
# Real World Testing – 2025 Plan

**Version: 1.0**

**November 2024**

This document describes the Real World Testing Plan of Glenwood System's GlaceEMR for the year 2025.

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# Introduction

Real World Testing is an annual requirement outlined in the ONC 21st Century Cures Act Final Rule for health IT developers participating in the ONC Health IT Certification Program. The purpose of this Condition and Maintenance of Certification requirement is for Certified Health IT Developers to demonstrate interoperability and functionality of their certified health IT in real world settings and scenarios, rather than in a controlled test environment with an ONC-Authorized Testing Lab. Real World Testing verifies that deployed Certified Health IT continues to perform as intended by conducting and measuring observations of interoperability and data exchange. These observations are described in a public and transparent way through Real World Testing plans and reported as Real World Testing results. This document explains the plan for the following criteria.

**Transition Of Care:**

§ 170.315(b)(1) Transitions of care

§ 170.315(b)(2) Clinical information reconciliation and incorporation

§ 170.315(b)(7) Security tags - summary of care - send

§ 170.315(b)(8) Security tags - summary of care - receive

§ 170.315(b)(9) Care plan

§ 170.315(e)(1) View, download, and transmit to 3rd party

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§ 170.315(f)(7) Transmission to public health agencies — health care surveys

# Applicable Real World Testing Certification Criteria

## Transition Of Care

### General Information

| | |
|---|---|
| Developer Name: | **Glenwood Systems LLC** |
| Product Name(s): | **GlaceEMR** |
| Version Number(s): | **6.0** |
| Certified Health IT Product List (CHPL) ID(s): | **15.04.04.1535.Glac.06.00.1.180629** |
| Developer Real World Testing Page URL: | **https://docs.glaceemr.com/Glenwood/rwt.html** |

### Justification For Real World Testing Approach

At this time, GlaceEMR 6.0 the Certified Health IT Module is sold to ambulatory care setting. For this reason, the Real-World Testing plan will apply to this care setting. Since GlaceEMR 6.0 works on all types of documents, there are several certification criteria that can be tested simultaneously. All criteria involving the Consolidated Clinical Document Architecture (C-CDA) documents will be tested, including § 170.315(b)(1) Transitions of care, § 170.315(b)(2) Clinical information reconciliation and incorporation, §170.315(b)(7) Security tags - summary of care – send, § 170.315(b)(8) Security tags - summary of care – receive, § 170.315(b)(9) Care plan, and § 170.315(e)(1) View, download, and transmit to 3rd party. Additionally, GlaceEMR 6.0 does support the export of EHI, so Real World Testing has been included for the criterion, § 170.315(b)(10) Electronic Health Information export. Verification of the created patient record export does require interaction with a system external to the organization (and with a different vendor).

### Standards Updates (Including Standards Version Advancement Process (SVAP) And United States Core Data For Interoperability (USCDI))

| | |
|---|---|
| Standard (and version) | § 170.202(a)(2) Direct Project: ONC Applicability Statement for Secure Health Transport, Version 1.2 August 2015<br><br>§ 170.205(p)(1) IHE IT Infrastructure Technical Framework Volume 2b (ITI TF- 2b) |

| | |
|---|---|
| | § 170.205(a)(3) Health Level 7 (HL7®) Implementation Guide for CDA® Release 2: IHE Health Story Consolidation, DSTU Release 1.1 (US Realm) Draft Standard for Trial Use July 2012<br><br>§ 170.205(a)(4) HL7® Implementation Guide for CDA Release 2 Consolidation CDA Templates for Clinical Notes (US Realm), Draft Standard for Trial Use Release 2.1 C-CDA 2.1, August 2015, June 2019 (with Errata)<br><br>§ 170.205(a)(5) HL7® CDA R2 IG: C-CDA Templates for Clinical Notes R2.1 Companion Guide, Release 2, October 2019, IBR approved for § 170.205(a)(5).<br><br>§ 170.213 United States Core Data for Interoperability (USCDI)<br><br>§ 170.205(a)(3) HL7® Implementation Guide for CDA® Release 2: IHE Health Story Consolidation, DSTU Release 1.1 (US Realm) Draft Standard for Trial Use July 2012<br><br>§ 170.205(a)(4) HL7® Implementation Guide for CDA Release 2 Consolidation CDA Templates for Clinical Notes (US Realm), Draft Standard for Trial Use Release 2.1 C-CDA 2.1 with Errata, August 2015, June 2019 (with Errata)<br><br>§ 170.205(a)(5) HL7® CDA R2 IG: C-CDA Templates for Clinical Notes R2.1 Companion Guide, Release 2, October 2019, IBR approved for § 170.205(a)(5).<br><br>§ 170.207(a)(4) International Health Terminology Standards Development Organisation (IHTSDO) Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT® ) U.S. Edition, September 2019 Release<br><br>§ 170.207(i) Encounter diagnoses: The code set specified at 45 CFR 162.1002(c)(2) for the indicated conditions ICD-10-CM as maintained and distributed by the Department of Health and Human Services (HHS), for the following conditions:<br><br>§ 170.205(a)(4) HL7® Implementation Guide for CDA Release 2 Consolidation CDA Templates for Clinical Notes (US Realm), Draft Standard for Trial Use Release 2.1 C-CDA 2.1, August 2015, June 2019 (with Errata) |

| | |
|---|---|
| | § 170.205(a)(5) HL7® CDA R2 IG: C-CDA Templates for Clinical Notes R2.1 Companion Guide, Release 2, October 2019, IBR approved for § 170.205(a)(5).<br><br>§ 170.207(n)(1) Birth sex must be coded in accordance with HL7 Version 3 Standard, Value Sets for AdministrativeGender and NullFlavor attributed as follows:<br><br>§ 170.207(q)(1) International Telecommunication Union E.123: Notation for national and international telephone numbers, e-mail addresses and web addresses and International Telecommunication Union E.164: The international public telecommunication numbering plan |

## Care Setting(S):

Since GlaceEMR supports ambulatory care setting we are going to use a primary care practice and specialist (Pulmonologist) to test both the sending and receiving of the data.

## Overall Expected Outcome(S):

- Real World Testing will demonstrate that the Health IT Module is conformant to the following certification criteria:
  - § 170.315(b)(1) Transitions of care,
  - § 170.315(b)(2) Clinical information reconciliation and incorporation
  - § 170.315(b)(7) Security tags - summary of care - send
  - § 170.315(b)(8) Security tags - summary of care - receive
  - § 170.315(b)(9) Care plan,
  - § 170.315(e)(1) View, download, and transmit to 3rd party.
- Real World Testing will demonstrate that the Health IT Module supports SVAP for Direct.

