2025 REAL WORLD TESTING PLAN & RESULTS

Keiser Computers, Inc.- Drs® Enterprise

GENERAL INFORMATION

Plan Report ID Number: Drs Enterprise – 2025 RWT Plan

Developer Name: Keiser Computers, Inc.

Product Name(s): Drs Enterprise

Version Number(s): 12

Certified Health IT Product List (CHPL) ID(s): 15.04.04.1764.DrsE.12.01.1.221213

CHPL Listing: https://chpl.healthit.gov/#/listing/11072

Developer Real World Testing Plan Page URL: https://www.drsdoc.com/rwt.htm

JUSTIFICATION FOR REAL WORLD TESTING APPROACH

Consistent with the ONC's recommendation that "*Real World Testing verifies that deployed Certified Health IT continues to perform as intended by conducting and measuring observations of interoperability and data exchange*", this test plan focuses on capturing and documenting the number of instances in which the certified capability is successfully utilized in the real world. The approach will focus on production-based based end-to-end, and end-user-centric testing. This allows for appropriate conformity amongst the CEHRT client base, reaching a spectrum of clinical and non-clinical end users. This end-to-end and end-user-centered approach will extend beyond the "developer's understanding" of feature and function usability related to the measures within this plan. This approach employs design and function assessment, including user feedback and reporting of any non-conformities. Success will be defined by not just successful navigation and criteria specifications being met, but also at least one specific metric per measure being fulfilled and documented through RWT testing. This RWT approach requires a commitment to real end-users in the production environment.

STANDARDS VERSION ADVANCEMENT PROCESS (SVAP) STANDARDS UPDATES

Describe approach(es) for demonstrating conformance to all certification requirements using each standard to which the health IT is certified. List each version of a given standard separately. For each version of a standard, submit the following:

Standard (and version)	All standard versions are those specified in the USCDI v1. For the CY 2025, the developer is not planning to make updates through the SVAP process.
Updated certification criteria and associated product	N/A
Health IT Module CHPL ID	N/A
Date of ONC-ACB notification	N/A
Date of customer notification	N/A
Conformance method and Measurement/metric(s)	N/A
USCDI-updated certification criteria	All the testing measures with the associated certification criteria were updated to support USCDI v1.

MEASUREMENT(S)/METRIC(S) USED IN OVERALL APPROACH

Each plan must include at least one measurement/metric that addresses each applicable certification criterion in the Health IT Module's scope of certification. Describe the method for measuring how the approach(es) chosen to meet the intent and purpose of Real World Testing.

For each measurement/metric, describe the elements below:

- ✔ Description of the measurement/metric
- ✔ Associated certification criteria
- ✔ Justification for selected measurement/metric
- ✔ Care setting(s) that is addressed
- ✔ Expected outcomes

Description of Measurement/Metric

Description of the measure(s)/metric(s) that will be used to support the Real World Testing.

Measurement/Metric	Description
170.315(b)(1)	This measure will test the conformance and usage of the C-CDAs for the Transitions of Care (ToC) using the following: 1) Report the number of C-CDAs created and sent over a three (3) month period. 2) Generate 2 C-CDAs without failure for functional validation in production.
170.315(b)(2)	This measure will test the conformance and usage of the clinical information reconciliation and incorporation (CIRI) functionality using the following: 1) Survey the medical practices to determine how often the C-CDAs are incorporated and reconciled into the patients' accounts. 2) Import and reconcile a C-CDA for a test patient without failure for functional validation in production.
170.315(b)(10)	This measure will test the conformance and usage of the Electronic Health Information (EHI) export function using the following: 1) Report how often a medical practice uses the EHI export function to export patient data. 2) Export EHI data for a test patient without failure for functional validation in production.
170.315(c)(1)	This measure will test the conformance and usage of the Clinical Quality Measures (CQMs) using the following: 1) Report how many CQMs have reported to CMS for MIPS or other quality programs. 2) Execute the CQM calculation and report the number and list of quality measures configured in the medical practice.

