Passed	Care Coordination
☐	§ 170.315(b)(1) Transitions of care
☐	§ 170.315(b)(7) Security tags - summary of care - send
☐	§ 170.315(b)(8) Security tags - summary of care - receive
☐	§ 170.315(b)(10): Electronic Health Information Export

Passed	Patient Engagement
☐	§ 170.315(e)(1) View, download, and transmit to 3rd party

Passed	Application Programming Interfaces
☐	§ 170.315(g)(7) Application access— patient selection
☐	§ 170.315(g)(8) Application access— data category request
☐	§ 170.315(g)(9): Application Access - All Data Request (Cures Update)
☐	§ 170.315(g)(10) Standardized API for patient and population services

Passed	Public Health
☐	§ 170.315(f)(1) Transmission to immunization registries
☐	§ 170.315(f)(2) Transmission to public health agencies — syndromic surveillance
☐	§ 170.315(f)(3) Transmission to public health agencies — reportable laboratory tests and value/results
☐	§ 170.315(f)(5) Transmission to public health agencies — electronic case reporting

Passed	Electronic Exchange
☐	§ 170.315(h)(1) Direct Project

Criteria	Care Setting	Measurement Period			Date		Key Milestones
Care Coordination							
§ 170.315(b)(1) Transitions of care § 170.315(b)(7) Security tags - summary of care - send § 170.315(b)(8) Security tags - summary of care - receive § 170.315(h)(1) Direct Project: from the Electronic Exchange Category	Ambulatory & Inpatient	3/1/2022	-	6/1/2022	May, 2022	☐	• Confirm Trading Partner • Confirm ability to send and receive clinical documents • Confirm with TP that production data will be used, whether in an actual live environment or a copy of a live environment
					June, 2022	☐	• Care provider selects recipient from directory of Direct addresses and initiates sending of Clinical Document. The user is able to create a C-CDA Release 2.1 that also includes the reason for referral, and the referring or transitioning provider's name and office contact information. • C-CDA Care Referral or Referral Note is triggered to send via Direct Protocol • Care provider reviews the Direct Status screen (under Direct Outgoing menu choice) to ensure Clinical Document was successfully transmitted.
					June, 2022	☐	• Care provider selects recipient from directory of Direct addresses and initiates sending of Clinical Document. • Care provider creates a C-CDA Release 2.1 Discharge Summary Document that also includes the discharge instructions. • Care provider reviews the Direct Status screen (under Direct Outgoing menu choice) to ensure Clinical Document was successfully transmitted via Direct Protocol.
					June, 2022	☐	Recipient uses scorecard to grade C-CDA
					July, 2022	☐	• Tester uses Document Center to locate Clinical Document. • Care provider reviews the Direct Status screen (under Direct Outgoing menu choice). • Recipient validates that Social History section of C-CDA is flagged as restricted
					August, 2022	☐	
§ 170.315(b)(10) Electronic Health Information export	Ambulatory & Inpatient	3/1/2022	-	6/1/2022	Start test plan execution: May, 2022	☐	• Date and time ranges can be configurable via the UI • Targeted Practices can be configurable via the UI • Patients exported can be configurable via the UI
					June, 2022	☐	Use the Edge Test Tool to check validity of output file
					July, 2022	☐	Export summary was created and completed successfully
					Complete test execution: August, 2022	☐	
Patient Engagement							
§ 170.315(e)(1) View, download, and transmit to 3rd party	Ambulatory & Inpatient	3/1/2022	-	6/1/2022	May, 2022	☐	Patient demographics are captured in the EHR
					June, 2022	☐	• Ensure patient received activation email or • provide patient with Username and Password
					June, 2022	☐	Record validation in the audit log that patient has transmitted the C-CDA via DIRECT or email
					August, 2022	☐	• Run Timely Access report in ConnectEHR and compare to patient visit report from EHR to determine percentage of patients who had access within 24 hours. • Calculate average of survey responses.
Public Health							
§ 170.315(f)(1) Transmission to immunization registries	Ambulatory & Inpatient	3/1/2022	-	6/1/2022	May, 2022	☐	• Has a state immunization registry that is enabled for bi-directional send/receive of immunization data. • Already has a functional bi-directional immunization interface or would like to implement one to their registry. • If we are unable to find a Client that meets these criteria, we will use the Alternate Test Procedure (see below).
					June, 2022	☐	Validate that immunization interface is functioning as expected
					July, 2022	☐	Verify immunization data was received in registry for patient A
					July, 2022	☐	Verify immunization data was received in EHR for patient B
					August, 2022	☐	See above
					May, 2022	☐	• Has a state immunization registry that can receive immunization data • Already has a functional immunization interface or would like to implement one to their registry
					June, 2022	☐	Validate that immunization interface is functioning as expected
					July, 2022	☐	Verify that immunization data was received for patient A
					August, 2022	☐	
§ 170.315(f)(2) Transmission to public health agencies — syndromic surveillance	Ambulatory & Inpatient	3/1/2022	-	6/1/2022	May, 2022	☐	Syndromic surveillance messages are successfully received and processed by public health agency.
					June, 2022	☐	Functioning HL7 2.5.1 interface to public health agency
					August, 2022	☐	
§ 170.315(f)(3) Transmission to public health agencies — reportable laboratory tests and value/results	Inpatient	3/1/2022	-	6/1/2022	May, 2022	☐	Client test partner selected
					June, 2022	☐	Lab interface is functioning as expected
					July, 2022	☐	Confirm data received
					August, 2022	☐	
§ 170.315(f)(5) Transmission to public health agencies — electronic case reporting	Ambulatory & Inpatient	3/1/2022	-	6/1/2022	May, 2022	☐	eCR messages are successfully received and processed by public health agency.
					June, 2022	☐	Functioning eCR interface to public health agency
					August, 2022	☐	
Application Programming Interfaces							
§ 170.315(g)(7) Application access— patient selection § 170.315(g)(8) Application access— data category request § 170.315(g)(9) Application access— all data request	Ambulatory & Inpatient	3/1/2022	-	6/1/2022	May, 2022	☐	• Partner with PHR or identify existing PHR that can receive patient clinical data as described in this RWT plan. • Ensure that PHR has functionality to access the Dynamic FHIR API, as described here. • Partner with EHR that is integrated with the Dynamic FHIR API and Patient Portal modules of ConnectEHR.
					June, 2022	☐	Encounter is created and visually confirmed
					July, 2022	☐	• Dynamic FHIR API has transformed C-CDA into FHIR resources. • PHR app consumes FHIR resources to populate EHR data
					July, 2022	☐	Visually validate Assessment, Plan of Treatment and Health Concerns narrative text
					August, 2022	☐	
§ 170.315(g)(10) Standardized API for patient and population services	Ambulatory & Inpatient	3/1/2022	-	6/1/2022	May, 2022	☐	• Partner with PHR or identify existing PHR that can receive patient clinical data as described in this RWT plan. We recommend MyLinks (https://www.mylinks.com/) • Ensure that PHR has functionality to access the Dynamic FHIR API, as described here. • Partner with EHR that is integrated with the Dynamic FHIR API and Patient Portal modules of ConnectEHR.

