

CLINIGENCE REAL WORLD TESTING RESULTS REPORT 2024

Under the ONC Health IT Certification Program (Certification Program), health IT developers are required to conduct Real World Testing of their certified health IT (45 CFR 170.405). The Office of the National Coordinator for Health Information Technology (ONC) issues Real World Testing resources to clarify health IT developers’ responsibilities for conducting Real World Testing, to identify topics and specific elements of Real World Testing that ONC considers a priority, and to assist health IT developers in developing their Real World Testing plans and results reports.

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Health IT Certification Program

The Office of the National Coordinator for Health Information Technology

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/cur-es-act-real-world-testing/>

CHANGES TO ORIGINAL PLAN

Changes to the approach for Real World Testing that differ from what was outlined in the plan, are noted here.

Summary of Change	Reason	Impact
No changes needed		

SUMMARY OF TESTING METHODS AND KEY FINDINGS

Summary of the Real World Testing methods deployed to demonstrate real-world interoperability, including any challenges or lessons learned from the chosen approach. Summarize how the results that will be shared in this report demonstrate real-world interoperability.

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

Both required and voluntary standards updates must be addressed in the Real World Testing plan. Real World Testing plans must include all certified health IT updated to newer versions of standards prior to August 31 of the year in which the updates were made.

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

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

Standard (and version)	The standards for §170.315(c)(3) Clinical Quality Measures (CQMs) – Report (Cures) were followed when we generated the QRDA CAT III reports that we uploaded to the QPP portal for MIPS reporting.
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)	



Health IT Certification Program

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METRICS AND OUTCOMES

Outcomes from the testing that successfully demonstrate that the certified health IT:

1. is compliant with the certification criteria, including the required technical standards and vocabulary codes sets;
2. is exchanging electronic health information (EHI) in the care and practice settings for which it is marketed for use; and/or,
3. EHI is received by and used in the certified health IT.

from 85 FR 25766)

ASSOCIATED CERTIFICATION CRITERIA

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

Certification Criteria	Requirement
§170.315(c)(3) Clinical Quality Measures (CQMs) – Report (Cures)	<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>

DESCRIPTION OF MEASUREMENT/METRICS

The following outlines the three measures that were 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.

Measure 1: Data Extraction and Import.

Measure 2: Calculate and Validate. Clinigence will use the following audit processes for the quality data submission:

- Initial Implementation
- Variance Checks (planned)
- Quality Data Validation Audit Prior to Submission

Measure 3: Submitting Reports to CMS.

CARE SETTINGS

Each care setting that was tested is listed below.

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

EXPECTED OUTCOMES

It was expected that authorized users would 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 were tracked, analyzed, and corrected so that 100% of the MIPS submissions were accepted by CMS. These expectations were fully realized.

MEASURE 1: DATA EXTRACTION AND IMPORT.

This measure demonstrates the ability to use our proprietary data extraction tools to consume data from various sources and formats and import that data into our database.

Quality data via QRDA CAT III were submitted for a total of three TINs for PY2023 (MIPS and programs). We've removed the TINs and organization names for privacy.

Description	Clinigence ID	Quality Data Submission Status	QPP Submission ID	Program Reported	Method to Consume Data	Number of Data Files Extracted/Loaded
Cuyahoga Falls, OH	10952196	Completed	*0d79e288-7b24-4af3-870a-1b47c5cbf5f4 *0d79d503-571a-463c-b544-bbedc828a6c70d79d503-571a-463c-b544-bbedc828a6c7 *0d87375c-64b9-41d2-891a-11f5d81e4cbc	MIPS 2023 Submitted as Qualified Registry for 3 providers	Cuyahoga Falls hosts the EMR. Clinigence extracts data directly from the EMR nightly.	From 1/1/2023 through 12/31/2023: Total: 938,283 files
Las Vegas, NV	26817862	Completed	0d2be617-c8f9-4ad2-821c-92d68c081ecd	MIPS 2023 submitted as Qualified Registry, APP Reporting Option	Las Vegas hosts the EMRs. Clinigence extracts data directly from the EMRs nightly.	From 1/1/2023 through 3/1/2024: Total: 3,287,731 files
Redlands, CA	18092320	Completed	0d739f00-d971-4869-b53c-b6e86baced05	MIPS 2023 submitted as Qualified Registry	Redlands hosts the EMR. Clinigence extracts data directly from the EMR nightly.	From 1/1/2023 through 3/1/2024: Total: 400,523 files

