DSS Juno ConnectEHR 22 Test Plan

CHPL # 15.04.04.2925.CONN.04.04.0.230427

https://junohealth.com/certifications

Published 11/6/2024

Plan Report IT: JCONv22-2025-01

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Justification of RWT Testing Approach – ConnectEHR + FHIR

ConnectEHR is a software application that "bolts-on" to EHR products. It is used in ambulatory as well as inpatient care settings. In general, we chose to concentrate on the aspects of each criterion that would closely follow the actual activities of ConnectEHR end users and also provide the most benefit for caregivers and patients. At a high level, these use cases include:

1) Empowering patients by providing them with an electronic copy of their health record. We believe that this is very important for patient satisfaction and improving population health in general.
2) Optimizing and standardizing public health reporting to better track disease via public health registries. These registries can be very helpful to patient care, epidemiologists and government for identifying disease outbreaks, epidemics and even pandemics.
3) Enabling interoperability and efficient effective sharing of patient health records to improve patient care.
4) Providing bulk data export capabilities that can empower physician practices and clinics with the flexibility to change EHR vendors, either due to:
   · Dissatisfaction with existing vendor/functionality,
   · The promise of improved functionality from a new vendor, or
   · Practice consolidation/acquisition.

Care Coordination	Application Programming Interfaces
§ 170.315(b)(1) Transitions of care § 170.315(b)(1) Transitions of care § 170.315(b)(8) Security tags - summary of care – receive § 170.315(b)(10): Electronic Health Information Export	§ 170.315(g)(7) Application access— patient selection § 170.315(g)(9) Application Access – All Data Request (Cures Update) § 170.315 (g)(10) Standardized API for Patient and population services

Public Health
§ 170.315(f)(1) Transmission to immunization registries § 170.315(f)(2) Transmission to public health agencies — syndromic surveillance

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	Ambulatory & Inpatient	3/1/2025	-	6/1/2025	May, 2025		• 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, 2025		• 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, 2025		• 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, 2025		Recipient uses scorecard to grade C-CDA
					July, 2025		• 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, 2025		Prepare RWT results report
§ 170.315(b)(10) Electronic Health Information export	Ambulatory & Inpatient	3/1/2025	-	6/1/2025	Start test plan execution: May, 2025		• 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, 2025		Use the Edge Test Tool to check validity of output file
					July, 2025		Export summary was created and completed successfully
					Complete test execution: August, 2025		Prepare RWT results report
Public Health							
§ 170.315(f)(1) Transmission to immunization registries	Ambulatory & Inpatient	3/1/2025	-	6/1/2025	May, 2025		• 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, 2025		Validate that immunization interface is functioning as expected
					July, 2025		Verify immunization data was received in registry for patient A
					July, 2025		Verify immunization data was received in EHR for patient B
					August, 2025		See above

					May, 2025		• 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, 2025		Validate that immunization interface is functioning as expected
					July, 2025		Verify that immunization data was received for patient A
					August, 2025		Prepare RWT results report
§ 170.315(f)(2) Transmission to public health agencies — syndromic surveillance	Ambulatory & Inpatient	3/1/2025	-	6/1/2025	May, 2025		Syndromic surveillance messages are successfully received and processed by public health agency.
					June, 2025		Functioning HL7 2.5.1 interface to public health agency
					September, 2025		Prepare RWT results report
Application Programming Interfaces							

§ 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	Ambulatory & Inpatient	3/1/2025	-	6/1/2025	May, 2025		• 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, 2025		Encounter is created and visually confirmed
					July, 2025		• Dynamic FHIR API has transformed C-CDA into FHIR resources. • PHR app consumes FHIR resources to populate EHR data
					May, 2025		• 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, 2025		• Data is rendered correctly: Provider compares patient data in app to patient data in EHR and notes any discrepancies.
					May, 2025		• 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, 2025		• Data is rendered correctly: Provider compares patient data in app to patient data in EHR and notes any discrepancies.
					August, 2025		Prepare RWT results report

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**	
	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 better** **2) 75 percent of C-CDAs flagged as restricted were received in restricted status based on confirmed receipt from trading partner** **3) 75 percent of trading partner's TOC C-CDAs successfully received by ConnectEHR.**	**Standards Implemented: (SVAP)** **No updates have been made.**