## Schedule Of Key Milestones

| Key Milestone | Care Setting | Date/ Timeframe |
|---|---|---|
| Release of documentation for the Real-World Testing to be provided to authorized representatives and providers. This includes surveys, specific instructions on what to look for, how to record issues encountered, and Customer Agreements. | Ambulatory | November 1, 2024 |
| Collection of information as laid out by the plan for the period. | Ambulatory | January 1, 2025 – December 31, 2025 |
| Follow-up with providers and authorized representatives on a regular basis to understand any issues arising with the data collection. | Ambulatory | Quarterly, 2025 |
| End of Real-World Testing period/final collection of all data for analysis. | Ambulatory | January 1, 2026 |
| Analysis and report creation. | Ambulatory | January 15, 2026 |
| Submit Real World Testing report to ACB (per their instructions) | Ambulatory | February 1, 2026 |

## Measures Used In Overall Approach

The following outlines the measures that have been identified to best demonstrate conformance to multiple certification criteria concerning the sharing of EHI (§ 170.315(b)(1), 170.315(b)(2), 170.315(b)(7), 170.315(b)(8) § 170.315(b)(9) and § 170.315(e)(1).

## Use Case:

As part of the Real-World Testing requirements for § 170.315(b)(1), 170.315(b)(2), 170.315(b)(7), 170.315(b)(8) § 170.315(b)(9) and § 170.315(e)(1), the developer has developed the following metrics for their testing plan:

## Measure 1: Sending

| Certification Criteria | Requirement |
|---|---|
| § 170.315(b)(1) Transitions of care | (i)(A) Send transition of care/referral summaries |
| § 170.315(e)(1) View, download and transmit | (i)(B)(2) Download ambulatory summary using CCD Template<br>(i)(C)(1) Transmit to third party |
| § 170.315(b)(9) Care plan | Care plan C-CDA is transmitted |
| § 170.315(b)(7) Security tags - summary of care - send | Security tags are included in the transmitted C-CDA |

**Justification**: GlaceEMR includes two functionalities of interest: (A) Send transition of care/referral summaries, including (C) XDM processing. Transitions of care documents are shared using Edge protocols while other EHI may be shared through the patient portal using downloads and encrypted or unencrypted transmissions. This metric will provide information on the types of transmissions deployed (sent by both the providers and patients), types of documents, integrity of the documents, reliability and the frequency of usages.

**Test methodology**: System logs, and communication logs will be reviewed to determine the frequency and the transport mechanism used by providers for sending transitions of care using Edge protocols and downloading or transmitting EHI by patients using the patient portal. Log files obtained during Real World Testing will be de-identified and used for analysis in several areas to validate the proper operation of the transport mechanisms and input for the calculation of the metric on the specific types of transport mechanisms used. This test methodology will primarily test the conformance of
the implementation.

**Expected outcome(s):** It is expected that providers and patients (or their authorized representatives) will be able to share C-CDA using the communication mechanisms provided. Error rates will be tracked and trended over time

## Measure 2: Receiving

| Certification Criteria | Requirement |
|---|---|
| § 170.315(b)(1) Transitions of care | (i)(B) Receive transition of care/referral summaries |
| § 170.315(b)(9) Care plan | Care plan C-CDA is received |
| § 170.315(b)(8) Security tags - summary of care - receive | Security tags are verified in the received C-CDA |

**Justification**: GlaceEMR includes two functionalities of interest: (B) Receive transition of care/referral summaries, including (C) XDM processing. Transitions of care documents are received using Edge protocols. This metric will provide information on the types of transmissions deployed, types of documents, integrity of the documents, reliability and the frequency of usages.

**Test methodology**: System logs, and communication logs will be reviewed to determine the frequency and the transport mechanism used by providers for receiving transitions of care using Edge protocols. Log files obtained during Real World Testing will be de-identified and used for analysis in several areas to validate the proper operation of the transport mechanisms and input for the calculation of the metric on the specific types of transport mechanisms used. This test methodology will primarily test the conformance of the implementation.

**Expected outcome(s):** It is expected that providers will be able to receive C-CDA documents using the communication mechanisms provided. Error rates will be tracked and trended over time

# ePrescription

## General Information

| | |
|---|---|
| Developer Name: | **Glenwood Systems LLC** |
| Product Name(s): | **GlaceEMR** |
| Version Number(s): | **6.0** |
| Certified Health IT Product List (CHPL) ID(s): | **15.04.04.1535.Glac.06.00.1.180629** |
| Developer Real World Testing Page URL: | **https://docs.glaceemr.com/Glenwood/rwt.html** |

## Justification For Real World Testing Approach

At this time, GlaceEMR 6.0 the Certified Health IT Module is sold to ambulatory care setting. For this reason, the Real-World Testing plan will apply to this care setting. The criteria § 170.315(b)(3) Electronic prescribing will be tested; Verification of the created prescription record export does require interaction with a system external to the organization (Surescripts).

## Standards Updates (Including Standards Version Advancement Process (SVAP) And United States Core Data For Interoperability (USCDI))

| | |
|---|---|
| Standard (and version) | § 170.205(b)(1) NCPDP SCRIPT Standard, Implementation Guide, Version 2017071<br>§ 170.207(d)(3) RxNorm, September 8, 2015 Full Release Update<br>§ 170.207(d)(1): RxNorm, a standardized nomenclature for clinical drugs produced by the United States National Library of Medicine, July 5, 2022 Full Monthly Release |

## Care Setting(S):

Since GlaceEMR supports ambulatory care setting we are going to use a primary care practice.

## Overall Expected Outcome(S):

- Real World Testing will demonstrate that the Health IT Module is conformant to the following certification criteria:
    - § 170.315(b)(3) Electronic prescribing

## Schedule Of Key Milestones

| Key Milestone | Care Setting | Date/ Timeframe |
|---|---|---|

| | | |
|---|---|---|
| Release of documentation for the Real-World Testing to be provided to authorized representatives and providers. This includes surveys, specific instructions on what to look for, how to record issues encountered, and Customer Agreements. | Ambulatory | November 1, 2024 |
| Collection of information as laid out by the plan for the period. | Ambulatory | January 1, 2025 – December 31, 2025 |
| Follow-up with providers and authorized representatives on a regular basis to understand any issues arising with the data collection. | Ambulatory | Quarterly, 2025 |
| End of Real-World Testing period/final collection of all data for analysis. | Ambulatory | January 1, 2026 |
| Analysis and report creation. | Ambulatory | January 15, 2026 |
| Submit Real World Testing report to ACB (per their instructions) | Ambulatory | February 1, 2026 |

