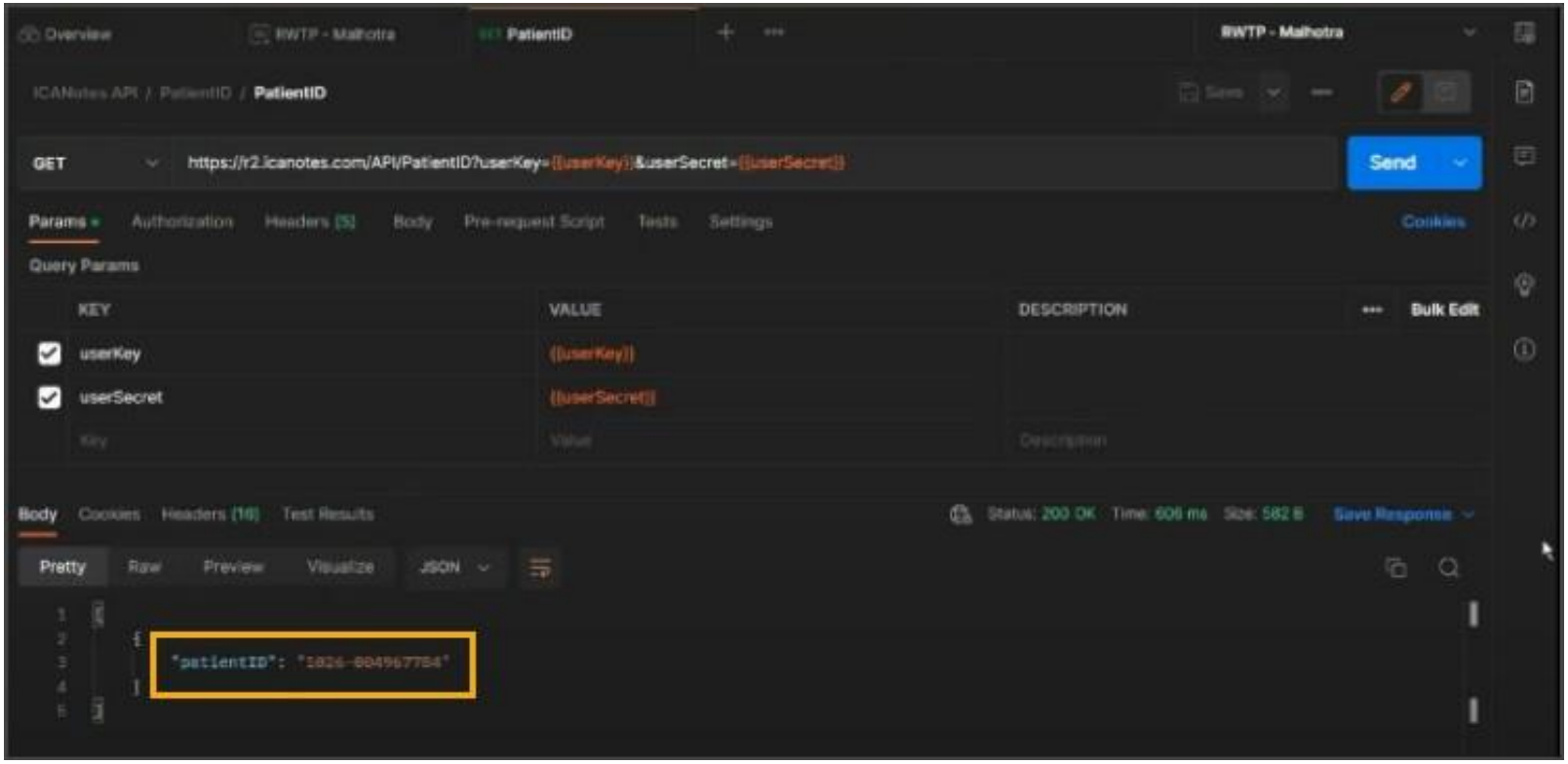




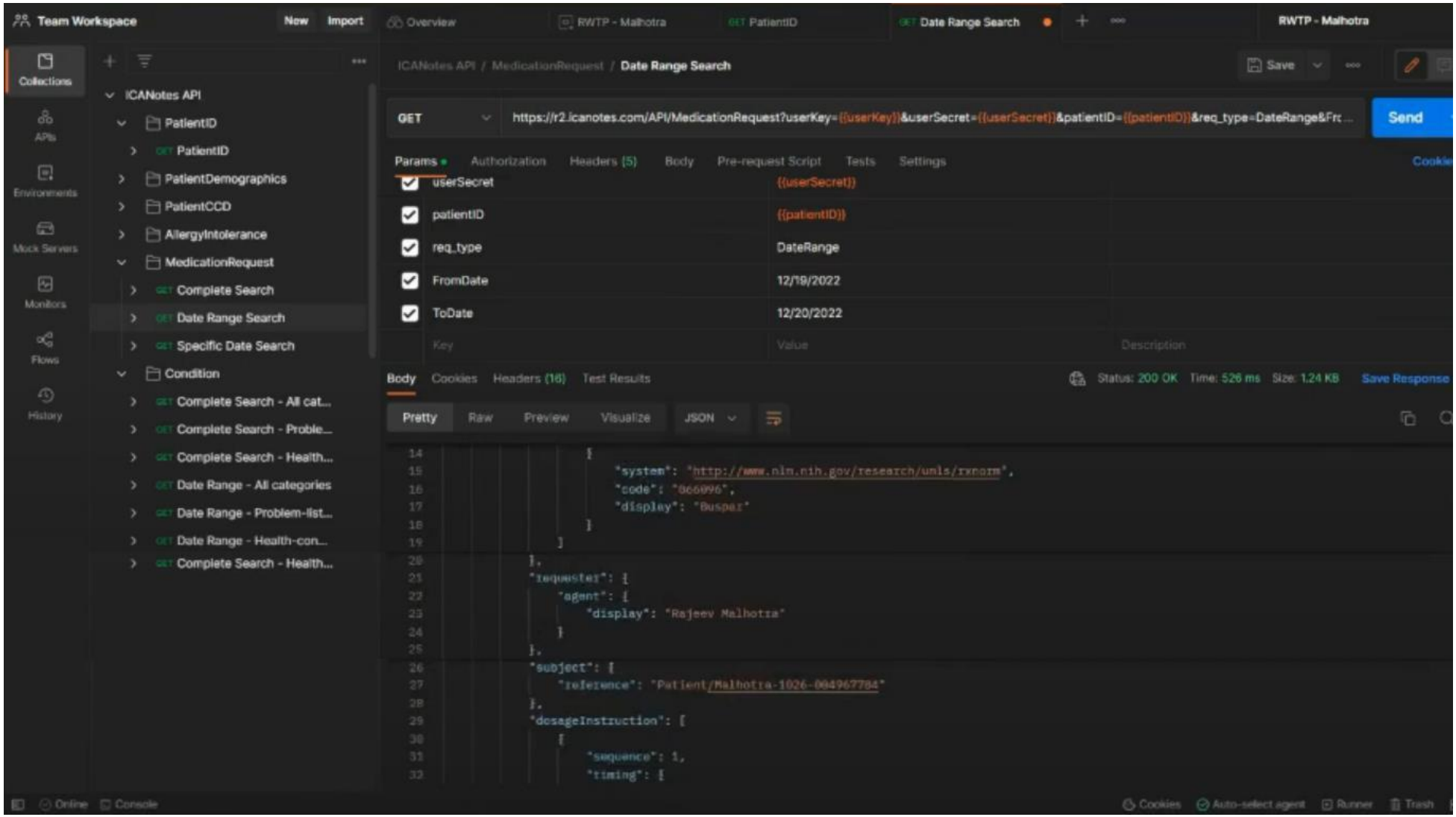
The image above displays the exports that were requested for Measures 6 through 8.

1. “record”: Measure 6 – Data Export (Immediate)
2. “record required”: Measure 7 – Data Export (Scheduled with specific date and time)
3. “record required2”: Measure 8 – Data Export (Scheduled after work hours)