					June, 2022	☐	Encounter is created and visually confirmed
					July, 2022	☐	• Dynamic FHIR API has transformed C-CDA into FHIR resources. • PHR app consumes FHIR resources to populate EHR data
					May, 2022	☐	• Partner with a provider-centric app for improved patient care (e.g. growth charts, clinical decision support, patient charting). • Ensure that app has functionality to access the Dynamic FHIR API, as described here. • Partner with EHR that is integrated with the Dynamic FHIR API module of ConnectEHR.
					June, 2022	☐	• Data is rendered correctly: Provider compares patient data in app to patient data in EHR and notes any discrepancies.
					May, 2022	☐	• Partner with a provider-centric app that requires periodic bulk data downloads. • Ensure that app has functionality to access the Dynamic FHIR API, as described here. • Partner with EHR that is integrated with the Dynamic FHIR API module of ConnectEHR.
					June, 2022	☐	• Data is rendered correctly: Provider compares patient data in app to patient data in EHR and notes any discrepancies.
					August, 2022	☐	
Electronic Exchange							
§ 170.315(h)(1) Direct Project (Included with (b)(1),(b)(7),(b)(8) in the CareCoordination Category)	Ambulatory & Inpatient	3/1/2022	-	6/1/2022	SEE CARE COORDINATION		SEE CARE COORDINATION

Table of Contents Link	Associated Certification Criteria: § 170.315(b)(1) Transition of Care (Cures Update) § 170.315(b)(7) Security tags - summary of care - send § 170.315(b)(8) Security tags - summary of care - receive § 170.315(h)(1) Direct Project		
	Measure Description: Send and receive Transition of Care (TOC) messages with other providers to close the referral loop. The patient's ePHI will be exchanged using a C-CDA 2.1 Care Referral or Referral Note and DIRECT secure messaging for data transport.	Justification: We chose to concentrate on the aspects of this criterion that would: 1) showcase ConnectEHR's streamlined approach to provider-to-provider patient referrals and transitions of care with the ultimate goal being higher quality patient care 2) eliminate as much risk of data entry errors as possible by transmitting patient data securely and electronically rather than relying on manual data entry for referrals 3) reduce the overall time burden of manual data entry 4) ensure private and secure transmission of patients' PHI 5) result in increased interoperability between disparate HIT systems.	
	Metric Description: 1) 100 percent of outbound TOC's successfully received by HISP 2) Average C-CDA grade from scorecard for C-CDAs generated from ConnectEHR is a "C" or bette 2) 75 percent of C-CDAs flagged as restricted were received in restricted status based on comfied receipt from trading partner 3) 75 percent of trading partner's TOC C-CDAs successfully received by ConnectEHR.		Standards Implemented: (SVAP) • USCDIv1 July 2020 Errata • Applicability Statement for Secure Health Transport, Version 1.2, August 2015 (Direct) • HL7 C-CDA R2.1 Implementation Guide, October 2019. CDAR2_IG_C-CDAA_CLINNOTES_R1_DSTU2.1_2015AUG_2019JUNwith_errata •HL7 Implementation Guide for CDA® Release 2: Consolidated CDA Templates for Clinical Notes (US Realm), Draft Standard for Trial Use, Volume 1 - Introductory Material, Release 2.1, August 2015 •HL7 Implementation Guide for CDA® Release 2: Consolidated CDA Templates for Clinical Notes (US Realm), Draft Standard for Trial Use, Volume 2 - Templates and Supporting Material, Release 2.1, August 2015 •HL7 Implementation Guide for CDA® Release 2: IHE Health Story Consolidation, DSTU Release 1.1 (US Realm) Draft Standard for Trial Use July 2012 •ONC Implementation Guide for Direct Edge Protocols, Version 1.1, June 25, 2014 • HL7® CDA R2 Implementation Guide: C-CDA Templates for Clinical Notes R2.1 Companion Guide, Release 2-US Realm, October 2019
	Developer Info: DYNAMIC HEALTH IT, INC 320 Monticello Ave. New Orleans, LA 70121 504.309.9103 Ambulatory Care Setting: The ambulatory care setting is the most common one for ConnectEHR users. Many belong to specialties such as eye care, chiropractic and behavioral health. We don't specifically market to particular specialty areas, so this test plan generically applies to ambulatory care settings. Inpatient Care Setting: Some ConnectEHR users are in a hospital setting, so we've included test steps for generation of discharge summaries.	Product Info: Product Name: ConnectEHR Product Version: 4.0 CHPL ID: 15.02.02.2713.A050.02.01.0.201106	Methods Use to Demonstrate Interoperability: 1) HISP via Direct Protocol (SMTP) 2) HIE exchange 3) HTTPS via secure provider portal

Test Step:	Testing Procedure:	Expected Outcomes:	Key Milestone Date:	Key Milestone:	Outcomes:	Comments:
1	Identify Trading Partner (TP) and coordinate with TP for sending/receiving clinical documents using production data as described in this RWT plan.	• Confirm Trading Partner • Confirm ability to send and receive clinical documents • Confirm with TP that production data will be used, whether in an actual live environment or a copy of a live environment	May, 2022	☐		
*	Next 2 steps are for Ambulatory setting only					