## Measures Used In Overall Approach

The following outlines the measures that have been identified to best demonstrate conformance to certification criteria concerning electronic prescription (§ 170.315(b)(3))

## Use Case:

As part of the Real-World Testing requirements for § 170.315(b)(3), the developer has developed the following metrics for their testing plan:

## Measure 1:

| Certification Criteria | Requirement |
|---|---|
| § 170.315(b)(3) Electronic prescribing | (ii)(A) A user can send and receive the specified prescription transactions electronically per the NCPDP SCRIPT Standard Implementation Guide Version 2017071 and using RxNorm vocabulary codes.<br><br>(ii)(B) with Rx fill A user can send and receive the specified prescription transactions electronically per the NCPDP SCRIPT Standard Implementation Guide Version 2017071 and using RxNorm vocabulary codes.<br><br>(ii)(C) For all transactions in provision (b)(3)(ii)(C), health IT can send and receive the reason for the prescription using the diagnosis elements in the Medication Segment.<br><br>(ii)(E) Oral liquid medications can only be electronically prescribed using “mL” units.<br><br>(ii)(F) For all e-prescribed medications, the health IT always inserts leading zeroes before the decimal point for amounts less than one and never allows trailing zeroes after a decimal point. |

**Justification**: GlaceEMR includes five functionalities of interest: (A) Send and Receive electronic prescriptions in compliance with NCPDP SCRIPT v 2017071, (B) Rx fill, (C) send transaction with diagnosis (D)Validation of oral liquid medications and (E) Handling leading and trailing zeros for decimals. Prescriptions are transmitted and received with Surescripts network using Surescripts defined communication methods. This metric will provide information on all the types of electronic prescriptions transactions and the quantity and quality of all the transactions.

**Test methodology**: System logs, Gateway logs and surescripts logs will be reviewed to determine the quantity and quality of all the transactions.

**Expected outcome(s):** It is expected that providers and pharmacies are able to transact prescriptions electronically.

# Electronic Health Information export

## General Information

| | |
|---|---|
| Developer Name: | **Glenwood Systems LLC** |
| Product Name(s): | **GlaceEMR** |
| Version Number(s): | **6.0** |
| Certified Health IT Product List (CHPL) ID(s): | **15.04.04.1535.Glac.06.00.1.180629** |
| Developer Real World Testing Page URL: | **https://docs.glaceemr.com/Glenwood/rwt.html** |

## Justification For Real World Testing Approach

At this time, GlaceEMR 6.0 the Certified Health IT Module is sold to ambulatory care setting. For this reason, the Real-World Testing plan will apply to this care setting. The criteria § 170.315(b)(10) Electronic Health Information export will be tested; Verification of the export functionality in compliance with the criteria.

## Standards Updates (Including Standards Version Advancement Process (SVAP) And United States Core Data For Interoperability (USCDI))

| | |
|---|---|
| Standard (and version) | § 170.205(a)(4) HL7® Implementation Guide for CDA® Release 2: Consolidated CDA Templates for Clinical Notes (US Realm), Draft Standard for Trial Use Release 2.1, August 2015<br><br>§ 170.207(a)(4) International Health Terminology Standards Development Organization (IHTSDO) Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT®), U.S. Edition, September 2015 Release<br><br>§ 170.207(i) ICD-10-CM |

## Care Setting(S):

Since GlaceEMR supports ambulatory care setting we are going to use a primary care practice.

## Overall Expected Outcome(S):

- Real World Testing will demonstrate that the Health IT Module is conformant to the following certification criteria:
    - § 170.315(b)(10) Electronic Health Information export

## Schedule Of Key Milestones

| Key Milestone | Care Setting | Date/ Timeframe |
|---|---|---|
| Release of documentation for the Real-World Testing to be provided to authorized representatives and providers. This includes surveys, specific instructions on what to look for, how to record issues encountered, and Customer Agreements. | Ambulatory | November 1, 2024 |
| Collection of information as laid out by the plan for the period. | Ambulatory | January 1, 2025 – December 31, 2025 |
| Follow-up with providers and authorized representatives on a regular basis to understand any issues arising with the data collection. | Ambulatory | Quarterly, 2025 |
| End of Real-World Testing period/final collection of all data for analysis. | Ambulatory | January 1, 2026 |
| Analysis and report creation. | Ambulatory | January 15, 2026 |
| Submit Real World Testing report to ACB (per their instructions) | Ambulatory | February 1, 2026 |

## Measures Used In Overall Approach

The following outlines the measures that have been identified to best demonstrate conformance to certification criteria concerning data export (§ 170.315(b)(10) Electronic Health Information export)

## Use Case:

As part of the Real-World Testing requirements for § 170.315(b)(10), the developer has developed the following metrics for their testing plan:

## Measure 1:

| Certification Criteria | Requirement |
|---|---|
| § 170.315(b)(10) Electronic Health Information export | *(i) Single patient electronic health information export.*<br>(i)(a) Enable a user to timely create an export file(s) with all of a single patient's electronic health information that can be stored at the time of certification by the product, of which the Health IT Module is a part.<br>(i)(b) A user must be able to execute this capability at any time the user chooses and without subsequent developer assistance to operate.<br>(i)(c) Limit the ability of users who can create such export file(s) in at least one of these two ways:<br>1. To a specific set of identified users,<br>2. As system administrator function.,<br>(i)(d) The export file(s) created must be electronic and in a computable format.<br>(i)(e) The publicly accessible hyperlink of the export's format must be included with the exported file(s). |

| | |
|---|---|
| | *(ii) Patient population electronic health information export*. Create an export of all the electronic health information that can be stored at the time of certification by the product, of which the Health IT Module is a part.<br>(ii)(a) The export created must be electronic and in a computable format.<br>(ii)(b) The publicly accessible hyperlink of the export's format must be included with the exported file(s).<br><br>*(iii) Documentation*. The export format(s) used to support paragraphs (b)(10)(i) and (ii) of this section must be kept up-to-date. |

**Justification**: GlaceEMR includes six functionalities of interest: (i)(A) export configuration, (i)(B) Authorization, (ii) export setup (iii) Export batch process and (iii)(B) export task scheduling. Data will be exported in the applicable format for the given criteria based, some portion of the batch process may require developer's intervention and appropriate storage allocation. This metric will provide information on the frequency of usage, function of authorization, time to complete and quality of the data.

**Test methodology**: System logs, security logs and task scheduler logs will be reviewed to determine the functionality.

**Expected outcome(s):** It is expected that clinicians are able to perform bulk data export for the desired criteria without any third-party intervention.