	Developer Info: **DYNAMIC HEALTH IT, INC** **320 Monticello Ave.** **New Orleans, LA 70121** **504.309.9103** **Care Setting:** **Ambulatory/Inpatient** **The ambulatory care setting is the most common one for ConnectEHR users.** **Some ConnectEHR users are in an inpatient setting, so we've included test steps for generation of discharge summaries.**	**Product Info:** **Product Name: Juno ConnectEHR** **Product Version: v22** **CHPL ID:** **15.04.04.2925.CONN.04.04.0.230427**	**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:
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, 2025		
*	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.	June, 2025		
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, 2025		
	* Next 2 steps are for Inpatient setting only	Provider had an encounter that required a patient was referred or transition to another care setting	June, 2025		

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.	June, 2025		
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, 2025		
*	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, 2025		
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.	June, 2025		

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, 2025		
7	Calculate and compile metrics	Prepare RWT results report	August, 2025		

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)** **No updates have been made.**

	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 whether the care setting is ambulatory or inpatient.**	**Product Info:** **Product Name: Juno ConnectEHR** **Product Version: 22** **CHPL ID:** **15.04.04.2925.CONN.04.04.0.230427**	**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:
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, 2025		
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, 2025		

5	Create and validate a CCDA batch export for a patient population	The batch export contained all CCDA data for the specified patient population			
6	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			
7	Create an export summary in real time	Export summary was created and completed successfully	July, 2025		
8	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			
9	Calculate and compile metrics	Prepare RWT results report	Complete test execution: August, 2025		

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 confirmed by visual validation.** **2) 100 percent correct correct immunization history records successfully received 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)** **No updates have been made.**
	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 whether the care setting is ambulatory or inpatient.**	**Product Info:** **Product Name: Juno ConnectEHR** **Product Version: 22** **CHPL ID:** **15.04.04.2925.CONN.04.04.0.230427**	**Methods Use to Demonstrate Interoperability:** **1) SFTP** **2) TCP/IP** **3) Webservice** **4) HL7 Standard Code Set CVX – Vaccine AdministeredOID: 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:
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, 2025		

2	Implement bi-directional immunization interface (if interface not already in place)	Validate that immunization interface is functioning as expected	June, 2025		
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, 2025		
8	Access EHR to verify that immunization data was received for patient B.	Verify immunization data was received in EHR for patient B	July, 2025		
9	Calculate and compile metrics	See above	August, 2025		
*	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, 2025		
2	Implement send-only immunization interface (if interface not already in place).	Validate that immunization interface is functioning as expected	June, 2025		

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, 2025		
7	Calculate and compile metrics	Prepare RWT results report	August, 2025		

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)** **No updates have been made.**
	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 whether the care setting is ambulatory or inpatient.**	**Product Info:** **Product Name: Juno ConnectEHR** **Product Version: 22** **CHPL ID:** **15.04.04.2925.CONN.04.04.0.230427**	**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:
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, 2025		

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, 2025		
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	7/1/2025		
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	August, 2025		
5	Check whether HL7 messages ACKed by agency	HL7 messages are successfully received and ACKed	August, 2025		
6	Query agency to verify that public health data was received for patient A.	Public health successfully processed by agency	August, 2025		
7	Calculate and compile metrics	Prepare RWT results report	September, 2025		

Table of Contents	**Associated 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**	
	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)** **No updates have been made.**

	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 whether the care setting is ambulatory or inpatient.**	**Product Info:** **Product Name: Juno ConnectEHR** **Product Version: 22** **CHPL ID:** **15.04.04.2925.CONN.04.04.0.230427**	**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:
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, 2025		
2	Patient A has encounter with care provider who uses EHR described above.	Encounter is created and visually confirmed	June, 2025		

3	Provider captures USCDIv1 data elements in EHR	USCDIv1 data elements are validated in the system	June, 2025		
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	June, 2025		
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	June, 2025		
6	Patient A uses portal login credentials to log into PHR app	Specific patient ID and token are returned for authentication and data requests	June, 2025		
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, 2025		
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	July, 2025		
9	PHR app returns data in a computable format using specified standards.	Data is confirmed to be in XML or JSON format	July, 2025		

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	July, 2025		
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	July, 2025		
These Test Steps Cover Care Coordination via 3rd Party 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, 2025		
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	June, 2025		
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, 2025		

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, 2025		
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	June, 2025		
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, 2025		
12	Calculate and compile metrics	Prepare RWT results report	August, 2025		
	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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	Authorized Representative Signature: Hilary Kloska				
	Date: 11/6/2024				