2a	Patient A has encounter with care provider and data is captured in EHR	• USCDIv1 data elements captured in EHR (system under test) • Care provider selects Clinical Document to be transmitted. • Care provider is able to create a C-CDA Release 2.1 that also includes the reason for referral, and the referring or transitioning provider's name and office contact information. • Care provider flags the document as restricted and subject to restrictions on re-disclosure.				
3a	Care provider initiates TOC to TP EHR in EHR	• Care provider selects recipient from directory of Direct addresses and initiates sending of Clinical Document. The user is able to create a C-CDA Release 2.1 that also includes the reason for referral, and the referring or transitioning provider's name and office contact information. • C-CDA Care Referral or Referral Note is triggered to send via Direct Protocol • Care provider reviews the Direct Status screen (under Direct Outgoing menu choice) to ensure Clinical Document was successfully transmitted.	June, 2022	☐		
	* Next 2 steps are for Inpatient setting only	Provider had an encounter that required a patient was referred or transition to another care setting				
2i	Patient A has inpatient admission and discharge and data is captured in EHR	• USCDIv1 data elements captured in EHR (system under test) • Care provider is able to create a C-CDA Release 2.1 Discharge Summary Document that also includes the discharge instructions. • Care provider flags the document as restricted and subject to restrictions on re-disclosure.				
3i	Care provider initiates TOC in EHR	• Care provider selects recipient from directory of Direct addresses and initiates sending of Clinical Document. • Care provider creates a C-CDA Release 2.1 Discharge Summary Document that also includes the discharge instructions. • Care provider reviews the Direct Status screen (under Direct Outgoing menu choice) to ensure Clinical Document was successfully transmitted via Direct Protocol.	June, 2022	☐		
*	Next steps take place in trading partner's EHR.					
4	Validate that C-CDA for Patient A contains USCDIv1 data elements.	Recipient uses scorecard to grade C-CDA	June, 2022	☐		
5	Trading partner refers Patient B from TP EHR to system under test by generating C-CDA Clinical Document or Referral Note.	• Care provider flags Social History section of C-CDA as restricted. •Care provider selects recipient from directory of Direct addresses and initiates sending of Clinical Document.				

6	In system under test, tester acknowledges receipt of valid Clinical Document.	• Tester uses Document Center to locate Clinical Document. • Care provider reviews the Direct Status screen (under Direct Outgoing menu choice). • Recipient validates that Social History section of C-CDA is flagged as restricted	July, 2022	☐		
7	Calculate and compile metrics		August, 2022	☐		
	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:					
	Authorized Representative Email:					
	Authorized Representative Phone:					
	Authorized Representative Signature:					
	Date:					

Table of Contents	Associated Certification Criteria: § 170.315(b)(10) Electronic Health Information export					
	Measure Description: **Export USCDIv1 clinical data for a population of patients for use in a different health information technology product or a third party system. This export can be used for many purposes, including data portability when a physician practice switches to a new EHR platform.**	Justification: **We chose to concentrate on the aspects of this criterion that would: 1) demonstrate ConnectEHR's ability to export batches of patient data in a straightforward fashion 2) facilitate interoperability by providing the exported data in the form of valid CCD files that conform to the HL7 standards as described in the HL7 Implementation Guide for CDA® Release 2: Consolidated CDA Templates for Clinical Notes (US Realm).**				
	Metric Description: **1) C-CDA count matches actual patient count for requested date range. 2) 50% Percent of spot-checked C-CDAs pass scorecard with overall grade of "C" or better.**		Standards Implemented: (SVAP) **1) USCDIv1 July 2020 Errata 2) HL7 C-CDA R2.1 Implementation Guide, October 2019. CDAR2_IG_C-CDAA_CLINNOTES_R1_DSTU2.1_2015AUG_2019JUNwith_errata**			
	Developer Info: **DYNAMIC HEALTH IT, INC 320 Monticello Ave. New Orleans, LA 70121 504.309.9103** Care Setting: **Ambulatory/Inpatient The functionality for the criteria is the same regardless of the care setting.**	Product Info: **Product Name: ConnectEHR Product Version: 4.0** CHPL ID: **15.02.02.2713.A050.02.01.0.201106**	Methods Use to Demonstrate Interoperability: **1) Visual validation/counting 2) Test output file with C-CDA scorecard to ensure correct format/contents.**			

Test Step:	Testing Procedure:	Expected Outcomes:	Key Milestone Date:	Key Milestone:	Outcome:	Comment(s)
1	Using production data in an actual live environment or copy of live environment, demonstrate the ability to configure data export configurations for Timeframe and Location	• Date and time ranges can be configurable via the UI • Targeted Practices can be configurable via the UI • Patients exported can be configurable via the UI	Start test plan execution: May, 2022	☐		
2	Demonstrate the ability to limit the set of users who can create export summaries	Logging in as a VendorAdmin will allow access to the export functionality				
3	Confirm users roles that have been denied export summary access cannot create export summaries	Logging in as a non-VendorAdmin will not allow access to the export functionality				
4	Create and validate an export for a single patient	Use the Edge Test Tool to check validity of output file	June, 2022	☐		
5	Create an export summary for data within a entered date and time range	• Data was available for the entered date and time range • The export summary contained data only within that date and time range				
6	Create an export summary in real time	Export summary was created and completed successfully	July, 2022	☐		
7	Save the export summary to a preferred location at the time of export.	• Saving to a preferred location is allowed • Visually confirming the export after save is performed and successful				
8	Calculate and compile metrics		Complete test execution: August, 2022	☐		

	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:
	Authorized Representative Email:
	Authorized Representative Phone:
	Authorized Representative Signature:

	Date:					