# Clinical Quality Measures

## General Information

| | |
|---|---|
| Developer Name: | **Glenwood Systems LLC** |
| Product Name(s): | **GlaceEMR** |
| Version Number(s): | **6.0** |
| Certified Health IT Product List (CHPL) ID(s): | **15.04.04.1535.Glac.06.00.1.180629** |
| Developer Real World Testing Page URL: | **https://docs.glaceemr.com/Glenwood/rwt.html** |

## Justification For Real World Testing Approach

At this time, GlaceEMR 6.0 the Certified Health IT Module is sold to ambulatory care setting. For this reason, the Real-World Testing plan will apply to this care setting. The criteria § 170.315(c)(1) Clinical quality measures – record and export, § 170.315(c)(2) Clinical quality measures – import and calculate, § 170.315(c)(3) Clinical quality measures - report will be tested; Performing mass data export and import for EHR migration and sharing data with ACOs and quality registries.

## Standards Updates (Including Standards Version Advancement Process (SVAP) And United States Core Data For Interoperability (USCDI))

| | |
|---|---|
| Standard (and version) | § 170.205(h)(2) Health Level 7 (HL7®) CDA® Release 2 Implementation Guide for: Quality Reporting Document Architecture – Category I (QRDA I); Release 1, DSTU Release 3 (US Realm), Volume 1<br><br>§ 170.205(k)(3) CMS Implementation Guide for Quality Reporting Document Architecture: Category III; Eligible Clinicians and Eligible Professionals Programs; Implementation Guide for 2020<br><br>§ 170.205(h)(3) CMS Implementation Guide for Quality Reporting Document Architecture: Category I; Hospital Quality Reporting; Implementation Guide for 2020<br><br>§ 170.205(k)(1) Quality Reporting Document Architecture Category III, Implementation Guide for CDA Release 2 |

| | |
|---|---|
| | § 170.205(k)(2) Errata to the HL7® Implementation Guide for CDA® Release 2: Quality Reporting Document Architecture—Category III, DSTU Release 1 (US Realm), September 2014<br><br>§ 170.207(r)(1) Crosswalk: Medicare Provider/Supplier to Healthcare Provider Taxonomy, April 2, 2015<br><br>§ 170.207(r)(2) Medicare Provider and Supplier Taxonomy Crosswalk, October 29, 2021<br><br>§ 170.207(s)(1) Public Health Data Standards Consortium Source of Payment Typology Code Set Version 5.0 (October 2011)<br><br>§ 170.207(s)(2) Public Health Data Standards Consortium Source of Payment Typology Code Set, December 2020, Version 9.2<br><br>§ 170.207(n)(1) Birth sex must be coded in accordance with HL7® Version 3 Standard, Value Sets for AdministrativeGender and NullFlavor<br><br>§ 170.207(n)(2) Standard. SNOMED CT®, U.S. Edition, March 2022 Release<br><br>§ 170.207(f)(2) CDC Race and Ethnicity Code Set Version 1.0 (March 2000<br><br>§ 170.207(f)(3) CDC Race and Ethnicity Code Set Version 1.2 (July 15, 2021)<br><br>§ 170.207(a)(4) International Health Terminology Standards Development Organisation (IHTSDO) Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT®), U.S. Edition, September 2015 Release<br><br>§ 170.207(a)(1) SNOMED CT®, U.S. Edition, March 2022 Release |

## Care Setting(S):

Since GlaceEMR supports ambulatory care setting we are going to use a primary care practice.

## Overall Expected Outcome(S):

- Real World Testing will demonstrate that the Health IT Module is conformant to the following certification criteria:
    - § 170.315(c)(1) Clinical quality measures – record and export,

- § 170.315(c)(2) Clinical quality measures – import and calculate,
- § 170.315(c)(3) Clinical quality measures - report

## Schedule Of Key Milestones

| Key Milestone | Care Setting | Date/ Timeframe |
|---|---|---|
| Release of documentation for the Real-World Testing to be provided to authorized representatives and providers. This includes surveys, specific instructions on what to look for, how to record issues encountered, and Customer Agreements. | Ambulatory | November 1, 2024 |
| Collection of information as laid out by the plan for the period. | Ambulatory | January 1, 2025 – December 31, 2025 |
| Follow-up with providers and authorized representatives on a regular basis to understand any issues arising with the data collection. | Ambulatory | Quarterly, 2025 |
| End of Real-World Testing period/final collection of all data for analysis. | Ambulatory | January 1, 2026 |
| Analysis and report creation. | Ambulatory | January 15, 2026 |
| Submit Real World Testing report to ACB (per their instructions) | Ambulatory | February 1, 2026 |

## Measures Used In Overall Approach

The following outlines the measures that have been identified to best demonstrate conformance to certification criteria concerning § 170.315(c)(1) Clinical quality measures – record and export, § 170.315(c)(2) Clinical quality measures – import and calculate, § 170.315(c)(3) Clinical quality measures - report

## Use Case:

As part of the Real-World Testing requirements for § 170.315(c)(1) Clinical quality measures – record and export, § 170.315(c)(2) Clinical quality measures – import and calculate, § 170.315(c)(3) Clinical quality measures - report the developer has developed the following metrics for their testing plan:

## Measure 1: Record And Export

| Certification Criteria | Requirement |
|---|---|
| § 170.315(c)(1)—record and export | (i) The health IT must be able to record all data necessary to calculate CQMs presented for certification.<br><br>(ii) 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 of the data captured in (c)(1)(i) of this criterion. |

**Justification**: GlaceEMR includes two functionalities of interest: (ii) collect documented data required for CQMs, (ii) Export in QRDA I and III formats. Collected data are properly exported in the specified standard format which can be ingested by another system electronically.

**Test methodology**: System configuration, system logs, usage statistics will be reviewed to verify the functionality of QRDA export.

**Expected outcome(s):** It is expected that all collected clinical data pertaining to CQMs are exported into QRDA appropriately.

## Measure 2: Import And Calculate

| Certification Criteria | Requirement |
|---|---|
| § 170.315(c)(2)—import and calculate | (i) A user can import 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 in order to perform calculations on the CQMs presented for certification.<br><br>(ii) The health IT must be able to calculate each CQM presented for certification. |

**Justification**: GlaceEMR includes two functionalities of interest: (i) import data from QRDA Category I files (ii) calculate performance rate. Imported data are properly associated with the respective data elements and patient records. Based on the imported data CQMs should be calculated.

**Test methodology**: System logs and EHR Quality measures dashboard will be reviewed to determine the correctness of the import. This will include spot checking numerator and denominator datasets.