170.315(e)(1)	This measure will test the conformance and usage of the View. Download and Transmit (VTD) function using the following: 1) Report the number of C-CDAs viewed, downloaded, or transmitted to a third party over a three (3) month period. 2) Generate a C-CDA, send it to the patient portal, and view and download it for functional validation in production.
170.315(f)(1)	This measure will test the conformance and usage of the immunizations using the following: 1) Report the number of successful immunization messages generated and/or sent to public health registries. 2) Generate an HL7 immunization test message for functional validation in production.
170.315(f)(2)	This measure will test the conformance and usage of the syndromic surveillance using the following: 1) Report the number of successful syndromic surveillance messages generated and/or sent to public health registries. 2) Generate an HL7 syndromic surveillance test message for functional validation in production.
170.315(g)(7)	This measure will test the conformance and usage of the Application Access technology for patient selection using the following: 1) Review how many different systems or applications are connecting to the EHR via the API technology for patient selection. 2) Test the API technology for patient selection using a test patient for functional validation in production.
170.315(g)(9)	This measure will test the conformance and usage of the Application Access technology for all data requests using the following: 1) Review how many different systems or applications are connecting to the EHR via the API technology for all data requests. 2) Test the API technology for all data request(s) using a test patient for functional validation in production.

170.315(g)(10)	This measure will test the conformance and usage of the standardized API for patient and population services using the following: 1) Review how many different systems or applications are connecting to the EHR via the API technology for patient and population services. 2) Test the API technology for patient and population services using single and multiple test patients for functional validation in production.

Associated Certification Criteria

List certification criteria associated with the measurement/metric. If conformance to the criteria depends on any Relied Upon Software, this should be noted in your Real World Testing plan for any metrics that would involve the use of that software in testing.

Measurement/Metric	Associated Certification Criteria	Relied Upon Software (if applicable)
170.315(b)(1)	§170.315(b)(1) Transitions of care	Updox (Version 2016.1)
170.315(b)(2)	§170.315(b)(2) Clinical information reconciliation and incorporation	DrFirst (Rcopia Version 4)
170.315(b)(10)	§170.315(b)(10) Electronic Health Information export	N/A
170.315(c)(1)	§170.315(c)(1) CQMs - record and export	N/A
170.315(e)(1)	§170.315(e)(1) View, download, and transmit to 3rd party	Updox (Version 2016.1)
170.315(f)(1)	§170.315(f)(1) Transmission to immunization registries	N/A
170.315(f)(2)	§170.315(f)(2) Transmission to public health agencies syndromic surveillance	N/A
170.315(g)(7)	§170.315(g)(7) Application access - patient selection	N/A
170.315(g)(9)	§170.315(g)(9) Application access - all data request	N/A
170.315(g)(10)	§170.315(g)(10) Standardized API for patient and population services	N/A

Justification for Selected Measurement/Metric

Explanation of the measurement/metric selected to conduct Real World Testing.

Measurement/Metric	Justification
170.315(b)(1)	This measure has two metrics to capture. It will provide a numeric value to indicate both how often this interoperability feature is being used as well as its compliance with the requirement. The creation of the C-CDA in part one indicates that the EHR can generate the patient summary record, including the ability to record all clinical data elements, and by sending the C-CDA patient summary record, the EHR demonstrates successful interoperability of an exchanged patient record with a third party. This measurement shows support for the Direct Edge protocol in connecting to an HISP for successful transmission, which reveals compliance with the associated criterion.
170.315(b)(2)	This measure will survey users to determine real-world interoperability and usability, specifically how often C-CDAs are received from third parties and incorporated into the patient record, and then update the patient's problem list, medication list, and medication allergy list with the clinical data contained in the C-CDA. A survey can better gauge the frequency of reconciliation occurrences than a standard software test. It will reveal if users are utilizing the C-CDA incorporate and update feature of their EHR to update patient records with new information from other sources. In addition, a functional test will be performed to validate the compliance with the associated criterion in real-world use.
170.315(b)(10)	This measure will survey users to determine real-world interoperability and usability, specifically how often clinicians use the Electronic Health Information (EHI) export function. A survey or self-test will provide information on the practical and successful function of the export, as well as the impact and value of an interoperability element, better than a standard software test evaluation. The Electronic Health Information export can be used for various use cases, including supporting a local Health Information Exchange (HIE) or registry, as well as quality and population health metrics.
170.315(c)(1)	This measure will provide a successful count and list of electronic clinical quality measures (eCQMs) that are calculated and submitted to CMS for a given program, like MIPS. Clinical quality measures are only used for the respective CMS programs, and any production measures should utilize submission to CMS.