Table of Contents	Associated Certification Criteria: 170.315(e)(1) View, Download, and Transmit to 3rd Party		
	Measure Description: Provide patient (and their authorized representatives) user friendly, secure Portal access to their PHI in C-CDA 2.1 HL7 Standard format. Allowing patient to download a summary in both a human readable format and using the CCD document template of the Consolidated CDA Release 2.1 containing: • The USCDI Data Elements • The provider's name and office contact information • Laboratory test report(s) • Diagnostic image report(s)	Justification: We chose to concentrate on the aspects of this criterion that would empower patients with timely electronic access to comprehensive, useful ePHI.	
	Metric Description: 1) 90 percent of unique patient with encounters in the review period are provided timely access (within 24 hours of their encounter) to health information to view online, download, and transmit to a third party. 2) **Average score between 1 and 2 (1=Easy to use, 5=Unable to access) for patients or A**uthorized Representatives who tried to access the patient portal and responded to survey questions. 3) Average score b**etween 1 and 2 (1=Easy to download/transmit, 5=Unable to downlo**ad/transmit) for patients or Authorized Representatives who accessed the patient portal and tried to download or transmit a C-CDA.		Standards Implemented: (SVAP) • USCDIv1 July 2020 Errata • Web Content Accessibility Guidelines (WCAG) 2.0, December 11, 2008 • Web Content Accessibility Guidelines (WCAG) 2.1, June 05, 2018 (Available 3/12/2021) • HL7 C-CDA R2.1 Implementation Guide, October 2019. CDAR2_IG_C-CDAA_CLINNOTES_R1_DSTU2.1_2015AUG_2019JUNwith_errata • HL7 Implementation Guide for CDA® Release 2: Consolidated CDA Templates for Clinical Notes (US Realm), Draft Standard for Trial Use, Volume 1 - Introductory Material, Release 2.1, August 2015 • HL7® CDA R2 Implementation Guide: C-CDA Templates for Clinical Notes R2.1 Companion Guide, Release 2-US Realm, October 2019
	Developer Info: DYNAMIC HEALTH IT, INC 320 Monticello Ave. New Orleans, LA 70121 504.309.9103 Care Setting: Ambulatory/Inpatient The functionality for the criteria is the same regardless of the care setting.	Product Info: Product Name: ConnectEHR Product Version: 4.0 CHPL ID: 15.02.02.2713.A050.02.01.0.201106	Methods Use to Demonstrate Interoperability: 1) Direct Protocol Send Functionality 2) SMTP Email Send Functionality 3) HTTPS via secure portal Access for patient from any browser 4) Ability for Portal to be accessed via a Smartphone or Tablet

Test Step:	Testing Procedure:	Expected Outcomes:	Key Milestone Date:	Key Milestone:	Outcomes:	Comment(s)
1	Identify Trading Partner (TP) and coordinate with TP for providing patients timely access to their ePHI using production data as described in this RWT plan.	• Confirm Trading Partner • Confirm ability to provide patients timely access to their ePHI • Confirm with TP that production data will be used, whether in an actual live environment or a copy of a live environment	May, 2022	☐		
2	For a period of time (1 month?), monitor the system as the below steps (3-12) take place continuously.	Many patient visits will occur during the period of time, generating a sufficient amount of data for calculating the metrics at the end of testing.				
3	Patient arrives for a visit	Patient demographics are captured in the EHR				
4	Provider Charts on the Patients health status	USCDIv1 data elements are recorded in EHR				

170.315(e)(1)

5	Provider Signs note or patient checks out	Trigger is provided to create C-CDA or C-CDA is dropped to ConnectEHR				
6	EHR system generates CCD including all provided USCDIv1 data	• Validate that a C-CDA has been triggered. • Ensure patient is mapped to the right provider and practice. • Visually verify USCDIv1 data sections exist with accurate information • Validate code systems and format with ScoreCard or ETT tool for schema validation.				
7	Patient activates Portal	• Ensure patient received activation email or • provide patient with Username and Password	June, 2022	☐		
8	Patient or authorized representative logs into Portal	• URL is provided to patient in an email or • the Patient is provided the URL while in the physician's office. • Record validation in the audit log that URL is functional				
9	Patient or authorized representative views C-CDA or choses a date range of CCDs to view	• Record validation in the audit log that patient has viewed C-CDA • Validate NTP by comparing Portal timestamp with ConnectEHR timestamp				
10	Patient or authorized representative downloads C-CDA their choice of xml or pdf	Record validation in the audit log that patient has downloaded C-CDA				
11	Patient or authorized representative transmits:	Record validation in the audit log that patient has transmitted the C-CDA via DIRECT or email	June, 2022	☐		
a	C-CDA via Direct Protocol to a provider					
b	C-CDA via email to others					
12	Request survey response on Patient Portal ease of use and accessibility.	Patient or authorized representative provides a score from 1 (easy) to 5 (unable) on the following criteria • accessing the portal • downloading and/or transmitting ePHI				
13	Calculate and compile metrics	• Run Timely Access report in ConnectEHR and compare to patient visit report from EHR to determine percentage of patients who had access within 24 hours. • Calculate average of survey responses.	August, 2022	☐		

	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:
	Authorized Representative Email:
	Authorized Representative Phone:

	Authorized Representative Signature:					
	Date:					