**Expected outcome(s):** It is expected all the data elements are imported and calculated measures without any duplications.

## Measure 3: Report

| Certification Criteria | Requirement |
|---|---|
| § 170.315(c)(3)—report | Enable a user to electronically create a data file for transmission of CQM data in accordance with the CMS Quality Reporting Document Architecture (QRDA) Category I Implementation Guide (IG) for inpatient measures as adopted in § 170.205(h)(3) and CMS QRDA Category III IG for ambulatory measures as adopted in § 170.205(k)(3). |

**Justification**: GlaceEMR includes functionality (A) Create data file for transmission of CQM data. Calculated CQMs can be exported QRDA III format for transmission.

**Test methodology**: System logs, usage statistics will be reviewed to verify the functionality of QRDA III export.

**Expected outcome(s):** It is expected all the calculated dashboard data matches the data in the exported QRDA III file.

# Application Programming Interfaces

## General Information

| | |
|---|---|
| Developer Name: | **Glenwood Systems LLC** |
| Product Name(s): | **GlaceEMR** |
| Version Number(s): | **6.0** |
| Certified Health IT Product List (CHPL) ID(s): | **15.04.04.1535.Glac.06.00.1.180629** |
| Developer Real World Testing Page URL: | **https://docs.glaceemr.com/Glenwood/rwt.html** |

## Justification For Real World Testing Approach

At this time, GlaceEMR 6.0 the Certified Health IT Module is sold to ambulatory care setting. For this reason, the Real-World Testing plan will apply to this care setting. Since GlaceEMR 6.0 works with any third-party applications conforms with API specifications. All criteria involving the API will be tested, including § 170.315(g)(7) Application access — patient selection, § 170.315(g)(9) Application access — all data request and § 170.315(g)(10) Standardized API for patient and population services. Verification of the API does require interaction with a system external to the organization.

## Standards Updates (Including Standards Version Advancement Process (SVAP) And United States Core Data For Interoperability (USCDI))

| | |
|---|---|
| Standard (and version) | § 170.215(a)(1) HL7® Version 4.0.1 FHIR® Release 4, October 30, 2019§ 170.215(b)(1)(i) HL7®FHIR® US Core Implementation Guide STU V3.1.1<br><br>§ 170.215(b)(1)(ii) HL7® FHIR® US Core Implementation Guide STU 6.1.0<br><br>§ 170.213(b) United States Core Data for Interoperability (USCDI), October 2022 Errata, Version 3 (v3)<br><br>§ 170.215(d)(1) HL7® FHIR® Bulk Data Access (Flat FHIR®) (V1.0.0:STU 1) Paragraph (g)(10)(ii)(A)<br><br>§ 170.215(b)(1)(i) HL7®FHIR® US Core Implementation Guide STU V3.1.1<br><br>§ 170.215(b)(1)(ii) HL7 FHIR® US Core Implementation Guide STU 6.1.0 |

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| | § 170.215(d)(1) HL7® FHIR® Bulk Data Access (Flat FHIR®) (V1.0.0:STU 1)<br><br>§ 170.215(b)(1)(i) HL7®FHIR® US Core Implementation Guide STU V3.1.1<br><br>§ 170.215(b)(1)(ii) HL7 FHIR® US Core Implementation Guide STU 6.1.0<br><br>§ 170.215(d)(1) HL7® FHIR® Bulk Data Access (Flat FHIR®) (V1.0.0:STU 1)<br><br>§ 170.215(c)(1) HL7® SMART Application Launch Framework Implementation Guide Release 1.0.0<br><br>§ 170.215(c)(2) HL7® SMART App Launch Implementation Guide Release 2.0.0<br>, including mandatory support for the "Capability Sets" of "Patient Access for Standalone Apps" and "Clinician Access for EHR Launch"; all "Capabilities" as defined in "8.1.2 Capabilities," excepting the "permission-online" capability; "Token Introspection" as defined in "7 Token Introspection"<br><br>§ 170.215(e)(1) OpenID Connect Core 1.0 incorporating errata set 1 |

## Relied Upon Software:

- UpToDate (Wolters-kluwer)

## Care Setting(S):

Since GlaceEMR supports ambulatory care setting we are going to use a primary care practice

## Overall Expected Outcome(S):

- Real World Testing will demonstrate that the Health IT Module is conformant to the following certification criteria:
  - § 170.315(g)(7) Application access — patient selection
  - § 170.315(g)(9) Application access — all data request
  - § 170.315(g)(10) Standardized API for patient and population services

## Schedule Of Key Milestones

| Key Milestone | Care Setting | Date/ Timeframe |
|---|---|---|
| Release of documentation for the Real-World Testing to be provided to authorized representatives and providers. This includes surveys, specific instructions on what to look for, how to record issues encountered, and Customer Agreements. | Ambulatory | November 1, 2024 |
| Collection of information as laid out by the plan for the period. | Ambulatory | January 1, 2025 – December 31, 2025 |

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|---|---|---|
| Follow-up with providers and authorized representatives on a regular basis to understand any issues arising with the data collection. | Ambulatory | Quarterly, 2025 |
| End of Real-World Testing period/final collection of all data for analysis. | Ambulatory | January 1, 2026 |
| Analysis and report creation. | Ambulatory | January 15, 2026 |
| Submit Real World Testing report to ACB (per their instructions) | Ambulatory | February 1, 2026 |

## Measures Used In Overall Approach

The following outlines the measures that have been identified to best demonstrate conformance to multiple certification criteria concerning the sharing of EHI (§ 170.315(g)(7), 170.315(g)(9) and 170.315(g)(10).

## Use Case:

Medical practice has relationship with a third-party vendor who offers personal health record for their patients. This vendor has API integration with GlaceEMR and possess security token for API access for this practice.