170.315(e)(1)	This measure will provide a numeric value and reporting documentation to indicate both how often this interoperability feature is being used as well as its compliance with the requirement. An increment to this measure indicates that the EHR can create C-CDAs and give the patient access to them for successful visibility, download, and third-party transmission. The patient portal is intended to support patient engagement with their health records. The ability to transmit their patient data, as a C-CDA or human-readable copy, can be a useful feature.
170.315(f)(1)	This measure will be used to determine real-world interoperability and usability, specifically how many successful immunization messages were sent to an immunization information system (IIS) or public health immunization registries by the provider. This measure will provide a numeric value to indicate both how often this interoperability feature is being used as well as its compliance with the requirement. An increment to this measure indicates that the EHR can create an immunization message, including the ability to record all clinical data elements, and by sending the message (where applicable by practice need), the EHR demonstrates successful interoperability with an IIS/immunization registry.
170.315(f)(2)	This measure will provide a numeric value to indicate both how often this interoperability feature is being successfully used as well as its compliance with the requirement. An increment to this measure indicates that the EHR can create a syndromic surveillance message, including the ability to record all clinical data elements, and by sending the message, the EHR demonstrates successful interoperability with a public health registry.
170.315(g)(7)	This measure will survey users to assess real-world interoperability and usability, specifically the number of third-party systems or applications integrated and using the EHR's API interface. Surveys often provide more comprehensive insights into the impact and value of interoperability elements compared to standard software tests. API capabilities are crucial components of modern health IT systems, enhancing patient care and care coordination through the effective use of API resources. Additionally, a validation test will be conducted to evaluate the capability of the technology associated with this criterion.
170.315(g)(9)	This measure will survey users to assess real-world interoperability and usability, specifically the number of third-party systems or applications integrated and using the EHR's API interface. Surveys often provide more comprehensive insights into the impact and value of interoperability elements compared to standard software tests. API capabilities are crucial components of modern health IT systems, enhancing patient care and care coordination through the effective use of API resources. Additionally, a validation test will be conducted to evaluate the capability of the technology associated with this criterion.

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Care Setting(s)

The expectation is that a developer's Real World Testing plan will address each type of clinical setting in which their certified health IT is marketed. Health IT developers are not required to test their certified health IT in every setting in which it is marketed for use. Developers should address their choice of care and/or practice settings to test and provide a justification for the chosen approach.

Note: Health IT developers may bundle products by care setting, criteria, etc., and design one plan to address each, or they may submit any combination of multiple plans that collectively address their products and the care settings in which they are marketed

List each care setting that is covered by the measure and an explanation for why it is included.

Care Setting	Justification
Ambulatory out-patient practices	Keiser Computers markets its Drs Enterprise product for ambulatory outpatient practices only, and all the testing measures were designed with this clinical setting in mind. We will test a minimum of three (3) medical practices. This number covers a sufficient percentage of existing practices to provide a viable sample of users using the certified EHR product and its modules.

Expected Outcomes

Health IT developers should detail how the approaches chosen will successfully demonstrate that the certified health IT:

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

(from 85 FR 25766)

Not all of the expected outcomes listed above will be applicable to every certified Health IT Module, and health IT developers may add an additional description of how their measurement approach best addresses the ongoing interoperability functionality of their product(s). Health IT developers could also detail outcomes that should not result from their measurement approach if that better describes their efforts.

Within this section, health IT developers should also describe how the specific data collected from their Real World Testing measures demonstrate expected results. Expected outcomes and specific measures do not necessarily have to include performance targets or benchmarks, but health IT developers should provide context for why specific measures were selected and how the metrics demonstrate individual criterion functionality, EHI exchange, and/or use of EHI within certified health IT, as appropriate.

