

# REAL WORLD TESTING PLAN 2024

## GENERAL INFORMATION

Plan Report ID Number: [For ONC-Authorized Certification Body use only]

Developer Name: Clinigence Health

Product Name(s): Clinigence Value Improvement Platform (VIP)

Version Number(s): 4.5

Certified Health IT

Product List (CHPL) ID(s): 15.04.04.2696.Clin.05.00.0.181231

Developer Real World Testing Page URL: <http://clinigencehealth.com/cures-act-real-world-testing/>

## JUSTIFICATION FOR REAL WORLD TESTING APPROACH

We have written three measures which we believe will thoroughly test our capabilities to perform the Quality reporting functions we have certified. The testing will collect data from our actual MIPS reporting cycle using client data, calculate measure scores, and submit the report files to CMS.

## STANDARDS UPDATES (INCLUDING STANDARDS VERSION ADVANCEMENT PROCESS-SVAP AND USCDI)

Standard (and version)	§170.315(c)(3) Clinical Quality Measures (CQMs) – Report (Cures)
Updated certification criteria and associated product	
CHPL Product Number	15.04.04.2696.Clin.05.00.0.181231
Method used for standard update	
Date of ONC ACB notification	
Date of customer notification (SVAP only)	
USCDI updated certification criteria (and USCDI version)	

## MEASURES USED IN OVERALL APPROACH

### DESCRIPTION OF MEASUREMENT/METRIC

The following outlines the three measures that have been identified to best demonstrate conformance to multiple certification criteria concerning Clinical Quality Measures (170.315 (c)(1): Record and Export, 170.315 (c)(2): Import and Calculate, and 170.315 (c)(3): Report across the use cases demonstrated.

Measurement/Metric	Description
<b>Measure 1:</b> Data Extraction and Import.	This measure will demonstrate the ability to use our proprietary data extraction tools to consume data from various sources and formats and import that data into our database.
<b>Measure 2:</b> Calculate and Validate.	<p>This measure will demonstrate the ability to use the imported PHI to calculate specific MIPS eCQM and CQM measures for the PY 2023 according to that year's measure specifications. An audit process will be completed to validate the scores prior to submission to CMS. Clinigence will use the following audit Processes for the Quality data submission:</p> <ul style="list-style-type: none"> <li>• Initial Implementation – accuracy of numerator, denominator and exclusion criteria results are verified after an EP's data is initially loaded, mapped and calculated, working with the practice.</li> <li>• Variance Checks – Periodic manual checking for unusual variances in report results and, if found, notify Clinigence support and development teams.</li> <li>• Quality Data Validation Audit Prior to Submission – At least 3% of the TIN/NPIs submitted to CMS (with a minimum of 10 or maximum of 50 TIN/NPIs), with at least 25% of the TIN/NPI's patients (with a minimum 5 patients or maximum sample of 50 patients) for a specific quality measure implemented for 2023. The audit will be performed as soon as all data has been loaded and processed for all 2023 quality measures for each TIN/NPI implemented for 2023 submission. (i.e., Results of the data validation/targeted audits, identifying calculation issues, why they occurred and what was done to remediate.)</li> </ul>
<b>Measure 3:</b> Submitting Reports to CMS.	This measure will demonstrate the ability to submit MIPS scores to CMS. We will generate the required QRDA CAT III or JSON files, upload to CMS via the QPP portal, and download the scores and submission ID.

**ASSOCIATED CERTIFICATION CRITERIA**

Certification criteria associated with the measures and if updated to 2015 Edition Cures Update criteria.

Certification Criteria	Requirement	Relied Upon Software
<p>§170.315(c)(3) Clinical Quality Measures (CQMs) – Report (Cures)</p>	<p>(c)(3)Generate an aggregate report with calculated summary data for the patient population of the clinical quality measures calculated in the Execute test (§ 170.315(c)(2)), which at a minimum is in accordance with the standard specified in § 170.205(k)(3). CMS Implementation Guide for Quality Reporting Document Architecture: Category III; Eligible Clinicians and Eligible Professionals Programs; Implementation Guide for 2020</p> <p>Generate a de-duplicated archive of patient documents in the CMS QRDA Category I IG format of the clinical quality measures calculated in the Execute test (§ 170.315(c)(2)), which at a minimum is in accordance with the standard specified in § 170.205(h)(3). CMS Implementation Guide for Quality Reporting Document Architecture: Category I; Hospital Quality Reporting; Implementation Guide for 2020</p> <p>Submit the quality measurement data file consisting of the data created by the generation of the CMS QRDA Category III IG aggregate report(s) and the de-duplicated CMS QRDA Category I IG report(s) for verification.</p>	<p>None</p>

### JUSTIFICATION FOR SELECTED MEASUREMENT/METRIC

Measurement/Metric	Justification
Measure 1	Health IT needs to be able to record all data necessary to successfully calculate selected clinical quality measures (CQMs). Clinigence’s proprietary methodology allows us to extract and/or import data from many different EMRs and import several different file formats, including CCDs, and QRDA CAT I.
Measure 2	Certain CMS programs require or provide the option for electronic Clinical Quality Measures (eCQM/CQM) reporting. Each year, CMS issues annual updates to eCQMs and CQMs (herein referred to as the “CMS annual measure update(s)”) which are published on the Electronic Clinical Quality Improvement (eCQI) Resource Center. The audit process described ensures that Clinigence is meeting the measure specifications and has validated the scores prior to submission to CMS.
Measure 3	A user can export a data file formatted in accordance with HL7 QRDA Category I Release 3 or the corresponding version of the QRDA standard for the CMS annual measure update being certified for one or multiple patients that includes all the data captured in (c)(1)(i) of this criterion.

### CARE SETTING(S)

Care Setting	Justification
Group	Clinigence generates and submits one file for all NPIs in The TIN (group). Scores are aggregated in the CAT III or JSON file for the entire group.
Individual	Clinigence generates and submits one file for each provider. This can be for a single provider practice or multiple providers under the same TIN. One CAT III or JSON file is generated per NPI.

### EXPECTED OUTCOMES

It is expected that authorized users will be able to generate measure scores for each EP and generate the files needed to upload to the QPP portal for the yearly MIPS submission. Any errors found will be tracked, analyzed, and corrected so that 100% of the MIPS submissions are accepted by CMS.

## SCHEDULE OF KEY MILESTONES

Key Milestone	Care Setting	Date/Timeframe
Confirm data extraction and import for all EPs who have purchased the MIPS reporting service	All	Jan. 1, 2024 – Mar. 31, 2024
Calculate measure scores for Groups and EPs selected to participate in the RWT	All	Jan. 1, 2024 – Mar. 31, 2024
Validate the measure scores	All	Jan. 1, 2024 – Mar. 31, 2024
Generate the QRDA CAT III or JSON files	All	Jan. 1, 2024 – Mar. 31, 2024
Upload QDRA CAT III files to QPP portal (eCQMs) and download submission reports	All	Jan. 1, 2024 – Mar. 31, 2024
Upload QDRA JSON files via QPP portal (CQMs) and download submission reports	All	Jan. 1, 2024 – Mar. 31, 2024
Create RWT results report	All	July 31, 2024
Submit RWT results report	All	October 15, 2024

## ATTESTATION

This Real World Testing plan is complete with all required elements, including measures that address all certification criteria and care settings. All information in this plan is up to date and fully addresses the Health IT Developer’s Real World Testing requirements.

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