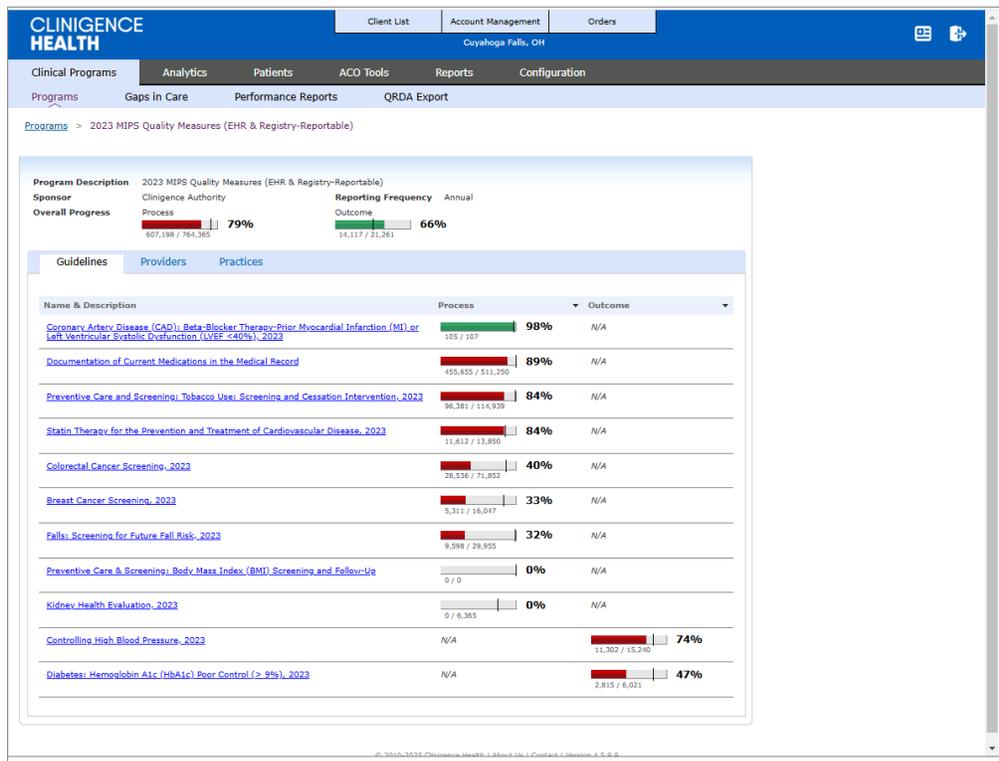
MEASURE 2: CALCULATE AND VALIDATE

This measure demonstrated the ability to use the imported PHI to calculate specific MIPS eQCM and CQM measures for the PY 2023 according to that year’s measure specifications. Clinigence used the following audit Processes for the Quality data submission:

- Initial Implementation – accuracy of numerator, denominator and exclusion criteria results are verified by working with the practice after an EP’s data is initially loaded, mapped, and calculated.
- Variance Checks - Periodic manual checking for unusual variances in report results and, if found, notified Clinigence support and development teams.
- 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 is performed as soon as all data has been loaded and processed for all the 2023 quality measures for each TIN/NPI implemented for 2023 submission. (i.e., Results of the random audits/targeted audits, identifying calculation issues, why they occurred and what was done to remediate.)

INITIAL IMPLEMENTATION

The Clinigence Health application implements each program via a Performance Dashboard that the customers can review and use to assist in validating the accuracy of the scores. Two views of the Performance Dashboard for Cuyahoga Falls are shown below (columns with PHI are obscured)



CLINIGENCE HEALTH
Client List Account Management Orders

Cuyahoga Falls, OH

Clinical Programs Analytics Patients ACO Tools Reports Configuration

Programs Gaps in Care Performance Reports QRDA Export

Programs > 2023 MIPS Quality Measures (CMS & Registry-Reportable) > Coronary Artery Disease (CAD): Beta-Blocker Therapy-Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVSD/LVEF <= 40%), 2023 >

(b) Coronary Artery Disease (CAD): Beta-Blocker Therapy-Prior Myocardial Infarction(MI), 2023 (NQF 0070, CMS145, QID 007)
As of: Year End Reporting Date 2023

Program Goal **96%**

Current Performance **98%**

93 Meets Target Criteria
Prescribed Beta-blocker Therapy

95 Eligible Population
Adults with CAD and Prior MI

2 Outside Target Criteria

Special Cases

(No Exclusions Defined)