Table of Contents	Associated Certification Criteria: §170.315(f)(1) Transmission to immunization registries					
	Measure Description: Create and transmit immunization information. Enable a user to request, access, and display a patient's evaluated immunization history and the immunization forecast from an immunization registry	Justification: We chose to concentrate on the aspects of this criterion that would provide the most patient care value in an actual setting. Immunization registries can be very helpful in directing and informing patient care and in cost control through identification of needed immunizations and elimination of redundant immunizations. In our experience, most immunization registries do not yet have the ability to handle a bi-directional query/response type of interface. That's why we offered the Alternate Test Approach.				
	Metric Description: 1) 100 percent correct immunization records successfully posted to registry confi rmed by visual validation. 2) 100 percent correct correct immunization history records successfully receive d in EHR confirmed by visual validation. 3) Successful Transmission to Public Health Registry will be reviewed for ACK & NAK to ensure 100% successful transmission.		Standards Implemented: (SVAP) • § 170.205(e)(4) HL7 2.5.1 Implementation Specifications. HL7 2.5.1 Implementation Guide for Immunization Messaging, Release 1.5, October 2014 • HL7 Version 2.5.1 Implementation Guide for Immunization Messaging (Release 1.5)—Addendum, July 2015§ 170.207(e)(3) HL7 Standard Code Set CVX— Vaccines Administered, updates through August 17, 2015 • § 170.207(e)(4) National Drug Code (NDC) Directory– Vaccine NDC Linker, updates through August 17, 2015			
	Developer Info: DYNAMIC HEALTH IT, INC 320 Monticello Ave. New Orleans, LA 70121 504.309.9103 Care Setting: Ambulatory/Inpatient The functionality for the criteria is the same regardless of the care setting.	Product Info: Product Name: ConnectEHR Product Version: 4.0 CHPL ID: 15.02.02.2713.A050.02.01.0.201106	Methods Use to Demonstrate Interoperability: 1) SFTP 2) TCP/IP 3) Webservice 4) HL7 Standard Code Set CVX – Vaccine Administered OID : 2.16.840.1.113883.12.292 5) National Drug Code Directory OID : 2.16.840.1.113883.6.69 6) SOAP-based standard for transport of immunization data			
Test Step:	Testing Procedure:	Expected Outcomes:	Key Milestone Date:	Key Milestone:	Outcomes:	Comment(s)
1	Identify Trading Partner (TP) and coordinate with TP for transmitting immunization records using production data as described in this RWT plan.	• Has a state immunization registry that is enabled for bi-directional send/receive of immunization data. • Already has a functional bi-directional immunization interface or would like to implement one to their registry. • If we are unable to find a Client that meets these criteria, we will use the Alternate Test Procedure (see below).	May, 2022	☐		
2	Implement bi-directional immunization interface (if interface not already in place)	Validate that immunization interface is functioning as expected	June, 2022	☐		
3	Determine whether test or production interface will be used.	If production, determine whether an actual patient or a test patient will be used.				
4	Create a new immunization record	• Register a patient or create a new patient "A" in Client EHR and create a current patient encounter. • Record an immunization in Client EHR.				
5	Create a new query	• Select a patient or create a new patient "B" in Client EHR and create a current patient encounter. • Request immunization record in Client EHR.				
6	Run immunization process to send/receive from registry (assuming process is batch, rather than real-time).	Confirm send/received functionality				
7	Access registry to verify that immunization data was received for patient A.	Verify immunization data was received in registry for patient A	July, 2022	☐		
8	Access EHR to verify that immunization data was received for patient B.	Verify immunization data was received in EHR for patient B	July, 2022	☐		
9	Calculate and compile metrics	See above	August, 2022	☐		
*	Alternate Test Procedure (Bi-Directional Interface to Registry Not Available)					
1	Identify Trading Partner (TP) and coordinate with TP for transmitting immunization records using production data as described in this RWT plan.	• Has a state immunization registry that can receive immunization data • Already has a functional immunization interface or would like to implement one to their registry	May, 2022	☐		
2	Implement send-only immunization interface (if interface not already in place).	Validate that immunization interface is functioning as expected	June, 2022	☐		
3	Determine whether test or production interface will be used.	If production, determine whether an actual patient or a test patient will be used.				

4	Create a new immunization record.	• Register a patient or create a new patient "A" in Client EHR and create a current patient encounter • Record an immunization in Client EHR				
5	Run immunization process to send to registry (Note: This is an optional step for batch process registry transmission, rather than real-time).	Confirm immunization process				
6	Access registry to verify that immunization data was received for patient A.	Verify that immunization data was received for patient A	July, 2022	☐		
7	Calculate and compile metrics		August, 2022	☐		

	Attestation: **This Real World Testing plan is complete with all required elements, including me asures that address all certification criteria and care settings.** **All information in this plan is up to date and fully addresses the Health IT Develo per's Real World Testing requirements.**	
	Authorized Representative Name:	
	Authorized Representative Email:	
	Authorized Representative Phone:	
	Authorized Representative Signature:	
	Date:	

Table of Contents	Associated Certification Criteria: §170.315(f)(2) Transmission to public health agencies — syndromic surveillance					
	Measure Description: Create syndromic surveillance messages and transmit to public health agencies.	Justification: We chose to concentrate on the aspects of this criterion that would: 1) Ensure all patients flagged will have health data sent for surveillance 2) Allow for health threats to be reported faster. 3) Provide information to the CDC or other registries to identify illness clusters early, before diagnoses are confirmed and reported to public health agencies, and to mobilize a rapid response, thereby reducing morbidity and mortality.				
	Metric Description: 1) 100 percent of HL7 Syndromic Surveillance messages successfully sent and acknowledged (via HL7 ACK) by public health agency 2) 100 percent of syndromic surveillance messages successfully received and processed by public health agency based on either: a) Logging into agency web site and validating, or b) Using a report provided by agency		Standards Implemented: (SVAP) • § 170.205(d)(4) HL7 2.5.1. Implementation specifications. PHIN Messaging Guide for Syndromic Surveillance: Emergency Department, Urgent, Care, Inpatient and Ambulatory Care, and Inpatient SettingsRelease 2.0, April 21, 2015 • CDC PHIN Messaging Guide for Syndromic Surveillance: Emergency Department, Urgent Care, Inpatient and Ambulatory Care Settings, Release 2.0, April 21, 2015 •Erratum to the CDC PHIN 2.0 Implementation Guide, August 2015; Erratum to the CDC PHIN 2.0 Messaging Guide, April 2015 Release for Syndromic Surveillance: Emergency Department, Urgent Care, Inpatient and Ambulatory Care Settings			
	Developer Info: DYNAMIC HEALTH IT, INC 320 Monticello Ave. New Orleans, LA 70121 504.309.9103 Care Setting: Ambulatory/Inpatient The functionality for the criteria is the same regardless of the care setting.	Product Info: Product Name: ConnectEHR Product Version: 4.0 CHPL ID: 15.02.02.2713.A050.02.01.0.201106	Methods Use to Demonstrate Interoperability: 1) ICD-10-CM 2) SNOMED CT® 3) SFTP 4) TCP/IP 5) Webservice			

Test Step:	Testing Procedure:	Expected Outcomes:	Key Milestone Date:	Key Milestone:	Outcomes:	Comment(s)
1	Identify DHIT Client who either: • Has a public health agency that can receive Syndromic Surveillance data • Already has a functional Syndromic Surveillance interface or would like to implement one to their public health agency and the agency willing to share metrics of syndromic surveillance messages successfully received.	Syndromic surveillance messages are successfully received and processed by public health agency.	May, 2022	☐		
2	Implement send-only public health interface (if interface not already in place). • Determine whether test or production interface will be used • If production, determine whether an actual patient or a test patient will be used	Functioning HL7 2.5.1 interface to public health agency	June, 2022	☐		
3	Create a new patient encounter. • Register a patient or create a new patient "A" in Client EHR and create a current patient encounter • Enter one or more ICD-10 diagnosis codes present in the Trigger Events table that lists reportable Syndromic Surveillance diagnoses	Patient registered and queued for interface				
4	Run Syndromic Surveillance process to send to public health agency (assuming process is batch, rather than real-time).	• Ensure messages are de-identified per CDC PHIN Messaging Guide requirements • Messages sent to public health agency				
5	Check whether HL7 messages ACKed by agency	HL7 messages are successfully received and ACKed				
6	Query agency to verify that public health data was received for patient A.	Public health successfully processed by agency				
7	Calculate and compile metrics		August, 2022	☐		