As part of the Real-World Testing requirements for § 170.315(g)(7), 170.315(g)(9) and 170.315(g)(10), the developer has developed the following metrics for their testing plan:

## Measure 1: Api Utilization

| Certification Criteria | Requirement |
|---|---|
| §170.315(g)(7) Application access — patient selection | (i) The health IT can receive a request with sufficient information to uniquely identify a patient and return an ID or other token that can be used by an application to subsequently execute requests for that patient's data.<br><br>(ii)(A)<br>1. The API must include accompanying documentation, which contains API syntax, function names, required and optional parameters and their data types, return variables and their types/structures, exceptions, and exception handling methods and their returns.<br>2. The API must include accompanying documentation, which contains software components and configurations that would be necessary for an application to implement in order to be able to successfully interact with the API and process its response(s).<br>3. The API must include the terms of use for the API including, at a minimum, any associated developer policies and required developer agreements. |

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| | (ii)(B) The documentation used to meet the provisions in (g)(7)(ii)(A)(1)-(3) must be available through a publicly accessible hyperlink. |
| §170.315(g)(9) Application access — all data request | (i)(A) The API must be able to respond to requests for patient data (using an ID or other token) for all of the data categories specified in the United States Core Data for Interoperability Standard (USCDI) at one time in a summary record formatted according to the Consolidated CDA Release 2.1 Continuity of Care Document (CCD) template.<br><br>(i)(B) The API must be able to respond to requests for patient data associated with a specific date as well as with a specific date range.<br><br>(ii)(A)<br>1. The API must include accompanying documentation which contains API syntax, function names, required and optional parameters and their data types, return variables and their types/structures, exceptions and exception handling methods and their returns.<br>2. The API must include accompanying documentation, which contains software components and configurations that would be necessary for an application to implement in order to be able to successfully interact with the API and process its response(s).<br><br>(ii)(B) The documentation used to meet the provisions in (g)(9)(ii)(A)(1)-(3) must be available through a publicly accessible hyperlink. |
| §170.315(g)(10) Standardized API for patient and population services | The health IT receives request to authorize connectivity with a patient credentials using SMART on FHIR interface and delivers data pertaining to the authorization and authentication in FHIR format.<br><br>1. Patients with portal access credentials should be able to connect our health IT system using SMART on FHIR authentication through as capable third-party system.<br>2. Bulk FHIR APIs. Third-party systems can access USCDI data for a population of patients using Bulk FHIR APIs. A health IT organization and third-party system agree upon a group of patients, the health IT organization provides a group identifier, and the third-party system can request the data it wants to obtain for that group by initiating a Bulk FHIR request. The health IT software generates the FHIR resources with the appropriate content, which the third-party system can then retrieve as a file after the bundling of data is complete. |

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| | 3. The ability of the EHR to launch a practitioner-based app, also has validate patient access in both single and multi-patient scenarios.<br>4. Standalone patient app access in both full and limited scopes, demonstrate an API practitioner-based app within the EHR workflow, demonstrate a single patient's access via the API, and demonstrate multi-patient authorization and API access. |

**Justification:** GlaceEMR offers SMART on FHIR APIs to access USCDI data and approved and integrated third party vendors and patients have access to one or more of the APIs based on the prior agreement. In this measure we are planning to test the access and authorization capability of the API, utilization of the API and API conformance.

**Test Methodology:** System logs, API logs and third-party logs will be reviewed to determine the conformance of the API specification

**Expected Outcome:** It is expected that data access issues are rare and that the functionalities identified in the above criteria perform without errors. Access and authorization is fully enforced.

# Electronic Exchange

## General Information

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|---|---|
| Developer Name: | **Glenwood Systems LLC** |
| Product Name(s): | **GlaceEMR** |
| Version Number(s): | **6.0** |
| Certified Health IT Product List (CHPL) ID(s): | **15.04.04.1535.Glac.06.00.1.180629** |
| Developer Real World Testing Page URL: | **https://docs.glaceemr.com/Glenwood/rwt.html** |

## Justification For Real World Testing Approach

At this time, GlaceEMR 6.0 the Certified Health IT Module is sold to ambulatory care setting. For this reason, the Real-World Testing plan will apply to this care setting. The criteria § 170.315(h)(2) Direct Project, Edge Protocol, and XDR/XDM will be tested; Verification of the Direct messages exchanged between healthcare providers and the confirmation of the message delivery statuses.

## Standards Updates (Including Standards Version Advancement Process (SVAP) And United States Core Data For Interoperability (USCDI))

| | |
|---|---|
| Standard (and version) | § 170.202(a)(2) Direct Project: ONC Applicability Statement for Secure Health Transport, Version 1.2, August 2015<br>§ 170.202(b) ONC XDR and XDM for Direct Messaging Specification<br>§ 170.202(d) ONC Implementation Guide for Direct Edge Protocols, Version 1.1, June 25, 2014<br>§ 170.202(e)(1) Delivery Notification - Implementation Guide for Delivery Notification in Direct v1.0 |

## Care Setting(S):

Since GlaceEMR supports ambulatory care setting we are going to use a primary care practice.

## Overall Expected Outcome(S):

- Real World Testing will demonstrate that the Health IT Module is conformant to the following certification criteria:
    - § 170.315(h)(2) Direct Project, Edge Protocol, and XDR/XDM

## Schedule Of Key Milestones

| Key Milestone | Care Setting | Date/ Timeframe |
|---|---|---|
| Release of documentation for the Real-World Testing to be provided to authorized representatives and providers. This includes surveys, specific instructions on what to look for, how to record issues encountered, and Customer Agreements. | Ambulatory | November 1, 2024 |
| Collection of information as laid out by the plan for the period. | Ambulatory | January 1, 2025 – December 31, 2025 |
| Follow-up with providers and authorized representatives on a regular basis to understand any issues arising with the data collection. | Ambulatory | Quarterly, 2025 |
| End of Real-World Testing period/final collection of all data for analysis. | Ambulatory | January 1, 2026 |
| Analysis and report creation. | Ambulatory | January 15, 2026 |
| Submit Real World Testing report to ACB (per their instructions) | Ambulatory | February 1, 2026 |

## Measures Used In Overall Approach

The following outlines the measures that have been identified to best demonstrate conformance to certification criteria concerning Direct Messaging (§ 170.315(h)(2))

## Use Case:

As part of the Real-World Testing requirements for § 170.315(h)(2), the developer has developed the following metrics for their testing plan:

## Measure 1:

| Certification Criteria | Requirement |
|---|---|
| § 170.315(h)(2) Direct Project, Edge Protocol, and XDR/XDM | (i) The Health IT Module can electronically transmit (send and receive) health information to and from a third party using each of:<br><br>• Applicability Statement for Secure Health Transport, Version 1.2 (the "Direct Project" specification);<br>• The ONC XDR and XDM for Direct Messaging Specification, Version 1, including support for both limited and full XDS metadata profiles;<br>• And both of the protocols in the ONC Implementation Guide for Direct Edge Protocols, Version 1.1.<br><br>(ii) The health IT can electronically transmit (send and receive) health information to a 3rd party using Direct in accordance with the Implementation Guide (IG) for Delivery Notification in Direct, Version 1.0. |

**Justification**: GlaceEMR includes two functionalities of interest: (A) Send and Receive Direct Messaging content in compliance with Direct Project Specifications, (B) Send and Receive Delivery Notification in compliance with Direct Specifications. Messages are exchanged between various HISP in the trust framework. This metric will provide information on direct message transactions and the quantity and security of all the transactions.