76 Exceptions
Exceptions For Beta-blocker therapy

Providers

Practices

Performance

Patients

CSV Export

Meets Criteria

Outside Criteria

Eligible Population

Exclusions

Exceptions

Status	Practice Name	Provider Name	Patient ID	Name	Date of Birth	Gender	Beta Blocker Rx	LVSD/LVEF <= 40%	MI Dx
✓			30942565			Male	4/22/2022	∞	4/22/2022
✓			30339750			Female	8/25/2022	∞	8/17/2022
✓			30039070			Male	12/18/2023	∞	7/27/2022
✓			30576158			Male	8/16/2023	∞	1/24/2022
✓			30828668			Male	8/9/2021	∞	9/21/2021
✓			30328185			Female	5/4/2020	∞	4/13/2022
✓			30370662			Female	9/2/2022	∞	9/2/2022
✓			30605699			Female	2/7/2022	∞	2/7/2022
✓			30302087			Female	7/1/2021	∞	8/26/2021
✓			30471607			Female	5/25/2012	∞	8/11/2023
✓			30947754			Male	12/28/2023	∞	2/26/2021
✓			31685738			Female	12/5/2019	∞	12/17/2020
✓			30945418			Male	3/21/2022	∞	3/21/2022
✓			30369502			Female	5/25/2012	∞	2/5/2021
✓			30361920			Male	12/14/2021	∞	12/14/2021
✓			34457935			Male	11/7/2023	∞	10/14/2023
✓			30829069			Female	2/23/2021	∞	1/6/2023

VALIDATION PROCESS

Random audit worksheets were generated for the measures selected for reporting. A support ticket was created for each organization with boilerplate instructions:

Customer,

I am attaching the random audit worksheets for your 2023 MIPS measures. Since most of these are episodic measures, each has an individual report. The purpose of the validation worksheet is to ensure that the numbers for reporting are as accurate as possible. It requires someone to access the EMR directly to compare the data from the Clinigence performance dashboard with a sample of patient charts, so someone who is very familiar with the EMR would be best. The attached worksheets list the audited patients and their status for each measure (Not Eligible, Numerator, Complement, Exclusion). We need you to confirm that the patients are classified correctly. Please use our support site when sending any specific example patient data: <https://support.clinigence.com>.

Not Eligible - Patient does not meet the denominator requirements for the measure

Numerator - Patient meets the numerator requirements for the measure. The report includes the date the patient qualified if they are in the numerator.

Complement - Patient is eligible for the measure but does not meet the numerator requirements

Exclusion/Exception - Patient is excluded (limited life expectancy, in hospice, refused if applicable, etc)

You can edit the attached document and add any notes. For example, change to green if validated in the EMR or red if incorrect. If incorrect, please provide the documentation date (pneumonia vaccine documentation, smoking cessation, etc.) or note that there is no documentation in the EMR to support the Clinigence classification. We'll investigate any issues found.

Please let me know if you have any questions for validating the scores. Please respond within the 7 days with your findings so we can investigate and address any issues.

Thanks,

Attached to the support ticket was the random audit worksheet, an example (de-identified) shown here:

Clinigence ID	Patient Name	Gender	DateOfBirth	Age	Documentation of Current Medications in the Medical Record	Documentation of Current Medications in the Medical Record Qualify Date	Episode Key	Episode Date
35853475	AW	F	MM/DD/1957	66	Numerator	6/7/2023	535195600	6/7/2023
35853475	AW	F	MM/DD/1957	66	Numerator	6/7/2023	535195605	6/7/2023
35853475	AW	F	MM/DD/1957	66	Numerator	7/18/2023	539889489	7/18/2023
35853475	AW	F	MM/DD/1957	66	Numerator	7/18/2023	550517186	7/18/2023
30337003	AS	F	MM/DD/1941	82	Numerator	1/9/2023	514250201	1/9/2023
30337003	AS	F	MM/DD/1941	82	Numerator	1/16/2023	515888963	1/16/2023
30337003	AS	F	MM/DD/1941	82	Numerator	4/17/2023	527422446	4/17/2023
30337003	AS	F	MM/DD/1941	82	Numerator	7/10/2023	538144149	7/10/2023
30337003	AS	F	MM/DD/1941	82	Numerator	7/10/2023	542483886	7/10/2023
30337003	AS	F	MM/DD/1941	82	Complement		543740892	8/10/2023
30337003	AS	F	MM/DD/1941	82	Complement		547125689	8/10/2023
30337003	AS	F	MM/DD/1941	82	Numerator	9/11/2023	555958491	9/11/2023
30337003	AS	F	MM/DD/1941	82	Complement		556036695	11/9/2023
30338647	AS2	F	MM/DD/1962	61	Numerator	1/12/2023	514095968	1/12/2023
30338647	AS2	F	MM/DD/1962	61	Numerator	1/12/2023	514096002	1/12/2023
32371644	AM	F	MM/DD/1961	62	Numerator	8/3/2023	542995108	8/3/2023
32371644	AM	F	MM/DD/1961	62	Numerator	8/3/2023	554830774	8/3/2023
30320754	BJ	M	MM/DD/1951	72	Numerator	1/18/2023	515604545	1/18/2023
30320754	BJ	M	MM/DD/1951	72	Numerator	1/18/2023	515604683	1/18/2023

Feedback with customer was handled in the support ticketing system to protect PHI.