170.315(f)(2)

	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:					
	Authorized Representative Email:					
	Authorized Representative Phone:					
	Authorized Representative Signature:					
	Date:					

Table of Contents	Associated Certification Criteria: §170.315(f)(3) Transmission to public health agencies — reportable laboratory tests and value/results		
	Measure Description: **Create and transmit HL7 lab result messages to public health agency.**	Justification: **We wanted to focus on aspects of this criterion that would generally provide the most public health benefit. State agencies provide statistics that can be very helpful to patient care, epidemiologists and government for identifying disease outbreaks, epidemics and even pandemics.**	
	Metric Description: **1) 100 percent of HL7 Reportable lab messages successfully sent and acknowledged (via HL7 ACK) by public health agency** **2) 100 percent of reportable lab messages successfully received and processed by public health agency based on either:** **a) Logging into agency web site and validating, or** **b) Using a report provided by agency**		Standards Implemented: (SVAP) **• HL7 2.5.1. Implementation specifications. HL7 Version 2.5.1 Implementation Guide: Electronic Laboratory Reporting to Public Health Release 1 (US Realm)** **• Errata and Clarifications and ELR 2.5.1 Clarification Document for EHR Technology Certification** **• § 170.207(a)(3) International Health Terminology Standards Development Organisation (IHTSDO) Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT®) International Release July 2012 and US Extension to SNOMED CT® March 2012 Release** **• § 170.207(c)(2) Logical Observation Identifiers Names and Codes (LOINC®) Database version 2.40, Released July 2012, a universal code system for identifying laboratory and clinical observations produced by the Regenstrief Institute, Inc.** **•HL7 v2.5.1 IG: Electronic Laboratory Reporting to Public Health (US Realm), Release 1 Errata and Clarifications, September, 29, 2011** **•ELR 2.5.1 Clarification Document for EHR Technology Certification, July 16, 2012** § SNOMED CT® OID: 2.16.840.1.113883.6.96 § LOINC® OID: 2.16.840.1.113883.6.1 [see also 80 FR 62612]
	Developer Info: **DYNAMIC HEALTH IT, INC** **320 Monticello Ave.** **New Orleans, LA 70121** **504.309.9103** Care Setting: **Typically, hospitals and free-standing laboratories are required to report laboratory test results to reportable lab reporting agencies. Since Dynamic Health IT does not market software to free-standing laboratories, we've chosen the hospital care setting for (f)(3) real world testing. Most hospitals with labs are required to report lab results for certain tests to their state reportable lab department.**	Product Info: **Product Name: ConnectEHR** **Product Version: 4.0** CHPL ID: **15.02.02.2713.A050.02.01.0.201106**	Methods Use to Demonstrate Interoperability: **1) Table of reportable lab tests based on LOINC® Code**

Test Step:	Testing Procedure:	Expected Outcomes:	Key Milestone Date:	Key Milestone:	Outcomes:	Comment(s)
1	Identify DHIT Client who: • Has a state agency that can receive reportable lab data • Already has a functional reportable lab (ELR) interface or would like to implement one to their agency	Client test partner selected	May, 2022	☐		
2	Implement send-only reportable lab interface (if interface not already in place)	Lab interface is functioning as expected	June, 2022	☐		
3	Determine whether test or production interface will be used If production, determine whether an actual patient or a test patient will be used	Environment and patient selected				
4	Create a new patient encounter and orders for lab tests	Confirm encounter and order				
5	Register a patient or create a new patient "A" in Client EHR and create a current patient encounter	Confirm patient and encounter				
6	Enter one or more orders for laboratory tests	Confirm order(s) are entered				
7	In Client Laboratory Information System (LIS), result these tests.	Confirm tests have been resulted				
8	Make note of the LOINC code(s) for each result to determine whether each code is present in the list of reportable codes.	Record LOINC code(s) and confirm in list of reportable codes				

170.315(f)(3)

9	Make sure LIS generates HL7 ORU (Result) messages for each patient who has a lab result	Confirm results messages for each patient				
10	Run ELR process to send to reportable lab agency (assuming process is batch, rather than real-time).	Confirm data sent				
11	Access agency to verify that reportable lab data was received for patient A.	Confirm data received	July, 2022	☐		
12	Calculate and compile metrics		August, 2022	☐		
	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:					
	Authorized Representative Email:					
	Authorized Representative Phone:					
	Authorized Representative Signature:					
	Date:					

Table of Contents	Associated Certification Criteria: § 170.315(f)(5) Transmission to public health agencies — electronic case reporting		
	Measure Description: **Create Electronic Case Reports (eCR) for transmission to public health agency based on a specific LOINC, ICD-10 and SNOMED codes entered in a patient's encounter. eCR functionality looks up the patient's codes in the table and, if appropriate, sends an eCR message to the health agency.**	**Justification:** **We chose to focus on aspects of this criterion that would provide the most patient care value in an actual setting. Public health registries can be very helpful to patient care, epidemiologists and government for identifying disease outbreaks, epidemics and even pandemics.**	
	Metric Description: **1) 100 percent of eCR messages successfully received and processed by public health agency based on either:** **a) Logging into agency web site and validating, or** **b) Using a report provided by agency**		**Standards Implemented: (SVAP)** **• HL7 Implementation Guide for CDA® Release 2: Consolidated CDA Templates for Clinical Notes (US Realm), Draft Standard for Trial Use, Volume 1 - Introductory Material, Release 2.1, August 2015** **• HL7 Implementation Guide for CDA® Release 2: Consolidated CDA Templates for Clinical Notes (US Realm), Draft Standard for Trial Use, Volume 2 - Templates and Supporting Material, Release 2.1, August 2015** **• United States Core Data for Interoperability (USCDI), Version 1, July 2020 Errata**
	Developer Info: **DYNAMIC HEALTH IT, INC** **320 Monticello Ave.** **New Orleans, LA 70121** **504.309.9103** **Care Setting:** **The ambulatory care setting is the most common one for ConnectEHR users. Many belong to specialties such as eye care, chiropractic and behavioral health. We don't specifically market to particular specialty areas, so this test plan generically applies to ambulatory care settings. We have EHR vendors who cater to general practitioners and family health, where Electronic Case Reporting (eCR) might be beneficial.**	**Product Info:** **Product Name: ConnectEHR** **Product Version: 4.0** **CHPL ID:** **15.02.02.2713.A050.02.01.0.201106**	**Methods Use to Demonstrate Interoperability:** **1) Table of Trigger Events based on LOINC, ICD-10 and SNOMED codes.** **2) Use of USCDI**

