Encor-E Version 6
2023 Real World Testing Results

General Information

Developer Name: Medisolv, Inc.
Product Name: Encor-E
Version Number: 6
Certified Health IT: 2015 Cures Act
Product List (CHPL) ID(s): 15.04.04.2922.ENCO.06.01.1.191011
Developer Real World Testing Page URL: https://medisolv.com/products/encor-quality-reporting-software/certification/

Medisolv, Inc.
10960 Grantchester Way, Ste. 520
Columbia, MD 21044

P: (443) 539-0505
F: (443) 539-0509
E: info@medisolv.com

Facebook: Medisolv
Twitter: @Medisolv
Linkedin: company/medisolv

Key Milestones

Key Milestone	Care Setting	Planned Date/Timeframe	Completed
Real-World Testing documentation distributed to third-party partners for review	Third-Party Client Installation	10/17/2022	10/17/2022
Real-World Testing documentation to be provided to all involved parties and responsibilities assigned	All	11/04/2022	12/2/2022
2022 Initial Conformance Tests, not including testing in real-world environments	All	12/16/2022	1/27/2023
2022 Real-World Environment Conformance tests	All	Quarterly throughout 2023	1/11/2024
Data Aggregation and Review	All	December 2023	1/16/2024
Analysis and report creation	All	January 2024	1/17/2024
Submit Real World Testing report to ACB (per their instructions)	All	February 1, 2024	1/19/2024

Standards Updates (SVAP)

Medisolv updated the supported standards for QRDA-I and QRDA-III as part of 2023 implementations and testing. This was done as part of the measure implementation, testing and updates in concert with conformance tests for QRDA-I and QRDA-III Standards outlined below.

QRDA Category I

QRDA Category I Support was updated to support the IQR Implementation Guide for 2023: CMS Implementation Guide for Quality Reporting Document Architecture: Category I; Hospital Quality Reporting; Implementation Guide for 2023.

This work was tested as part of the "Conformance to QRDA-I Standard" outcome.

QRDA Category III

QRDA Category III Support was updated to support the IQR Implementation Guide for 2023: CMS Implementation Guide for Quality Reporting Document Architecture: Category III; Eligible Clinicians Programs; Implementation Guide for 2023.

This work was tested as part of the "Conformance to QRDA-III Standard" outcome.

Outcomes

Conformance to QRDA-I Standard

The application was tested for QRDA-I standardization using Cypress version 7, as prescribed in the testing methodology; all files passed validation. Initial testing was performed in December of 2022 and January of 2023 for 2023 measures, and testing was performed multiple times during 2023 to ensure conformance with changes and updates of Project Cypress.

Conformance to QRDA-III Standard

The application was tested for QRDA-III standardization using Cypress version 7, as prescribed in the testing methodology; all files passed validation. Initial testing was performed in December of 2022 and January of 2023 for 2023 measures, and testing was performed multiple times during 2023 to ensure conformance with changes and updates of Project Cypress.

Exports conform to manual input

The application was tested for manual patient entry/import using the methodology described in the testing methodology. All tests passed, imported data matched manually created patient details for 2023 measures.

Measure Results conform for static data

The application was tested using the methodology described in the testing methodology. All tests passed.

Measure Results conform for real-world data

The application was tested using the methodology described in the testing methodology. Quarterly results are in the table below:

Quarter	Care Setting	Patient/Results Tested	Percentage Passed
Quarter 1 2023	Hospital	10 Patients 35 Total Results	100%
Quarter 2 2023	Ambulatory	10 patients 40 Total Results	100%
Quarter 3 2023	Hospital	10 patients 44 Total Results	100%
Quarter 4 2023	Ambulatory	10 patients 65 Total Results	100%

of eCQMs submitted to CMS (for sampled clients)

The client regulatory CMS submissions for the 10 sampled clients are captured below; this data represents regulatory submissions for the 2022 performance period, reported to CMS during the 2023 calendar year.

eCQM	Submission Count
CMS 2	1
CMS 50	2
CMS 69	2
CMS 72	4
CMS 104	1
CMS 105	2
CMS 108	3
CMS 122	3
CMS 124	1
CMS 125	4
CMS 127	1
CMS 130	4
CMS 134	1
CMS 139	2
CMS 154	1
CMS 165	5
CMS 190	5
CMS 347	3
CMS 506	5

Testing Methodologies (Copied from 2023 Real World Test Plan)

Measurement/Metric	Test Methodology
Conformance to QRDA-I Standard	Data is loaded into the application using Cypress configurations and test decks/data. QRDA-I files are output for each certified measure, and are run through the Cypress validation utilities to ensure compliance with the latest standards In addition, once the regulatory submission windows open, data is submitted either via the testing interface(s) where applicable, or via direct submission and verification. Clinical consultants compare rejections, measure differences, warnings, and associated errata to ensure that the data processed by