**Test methodology**: System logs, Gateway logs and Message logs will be reviewed to determine the conformance, quantity and quality of all the transactions.

**Expected outcome(s):** It is expected that providers are able to send and receive direct messages and message delivery notifications electronically.

# Public Health

## General Information

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|---|---|
| Developer Name: | **Glenwood Systems LLC** |
| Product Name(s): | **GlaceEMR** |
| Version Number(s): | **6.0** |
| Certified Health IT Product List (CHPL) ID(s): | **15.04.04.1535.Glac.06.00.1.180629** |
| Developer Real World Testing Page URL: | **https://docs.glaceemr.com/Glenwood/rwt.html** |

## Justification For Real World Testing Approach

At this time, GlaceEMR 6.0 the Certified Health IT Module is sold to ambulatory care setting. For this reason, the Real-World Testing plan will apply to this care setting. The criteria § 170.315(f)(1) Transmission to immunization registries, § 170.315(f)(2) Transmission to public health agencies — syndromic surveillance, § 170.315(f)(4) Transmission to cancer registries, § 170.315(f)(5) Transmission to public health agencies — electronic case reporting and § 170.315(f)(7) Transmission to public health agencies — health care surveys will be tested; Verification of the export functionality in compliance with the criteria.

## Standards Updates (Including Standards Version Advancement Process (SVAP) And United States Core Data For Interoperability (USCDI))

| | |
|---|---|
| Standard (and version) | § 170.205(e)(4) Health Level 7 (HL7®) 2.5.1 Implementation Specifications. HL7® 2.5.1 Implementation Guide for Immunization Messaging, Release 1.5, October 2014 and HL7® Version 2.5.1 Implementation Guide for Immunization Messaging (Release 1.5)— Addendum, July 2015<br><br>§ 170.207(e)(3) HL7® Standard Code Set CVX— Vaccines Administered, updates through August 17, 2015<br><br>§ 170.207(e)(1) HL7® Standard Code Set CVX— Vaccines Administered, updates through June 15, 2022<br><br>§ 170.207(e)(4) National Drug Code (NDC) Directory– Vaccine NDC Linker, updates through August 17, 2015 |

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| | § 170.207(e)(2) National Drug Code (NDC) Directory– Vaccine NDC Linker, updates through July 19, 2022<br><br>§ 170.205(d)(4) Health Level 7 (HL7®) 2.5.1. Implementation specifications. PHIN Messaging Guide for Syndromic Surveillance: Emergency Department, Urgent, Care, Inpatient and Ambulatory Care, and Inpatient Settings, Release 2.0, April 21, 2015 and Erratum to the CDC PHIN 2.0 Implementation Guide, August 2015<br><br>§ 170.205(i)(2) Health Level 7 (HL7®) Implementation Guide for CDA© Release 2: Reporting to Public Health Cancer Registries from Ambulatory Healthcare Providers, Release 1, DSTU Release 1.1, April 2015<br><br>§ 170.207(a)(4) International Health Terminology Standards Development Organization (IHTSDO) Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT®), U.S. Edition, September 2015 Release<br><br>§ 170.213(a) United States Core Data for Interoperability (USCDI), July 2020 Errata, Version 1 (v1)<br><br>§ 170.213(b) United States Core Data for Interoperability (USCDI), October 2022 Errata, Version 3 (v3)<br><br>§ 170.207(a)(4) IHTSDO SNOMED CT®, U.S. Edition, September 2019 Release<br><br>§ 170.207(a)(1) SNOMED CT®, U.S. Edition, March 2022 Release<br><br>§ 170.207(c)(3) Logical Observation Identifiers Names and Codes (LOINC®) Database version 2.52, Released June 2015, a universal code system for identifying laboratory and clinical observations produced by the Regenstrief Institute, Inc.<br><br>§ 170.207(c)(1) Logical Observation Identifiers Names and Codes (LOINC®) Database Version 2.72, February 16, 2022, a universal code system for<br>identifying laboratory and clinical observations produced by the Regenstrief Institute, Inc.<br><br>§ 170.213 United States Core Data for Interoperability (USCDI) |

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| | § 170.207(a)(4) International Health Terminology Standards Development Organization (IHTSDO) Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT®), U.S. Edition, September 2019 Release<br><br>§ 170.207(i) Encounter diagnoses: The code set specified at 45 CFR 162.1002(c)(2) for the indicated conditions ICD-10-CM as maintained and distributed by HHS, for the following conditions:<br>Diseases.<br>Injuries.<br>Impairments.<br>Other health problems and their manifestations.<br>Causes of injury, disease, impairment, or other health problems.<br><br>§ 170.205(t)(4) Reportable Conditions Trigger Codes Value Set for Electronic Case Reporting. RCTC OID: 2.16.840.1.114222.4.11.7508, Release March 29, 2022<br><br>§ 170.205(t)(1) HL7® FHIR® Implementation Guide: Electronic Case Reporting (eCR) - US Realm 2.1.0 – STU 2 US (HL7® FHIR® eCR IG)<br><br>§ 170.205(t)(2) HL7® CDA® R2 Implementation Guide: Public Health Case Report - the Electronic Initial Case Report (eICR) Release 2, STU Release 3.1 - US Realm (HL7® CDA® eICR IG)<br><br>§ 170.205(t)(3) HL7® CDA® R2 Implementation Guide: Reportability Response, Release 1, STU Release 1.1 - US Realm (HL7® CDA® RR IG)<br><br>§ 170.205(s)(1) Health Level 7 (HL7®) Implementation Guide for CDA Release 2: National Health Care Surveys (NHCS), Release 1 – US Realm, Draft Standard for Trial Use, December 2014<br><br>Errata for NHCS V1.0<br>Standards Version Advancement Process (SVAP) Version(s) Approved<br><br>HL7® CDA® R2 Implementation Guide: National Health Care Surveys (NHCS), R1 STU Release 3 - US Realm<br>Optional<br><br>HL7® CDA® R2 Implementation Guide: National Health Care Surveys (NHCS), R1 DSTU Release 1.2 - US Realm |

## Care Setting(S):

Since GlaceEMR supports ambulatory care setting we are going to use a pediatric practice.