Test Step:	Testing Procedure:	Expected Outcomes:	Key Milestone Date:	Key Milestone:	Outcomes:	Comment(s)
1	Identify DHIT Client who either: • Has a public health agency that can receive eCR data • Already has a functional eCR interface or would like to implement one to their public health agency and the agency willing to share metrics of eCR messages successfully received.	eCR messages are successfully received and processed by public health agency.	May, 2022	☐		
2	Implement send-only public health interface (if interface not already in place). • Determine whether test or production interface will be used • If production, determine whether an actual patient or a test patient will be used	Functioning eCR interface to public health agency	June, 2022	☐		
3	Create a patient encounters. • Register patients or create new patients in Client EHR and create a current patient encounter • Enter one or more SNOMED Codes or ICD-10 diagnosis codes present in the Trigger Events table that lists reportable eCR diagnoses	Patient registered and queued for interface				
4	Enter Lab results through EHR or Lab interface. Make sure LOINC codes correspond to codes present in the Trigger Events table that lists reportable LOINC codes.	Patient queued for interface				
5	Run eCR process to send to public health agency (assuming process is batch, rather than real-time).	Messages sent to public health agency				
6	Query agency to verify that public health data was received for patients from steps 3 and 4.	Public health successfully processed by agency				
7	Calculate and compile metrics		August, 2022	☐		

170.315(f)(5)

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	Authorized Representative Name:					
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	Authorized Representative Phone:					
	Authorized Representative Signature:					
	Date:					

Table of Contents	Associated Certification Criteria: § 170.315(g)(7) Application access— patient selection § 170.315(g)(8) Application access— data category request § 170.315(g)(9) Application access— all data request					
	Measure Description: **Enable a patient's to access their electronic health data through a Personal Health Record (PHR) app on their smartphone. They have had a healthcare encounter with a provider using an EHR that is integrated with the Dynamic FHIR API and Patient Portal modules of ConnectEHR. They would like to view the results from that encounter along with the rest of their electronic health record.**	Justification: **CMS has a focus on empowering patients by providing them with an electronic copy of their health record. We agree that this is very important for patient satisfaction and improving population health in general.**				
	Metric Description: 1) Patient is able to retrieve FHIR API data from PHR app for 100 percent of encounters. 2) In 100 percent of encounters from Step #1, PHR data matches data from EHR. This will be confirmed by visual validation of the following FHIR resources: • Demographics • Problems • Medications • Allergies		Standards Implemented: (SVAP) **• HL7 Implementation Guide for CDA® Release 2: Consolidated CDA Templates for Clinical Notes (US Realm), Draft Standard for Trial Use, Volume 1 - Introductory Material, Release 2.1, August 2015** **• HL7 Implementation Guide for CDA® Release 2: Consolidated CDA Templates for Clinical Notes (US Realm), Draft Standard for Trial Use, Volume 2 - Templates and Supporting Material, Release 2.1, August 2015** **• FHIR STU3** **• FHIR R4**			
	Developer Info: **DYNAMIC HEALTH IT, INC** **320 Monticello Ave.** **New Orleans, LA 70121** **504.309.9103** Care Setting: **Ambulatory/Inpatient** **The functionality for the criteria is the same regardless of the care setting.**	Product Info: **Product Name: ConnectEHR** **Product Version: 4.0** CHPL ID: **15.02.02.2713.A050.02.01.0.201106**	Methods Use to Demonstrate Interoperability: **1) HTTPS via secure portal** **2) FHIR**			

Test Step:	Testing Procedure:	Expected Outcomes:	Key Milestone Date:	Key Milestone:	Outcomes:	Comment(s)
1	Identify Trading Partner (TP) and coordinate with TP for providing patients timely access to their ePHI using production data as described in this RWT plan.	• Partner with PHR or identify existing PHR that can receive patient clinical data as described in this RWT plan. • Ensure that PHR has functionality to access the Dynamic FHIR API, as described here. • Partner with EHR that is integrated with the Dynamic FHIR API and Patient Portal modules of ConnectEHR.	May, 2022	☐		
2	Patient A has encounter with care provider who uses EHR described above.	Encounter is created and visually confirmed	June, 2022	☐		
3	Provider captures USCDIv1 data elements in EHR	USCDIv1 data elements are validated in the system				
4	Provider manually generates Care/Referral Summary C-CDA post-visit or ensures that the EHR generates one automatically.	C-CDA is confirmed for the specified patient				
5	Patient A uses Dynamic Patient Portal login to view clinical information	• Patient Portal automatically sends email reminder that Patient A has a new clinical document available. • Email reminder has a URL/hyperlink to the patient portal. • If patient hasn't already activated their portal account, portal account can be activated via Welcome Email or by an Administrator user				
6	Patient A uses portal login credentials to log into PHR app	Specific patient ID and token are returned for authentication and data requests				

7	PHR app displays full set of data for all data categories	• Dynamic FHIR API has transformed C-CDA into FHIR resources. • PHR app consumes FHIR resources to populate EHR data	July, 2022	☐		
8	PHR app returns full set of data for a given category	PHR app will display and all data to be displayed for each data category				
9	PHR app returns data in a computable format using specified standards	Data is confirmed to be in XML or JSON format				
10	PHR app returns full and accurate data for a specific date and specific date range	• Step 10 is optional, if PHR app has the capability to filter by date range • Filtering data by a specific date returns data accurately and as expected • Filtering data by a specific date range returns data accurately and as expected				
11	Via visual inspection of PHR app, the data is verified to include Assessment, Plan of Treatment and Health concerns are specified as narrative text	Visually validate Assessment, Plan of Treatment and Health Concerns narrative text	July, 2022	☐		
12	Calculate and compile metrics		August, 2022	☐		
	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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	Date:					