	Medisolv matches the results computed by regulatory entities. Issues which cannot be resolved locally are entered into JIRA for identification and resolution. This is a pass/fail metric; each QRDA-I file is either compliant and passes, or is not compliant, and appropriate changes are made to bring the system into compliance. This test is performed on an annual basis, but retesting may occur if changes, errata, or other updates are announced by regulatory agencies during the performance period.
Conformance to QRDA-III Standard	Data is loaded into the application using Cypress configurations and test decks/data. QRDA-III files are output and are run through the Cypress validation utilities to ensure compliance with the latest standards. In addition, once the regulatory submission windows open, data is submitted either via the testing interface(s) where applicable, or via direct submission and verification. Clinical consultants compare rejections, warnings, and associated errata to ensure that the data processed by Medisolv is accepted by regulatory entities Issues which cannot be resolved locally are entered into JIRA for identification and resolution with support of ONC/CMS/Measure Stewards. This is a pass/fail metric; QRDA-III files are either compliant and pass, or are not compliant, and

	appropriate changes are made to bring the system into compliance. This test is performed on an annual basis, but retesting may occur if changes, errata, or other updates are announced by regulatory agencies during the performance period.
Exports conform to manual input	Data templates are created and entered into the manual input module of the application. The patient data is then exported into a QRDA-I file; the generated QRDA-I file is then loaded back into the application, and the patient data is compared to the manually entered data. This is a pass/fail metric, either the data matches exactly, and the system is passed, or the data does not match, and appropriate modifications are made to the system. This test is performed on an annual basis.
Measures Results conform for static data	A full Cypress test deck is created for all certified measures. The test deck is imported into the application, and the measure results are generated. The resulting files are then passed back into Cypress for verification, which identifies a pass/fail for each measure. This is a pass/fail metric, but it is broken down by measure. It is possible that most measures pass and only some fail. Failures are brought back for investigation, and corrections are made, or JIRA tickets are created if the results cannot be reconciled.

	This test is performed on an annual basis, but retesting may occur if changes, errata, or other updates are announced by regulatory agencies during the performance period.
Measures Results conform for real-world data	Once per quarter, clinical consultants and/or engineering support staff manually investigate 10 patients across all enabled measures at a client installation. Pseudo-random selection is performed, attempting to ensure that patients are selected at random, but do not share the same measure/population strata, so that the 10-patient manual check verifies the maximum number of data points possible. Medisolv attempts to select a different client for comparison each quarter (i.e., if possible, we will not sample the same client more than once per year for the purpose of this quarterly measurement). Medisolv also attempts to rotate the care setting each quarter to ensure maximum coverage of care settings, e.g., if a hospital care setting is selected for quarter 1, an ambulatory care setting will be selected for quarter 2 (unless that is not possible). Each patient selected is verified against all measures they are members of, and the population strata result from the measure engine is compared to raw clinical data in the Medisolv systems. This metric is a percentage-based metric, for each of the 10 patients, a pass/fail result is documented by the investigator. Each care setting can then be given a percentage result, ranging from 0-100. Note specifically that 10 patients are selected for investigation, not 10 measure results. This can mean

	that a single patient may have more than one measure result, and each measure result is given a pass/fail. Therefore, it is possible to have any percentage result between 0 and 100, not just 0/10/20 etc. The overall result is considered a failure if it is not 100%, and errors/failures are brought back to the engineering team for investigation. Issues are corrected, if found, or else JIRA tickets are created if the issue cannot be resolved locally. This test is performed on a quarterly basis.
# of eCQMs Submitted to CMS (for sampled clients)	Once per year, clinical consultants and/or engineering support staff will validate how many eCQMs were submitted to CMS for a sampling of 10 operational clients (operational is defined as a client who performed a production submission to CMS in the calendar year). This is a count-based metric, the result will be stratified by eCQM, with an integer result per eCQM submitted; as an extension, if CMS111 was submitted by 3 of the sampled clients, the result for CMS111 will be 3; if CMS56 was not submitted by any client, it will not be included in the results. This test is performed on an annual basis.

Attestation

These Real World Testing results were completed in keeping with the test methodology. All information in this document is up to date and fully addresses the health IT developer's Real World Testing requirements.

Authorized Representative Name: **Justin S. Di Stefano**

Authorized Representative E-Mail: jdistefano@medisolv.com

Authorized Representative Phone: (443)264-4259

Authorized Representative Signature: Justin S Di Stefano

Date: 1/19/2024