VARIANCE CHECKS

Periodic manual checks were performed to ensure that the measure scores did not show extreme changes from day to day while we were processing the data.

QUALITY DATA VALIDATION AUDIT

The following table shows the details for the data validation and group submissions for three TINs:

Clinigence ID	Description	Patient Audit Status	# Measures	Quality Data Submission Status	QPP Submission ID
10952196	Cuyahoga Falls, OH	Random audit attached to support ticket 12111. Customer did not respond or review patient audit (which was the case in previous program years).	11	Complete	*0d79e288-7b24-4af3-870a-1b47c5cbf5f4 *0d79d503-571a-463c-b544-bbedc828a6c70d79d503-571a-463c-b544-bbedc828a6c7 *0d87375c-64b9-41d2-891a-11f5d81e4cbc
26817862	Las Vegas, NV	Random audit attached to multiple support tickets by practice, 11934, 11887, 11796, 11873, 11937, 11888, 11841, 11890, 11942, 11935, 11881, 11839, 11922, 11920, 11838. Issue found with BP values. Detailed audit was required due to BP issue fixed in API. Issue found with certain diagnosis end dates, re-scrubbed data. Issue found with some LOINC codes, reloaded data.	3	Complete	0d2be617-c8f9-4ad2-821c-92d68c081ecd
18092320	Redlands, CA	Random audit attached to support ticket 12113. Customer did not respond or review patient audit (which was the case in previous program years).	6	Complete	0d739f00-d971-4869-b53c-b6e86baced05

MEASURE 3: SUBMITTING REPORTS TO CMS

This measure demonstrated the ability to submit MIPS scores to CMS. We generated the required QRDA Cat III files, uploaded to CMS via the QPP portal, and downloaded the scores and submission ID.

Description	QPP Submission ID	Submission Details
Cuyahoga Falls, OH	*0d79e288-7b24-4af3-870a-1b47c5cbf5f4 *0d79d503-571a-463c-b544-bbedc828a6c70d79d503-571a-463c-b544-bbedc828a6c7 *0d87375c-64b9-41d2-891a-11f5d81e4cbc	Eleven eQMs submitted in QRDA CAT III for three providers. No submission related issues.
Las Vegas, NV	0d2be617-c8f9-4ad2-821c-92d68c081ecd	Three CQMs submitted in JSON. No submission related issues.
Redlands, CA	0d739f00-d971-4869-b53c-b6e86baced05	Six eQMs submitted in QRDA CAT III. No submission related issues.

EXAMPLE – REDLANDS, CA ORGANIZATION

We chose the organization in Redlands, CA, to demonstrate the submission measure.

Redlands Submission Details

Clinigence ID	Description	Validation Status?	Submission Status?
18092320	Redlands, CA	Generated scores as of 12-31-2023 compared to scores reported on QPP site - rates and submission data downloaded match.	Complete

Redlands Submission Files

The CATIII files submitted for each practice contain PHI and were not included in this report. The group score as shown on the QPP site follows.

TIN

Last Update: 03-14-2024 4:20 PM
 Submission ID: 0d739f00-d971-48d9-b53c-b0e80baced05 ?

Traditional MIPS

PERFORMANCE CATEGORY SUBMISSIONS

Quality Measures ⬆

Measures Submitted: 6

[Manage Data](#)

Measure Name	Performance Rate	Measure Score
Controlling High Blood Pressure <small>Measure ID: 236 Collection Type: eCQMs ?</small>	12.60%	1.25
Functional Status Assessment for Total Hip Replacement <small>Measure ID: 376 Collection Type: eCQMs ?</small>	2.01%	2.02
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan <small>Measure ID: 128 Collection Type: eCQMs ?</small>	11.69%	1.67
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention <small>Measure ID: 226 Collection Type: eCQMs ?</small>	7.16%	1.42
Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented <small>Measure ID: 317 Collection Type: eCQMs ?</small>	1.26%	1.20
Documentation of Current Medications in the Medical Record <small>Measure ID: 130 Collection Type: eCQMs ?</small>	3.47%	1.00
Manage Data	Sub-Total:	8.58

KEY MILESTONES

The list of key milestones that were met during the Real World Testing process. Includes details on how and when the developer implemented measures and collected data. Key milestones should be relevant and directly related to outcomes discussed.

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 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 JSON files via QPP portal (CQMs) and download submission reports	All	Jan. 1, 2024 – Mar. 31, 2024
Create RWT report	All	January 2025
Submit RWT report	All	January 2025

ATTESTATION

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

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Authorized Representative Signature: *Beth Pate Copenhaver*

Date: January 27, 2025