Table of Contents	Associated Certification Criteria: § 170.315(g)(10) Standardized API for patient and population services					
	Measure Description: Provide a standardized FHIR-based API that supports bulk data requests to provide patients, providers and niche specialty applications to consume patient data enabling improved interoperability, improved patient care and better overall population health.	Justification: We chose to concentrate on the aspects of this criterion that would empower clinicians with flexibility in choosing new and innovative healthcare technology. Historically, it has been difficult for builders of niche applications to access necessary patient demographic and clinical data for smooth, seamless use of their applications. Likewise, clinicians have often felt forced to stick with cumbersome, difficult-to-use EHR technology because of the cost and complexity of migrating their patient data.				
	Metric Description: 1) 100 percent of encounters where Patient is able to retrieve FHIR API data from PHR app. 2) 100 percent of encounters from Step #1 where Patient's PHR data matches data from EHR. This will be done by visual validation of the following FHIR resources: a. Demographics b. Problems c. Medications d. Allergies 3) 100 percent of encounters where Provider is able to retrieve FHIR API data from app. 4) 100 percent of encounters from Step #3 where data for randomly-selected patients as presented in app matches data from EHR. This will be done by visual validation of the following FHIR resources: a. Demographics b. Problems c. Medications d. Allergies		Standards Implemented: (SVAP) • United States Core Data for Interoperability (USCDI), Version 1, July 2020 Errata • HL7 Fast Healthcare Interoperability Resources Specification (FHIR®) Release 4, Version 4.0.1: R4, October 30, 2019, including Technical Correction #1, November 1, 2019 • HL7 FHIR® US Core Implementation Guide STU 3.1.1, August 8, 2020 • HL7 FHIR® SMART Application Launch Framework Implementation Guide Release 1.0.0, November 13, 2018 • HL7 FHIR® Bulk Data Access (Flat FHIR®) (v1.0.0: STU 1), August 22, 2019 • OpenID Connect Core 1.0 Incorporating errata set 1, November 8, 2014, IBR approved for § 170.215(b)		
	Developer Info: DYNAMIC HEALTH IT, INC 320 Monticello Ave. New Orleans, LA 70121 504.309.9103 Care Setting: Ambulatory/Inpatient The functionality for the criteria is the same regardless of the care setting.	Product Info: Product Name: ConnectEHR Product Version: 4.0 CHPL ID: 15.02.02.2713.A050.02.01.0.201106	Methods Use to Demonstrate Interoperability: 1) USCore FHIR resources 2) SMART Patient Launch 3) SMART EHR Launch 4) Backend Services Authorization 5) Visual validation			

Test Step:	Testing Procedure:	Expected Outcomes:	Key Milestone Date:	Key Milestone:	Outcomes:	Comment(s)
	These Test Steps Cover Single Patient API Access					
1	Identify Trading Partner (TP) and coordinate with TP for providing patients timely access to their ePHI using production data as described in this RWT plan.	• Partner with PHR or identify existing PHR that can receive patient clinical data as described in this RWT plan. We recommend MyLinks (https://www.mylinks.com/) • Ensure that PHR has functionality to access the Dynamic FHIR API, as described here. • Partner with EHR that is integrated with the Dynamic FHIR API and Patient Portal modules of ConnectEHR.	May, 2022	☐		
2	Patient A has encounter with care provider who uses EHR described above.	Encounter is created and visually confirmed	June, 2022	☐		
3	Provider captures USCDIv1 data elements in EHR	USCDIv1 data elements are validated in the system				
4	Provider manually generates Care/Referral Summary C-CDA post-visit or ensures that the EHR generates one automatically.	C-CDA is confirmed for the specified patient				

5	Patient A uses Dynamic Patient Portal login to view clinical information	• Patient Portal automatically sends email reminder that Patient A has a new clinical document available. • Email reminder has a URL/hyperlink to the patient portal. • If patient hasn't already activated their portal account, portal account can be activated via Welcome Email or by an Administrator user				
6	Patient A uses portal login credentials to log into PHR app	Specific patient ID and token are returned for authentication and data requests				
7	PHR app displays full set of data for each data category	• Dynamic FHIR API has transformed C-CDA into FHIR resources. • PHR app consumes FHIR resources to populate EHR data	July, 2022	☐		
8	PHR app returns full set of data for a given category	PHR app will display and all data to be displayed for each data category				
9	PHR app returns data in a computable format using specified standards.	Data is confirmed to be in XML or JSON format				
10	PHR app returns full and accurate data for a specific date and specific date range	• Step 10 is optional, if PHR app has the capability to filter by date range • Filtering data by a specific date returns data accurately and as expected • Filtering data by a specific date range returns data accurately and as expected				
11	Via visual inspection, the data is verified to include Assessment, Plan of Treatment and Health concerns are specified as narrative text	Visually validate Assessment, Plan of Treatment and Health Concerns narrative text				
	These Test Steps Cover Care Coordination via 3rd Part App					
1a	Identify Trading Partner (TP) and coordinate with TP for providing patients timely access to their ePHI using production data as described in this RWT plan.	• Partner with a provider-centric app for improved patient care (e.g. growth charts, clinical decision support, patient charting). • Ensure that app has functionality to access the Dynamic FHIR API, as described here. • Partner with EHR that is integrated with the Dynamic FHIR API module of ConnectEHR.	May, 2022	☐		
2a	Provider logs into app and triggers FHIR API data retrieval	• The app connects to the FHIR API server and pulls down the specific FHIR resources from the EHR				
3a	Provider views and validates data in app	**• Data is rendered correctly: Provider compares patient data in app to patient data in EHR and notes any discrepancies.**	June, 2022	☐		
	These Test Steps Cover Bulk Data for Care Coordination					
1b	Identify Trading Partner (TP) and coordinate with TP for providing patients timely access to their ePHI using production data as described in this RWT plan.	• Partner with a provider-centric app that requires periodic bulk data downloads. • Ensure that app has functionality to access the Dynamic FHIR API, as described here. • Partner with EHR that is integrated with the Dynamic FHIR API module of ConnectEHR.	May, 2022	☐		

2b	Provider logs into app and views patient data	• The app connects to the FHIR API server and pulls down the specific FHIR resources from the EHR				
3b	Provider validates data in app	**• Data is rendered correctly: Provider compares patient data in app to patient data in EHR and notes any discrepancies.**	June, 2022	☐		
12	Calculate and compile metrics		August, 2022	☐		

	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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