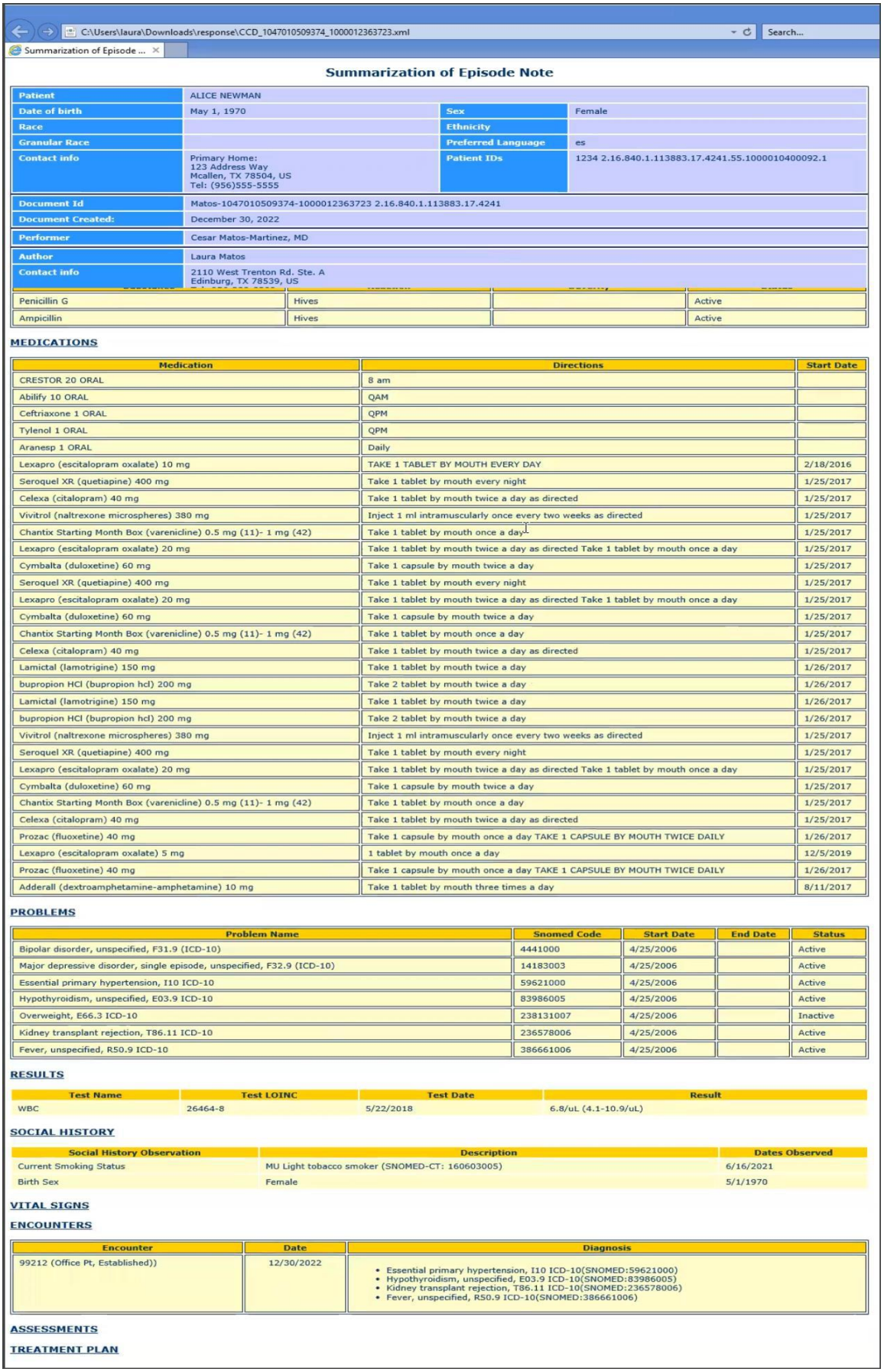
Measure 9: Application Access – Patient selection



Measure 10: Application Access Data Category Request: Medication Request



Measure 11: Application Access – All Data Request: Complete CCD



C:\Users\laura\Downloads\response\CCD_1047010509374_1000012363723.xml

Summarization of Episode ...

Summarization of Episode Note

Patient	ALICE NEWMAN		
Date of birth	May 1, 1970	**Sex**	Female
Race		**Ethnicity**	
Granular Race		**Preferred Language**	es
Contact info	Primary Home: 123 Address Way Mcallen, TX 78504, US Tel: (956)555-5555	**Patient IDs**	1234 2.16.840.1.113883.17.4241.55.1000010400092.1
Document Id	Matos-1047010509374-1000012363723 2.16.840.1.113883.17.4241		
Document Created:	December 30, 2022		
Performer	Cesar Matos-Martinez, MD		
Author	Laura Matos		
Contact info	2110 West Trenton Rd. Ste. A Edinburg, TX 78539, US		