## Overall Expected Outcome(S):

- Real World Testing will demonstrate that the Health IT Module is conformant to the following certification criteria:
  - § 170.315(f)(1) Transmission to immunization registries
  - § 170.315(f)(2) Transmission to public health agencies — syndromic surveillance
  - § 170.315(f)(4) Transmission to cancer registries
  - § 170.315(f)(5) Transmission to public health agencies — electronic case reporting
  - § 170.315(f)(7) Transmission to public health agencies — health care surveys

## Schedule Of Key Milestones

| Key Milestone | Care Setting | Date/ Timeframe |
|---|---|---|
| Release of documentation for the Real-World Testing to be provided to authorized representatives and providers. This includes surveys, specific instructions on what to look for, how to record issues encountered, and Customer Agreements. | Ambulatory | November 1, 2024 |
| Collection of information as laid out by the plan for the period. | Ambulatory | January 1, 2025 – December 31, 2025 |
| Follow-up with providers and authorized representatives on a regular basis to understand any issues arising with the data collection. | Ambulatory | Quarterly, 2025 |
| End of Real-World Testing period/final collection of all data for analysis. | Ambulatory | January 1, 2026 |
| Analysis and report creation. | Ambulatory | January 15, 2026 |
| Submit Real World Testing report to ACB (per their instructions) | Ambulatory | February 1, 2026 |

## Measures Used In Overall Approach

The following outlines the measures that have been identified to best demonstrate conformance to certification criteria concerning public health (§ 170.315(f)(1), § 170.315(f)(2), § 170.315(f)(4), § 170.315(f)(5), § 170.315(f)(7))

## Use Case:

As part of the Real-World Testing requirements for (§ 170.315(f)(1), § 170.315(f)(2), § 170.315(f)(4), § 170.315(f)(5), § 170.315(f)(7) the developer has developed the following metrics for their testing plan to ensure the functionality of various public health registry integrations.

## Measure 1: Immunization Registry

| Certification Criteria | Requirement |
|---|---|
| §170.315(f)(1) Transmission to immunization registries | (i) The Health IT Module can create immunization information according to the IG IM Release 1.5, and the July 2015 Addendum, using CVX codes for |

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| | historical vaccines and NDC codes for newly administered vaccines.<br><br>(ii) The Health IT Module enables a user to request, access and display the evaluated immunization history and forecast from an immunization registry for a patient in accordance with the HL7 2.5.1 standard, the HL7 2.5.1. IG IM Release 1.5, and July 2015 Addendum. |

**Justification**: GlaceEMR includes functionalities of interest (i) generation of immunization HL7 file and (ii) receiving information from registry. Immunization administration data will be exported in the applicable hl7 format and transmitted to the immunization registry. Download the forecast and vaccination record from the registry and import it into the patient record.
**Test methodology**: System logs, transmission logs and gateway logs will be reviewed to determine the functionality.

**Expected outcome(s):** It is expected that all the administered vaccination records are transmitted to connected immunization registry and forecast is downloaded when requested.

## Measure 2: Syndromic Surveillance

| Certification Criteria | Requirement |
|---|---|
| §170.315(f)(2) Transmission to public health agencies — syndromic surveillance | The health IT is able to create syndrome-based public health surveillance information for electronic transmission to public health agencies according to the HL7 2.5.1 standard, the PHIN Messaging Guide for Syndromic Surveillance Release 2.0, and the August 2015 Erratum to the PHIN Messaging Guide. |

**Justification**: GlaceEMR includes functionalities of interest (i) generation of immunization HL7 file for syndromic surveillance. Reportable health conditions data will be exported in the applicable hl7 format and transmitted to the registry.

**Test methodology**: System logs, transmission logs and gateway logs will be reviewed to determine the functionality.

**Expected outcome(s):** It is expected that all the reportable conditions are completely transmitted to connected registry.

## Measure 3: Cancer Registries

| Certification Criteria | Requirement |
|---|---|
| §170.315(f)(4) Transmission to cancer registries | (i) The health IT can create cancer case information for electronic transmission in accordance with the HL7® IG for CDA Release 2: Reporting to Public Health Cancer Registries from Ambulatory Healthcare Providers, DSTU Release 1.1.<br><br>(ii) The health IT can create cancer case information for electronic transmission using, at a minimum, the |

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| | September 2015 Release of the U.S. Edition of SNOMED CT® and Version 2.52 of LOINC®. |

**Justification**: GlaceEMR includes functionalities of interest (i) generation of CDA file in appropriate standard for cancer registries. Cancer diagnosis and other related data will be exported in the applicable CDA format and transmitted to the registry.

**Test methodology**: System logs, transmission logs and gateway logs will be reviewed to determine the functionality.

**Expected outcome(s):** It is expected that all the reportable cancer codes are completely transmitted to connected registry.

## Measure 4: Electronic Case Reporting

| Certification Criteria | Requirement |
|---|---|
| §170.315(f)(5) Transmission to public health agencies — electronic case reporting | (i) A Health IT Module is able to consume and maintain a table of trigger codes to determine which encounters may be reportable.<br><br>(ii) A Health IT Module can match a patient visit or encounter to the trigger code based on the parameters of the trigger code table.<br><br>(iii) A Health IT Module can create a case report for electronic transmission. |

**Justification**: GlaceEMR includes functionalities (i)maintain trigger code table (ii) identify patient visit to report based on trigger codes (iii) generate case report and transmit.

**Test methodology**: System logs, security logs and task scheduler logs will be reviewed to determine the functionality.

**Expected outcome(s):** It is expected that all the patient visits with one of the trigger codes should be reported to the connected registry.

## Measure 5 – Health Care Survey:

| Certification Criteria | Requirement |
|---|---|
| §170.315(f)(7) Transmission to public health agencies — health care surveys | Health IT can create health care survey data for electronic transmission in compliance with all mandatory elements and requirements of the HL7® Implementation Guide (IG) for CDA Release 2: National Health Care Surveys (NHCS), Release 1 – US Realm, Draft Standard for Trial Use, December 2014. |

**Justification**: GlaceEMR includes functionality to generate health care survey data for electronic transmission.

**Test methodology**: System logs, security logs and task scheduler logs will be reviewed to determine the functionality.

**Expected outcome(s):** It is expected that health care survey file will be generated for the selected list of patients and submitted to the registry when requested.

# Attestation

Glenwood Systems
Medical Billing & EMR Made Easy

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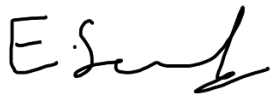
I do hereby attest that Real World Testing plan for the year 2025 is completed as per the ONC requirements on the expected time frame. This document is submitted to the ONC Approved Certification Body.

Authorized Representative is Samuel Raj
sam@glenwoodsystems.com
(877) 728-7070
Technical Director
Glenwood Systems, LLC.
1389 West Main Street, Suite 308
Waterbury, CT 06708

Sincerely



Signed by Glenwood System, LLC's Technical Director, Samuel Raj on 10/30/2024.