Penicillin G	Hives		Active
Ampicillin	Hives		Active

MEDICATIONS

Medication	Directions	Start Date
CRESTOR 20 ORAL	8 am	
Abilify 10 ORAL	QAM	
Ceftriaxone 1 ORAL	QPM	
Tylenol 1 ORAL	QPM	
Aranesp 1 ORAL	Daily	
Lexapro (escitalopram oxalate) 10 mg	TAKE 1 TABLET BY MOUTH EVERY DAY	2/18/2016
Seroquel XR (quetiapine) 400 mg	Take 1 tablet by mouth every night	1/25/2017
Celexa (citalopram) 40 mg	Take 1 tablet by mouth twice a day as directed	1/25/2017
Vivitrol (naltrexone microspheres) 380 mg	Inject 1 ml intramuscularly once every two weeks as directed	1/25/2017
Chantix Starting Month Box (varenicline) 0.5 mg (11)- 1 mg (42)	Take 1 tablet by mouth once a day	1/25/2017
Lexapro (escitalopram oxalate) 20 mg	Take 1 tablet by mouth twice a day as directed Take 1 tablet by mouth once a day	1/25/2017
Cymbalta (duloxetine) 60 mg	Take 1 capsule by mouth twice a day	1/25/2017
Seroquel XR (quetiapine) 400 mg	Take 1 tablet by mouth every night	1/25/2017
Lexapro (escitalopram oxalate) 20 mg	Take 1 tablet by mouth twice a day as directed Take 1 tablet by mouth once a day	1/25/2017
Cymbalta (duloxetine) 60 mg	Take 1 capsule by mouth twice a day	1/25/2017
Chantix Starting Month Box (varenicline) 0.5 mg (11)- 1 mg (42)	Take 1 tablet by mouth once a day	1/25/2017
Celexa (citalopram) 40 mg	Take 1 tablet by mouth twice a day as directed	1/25/2017
Lamictal (lamotrigine) 150 mg	Take 1 tablet by mouth twice a day	1/26/2017
bupropion HCl (bupropion hcl) 200 mg	Take 2 tablet by mouth twice a day	1/26/2017
Lamictal (lamotrigine) 150 mg	Take 1 tablet by mouth twice a day	1/26/2017
bupropion HCl (bupropion hcl) 200 mg	Take 2 tablet by mouth twice a day	1/26/2017
Vivitrol (naltrexone microspheres) 380 mg	Inject 1 ml intramuscularly once every two weeks as directed	1/25/2017
Seroquel XR (quetiapine) 400 mg	Take 1 tablet by mouth every night	1/25/2017
Lexapro (escitalopram oxalate) 20 mg	Take 1 tablet by mouth twice a day as directed Take 1 tablet by mouth once a day	1/25/2017
Cymbalta (duloxetine) 60 mg	Take 1 capsule by mouth twice a day	1/25/2017
Chantix Starting Month Box (varenicline) 0.5 mg (11)- 1 mg (42)	Take 1 tablet by mouth once a day	1/25/2017
Celexa (citalopram) 40 mg	Take 1 tablet by mouth twice a day as directed	1/25/2017
Prozac (fluoxetine) 40 mg	Take 1 capsule by mouth once a day TAKE 1 CAPSULE BY MOUTH TWICE DAILY	1/26/2017
Lexapro (escitalopram oxalate) 5 mg	1 tablet by mouth once a day	12/5/2019
Prozac (fluoxetine) 40 mg	Take 1 capsule by mouth once a day TAKE 1 CAPSULE BY MOUTH TWICE DAILY	1/26/2017
Adderall (dextroamphetamine-amphetamine) 10 mg	Take 1 tablet by mouth three times a day	8/11/2017

PROBLEMS

Problem Name	Snomed Code	Start Date	End Date	Status
Bipolar disorder, unspecified, F31.9 (ICD-10)	4441000	4/25/2006		Active
Major depressive disorder, single episode, unspecified, F32.9 (ICD-10)	14183003	4/25/2006		Active
Essential primary hypertension, I10 ICD-10	59621000	4/25/2006		Active
Hypothyroidism, unspecified, E03.9 ICD-10	83986005	4/25/2006		Active
Overweight, E66.3 ICD-10	238131007	4/25/2006		Inactive
Kidney transplant rejection, T86.11 ICD-10	236578006	4/25/2006		Active
Fever, unspecified, R50.9 ICD-10	386661006	4/25/2006		Active

RESULTS

Test Name	Test LOINC	Test Date	Result
WBC	26464-8	5/22/2018	6.8/uL (4.1-10.9/uL)

SOCIAL HISTORY

Social History Observation	Description	Dates Observed
Current Smoking Status	MU Light tobacco smoker (SNOMED-CT: 160603005)	6/16/2021
Birth Sex	Female	5/1/1970

VITAL SIGNS

ENCOUNTERS

Encounter	Date	Diagnosis
99212 (Office Pt, Established))	12/30/2022	• Essential primary hypertension, I10 ICD-10(SNOMED:59621000) • Hypothyroidism, unspecified, E03.9 ICD-10(SNOMED:83986005) • Kidney transplant rejection, T86.11 ICD-10(SNOMED:236578006) • Fever, unspecified, R50.9 ICD-10(SNOMED:386661006)

ASSESSMENTS

TREATMENT PLAN