Measurement/Metric	Expected Outcomes
170.315(b)(1)	We will test a sample of our user base to get reporting values on C-CDAs sent, as well as the performance of C-CDA error detection. Metric #1: Report the number of C-CDAs sent over a three (3) month period. This metric can come from system reports. A successful measure increment indicates compliance with the underlying ONC criterion, including the successful creation of the C-CDA patient summary record and recording of the required clinical data elements. In sending the C-CDA patient summary record, the EHR will demonstrate the ability to confirm the successful interoperability of an exchanged patient record with a third party, including support for Direct Edge protocol in connecting to an HISP. Successful completion of this measure also implies users have a general understanding of the EHR functional operations for this EHR Module and overall support for the user experience; not completing this measure may indicate a lack of understanding or possibly a lack of use or need for this functionality. We will use the measure count to establish a historic baseline of expected interoperability use so it can be used in subsequent real-world testing efforts. Metric #2: Confirm the successful creation of two unique C-CDAs by each medical practice without failure. This metric will track and report a user's ability to successfully generate a C-CDA in the production environment. Any failures or non-conformities will be documented. The outcome will be tracked using line-item reporting by practice.

170.315(b)(2)	Metric #1: The user will be asked a survey question about how often they are using the C-CDA incorporate and update feature, and will be given the survey answer choices below: • Regularly • Sporadically • Rarely • Never • Don't Know The answer will provide insight into how clinicians view both the use and value of this interoperability feature. For example, the response may show that additional training is needed to better utilize the feature or that it is not currently utilized as currently designed. It will provide a benchmark to evaluate future surveys as well as to share insight into any new developments for improvements or enhancements of the health IT system. Metric #2: The user will be asked to incorporate and reconcile a C-CDA for a test patient to measure the success of the medical reconciliation. We will expect to see the successful use of the record incorporation and reconciliation across each practice test.
170.315(b)(10)	Metric #1: The user will also be asked a survey question about how often they perform the export during an average month, and will be given the survey answer choices below: • Regularly • Sporadically • Rarely • Never • Don't Know The answer will provide insight into how clinicians generate and export patient data and view the value of this interoperability feature. For example, a response may show that additional training is needed to better utilize the feature or that it is not currently utilized as currently designed. It will provide a benchmark to evaluate future surveys as well as to share insight into any new developments for improvements or enhancements of the health IT system. Metric #2: The user will be asked to create an export to gauge the successful creation of the Electronic Health Information (EHI) export.

170.315(c)(1)	The measurement will be considered complete and successful regardless of the count and list of practice-specific CQMs submitted to CMS over a given interval. We will ask our customer users to report on the number of CQMs they successfully reported to CMS, which reveals compliance with the associated criterion listed above. A successful measure submission indicates compliance with the underlying ONC criterion. It will show that the EHR can do calculations on the CQMs and that they are accepted by CMS. Successful completion of this measure also implies users have a general understanding of the EHR functional operations for this EHR Module and overall support for the user experience; not completing this measure may indicate a lack of understanding or possibly a lack of use or need for this functionality. We will use the measured result to establish a historic baseline of expected interoperability use so it can be used in subsequent real-world testing efforts.
170.315(e)(1)	We will contact a sample of our user base to get reporting values on patient portal access, as well as patients' use of the portal's interoperability features. Report the number of patients C-CDAs created over a three (3) month period. Separately, this measure will also examine or enroll a patient and confirm that the patient (or authorized representative) can see, download, and initiate transmission outside of the CEHRT. The measurement will produce a numeric result and a line-item report of patient usability congruent with the measure. We will utilize various reports and audit logs to determine our measure count. A successful measure increment indicates compliance with the underlying ONC criterion listed above. Line-item reporting for successful access to view, download, and transmit confirms the real-world use of this function.

170.315(f)(1)	As the clinician user submits immunization messages in their normal workflow and clinical activities, we will obtain their messaging metrics to evaluate real-world interoperability. To capture this information, we will either use a special report to gather this information from our system or have the clinician user obtain the usage report from the registry. A successful measure increment indicates compliance with the underlying ONC criterion. It will show that the EHR can create the HL7 immunization record, including the ability to record the required clinical data elements. In sending the immunization message, the EHR will demonstrate the ability to confirm the successful interoperability of the patient's immunization data to an IIS/immunization registry. Successful completion of this measure also implies users have a general understanding of the EHR functional operations for this EHR Module and overall support for the user experience; not completing this measure may indicate a lack of understanding or possibly a lack of use or need for this functionality. In the event a practice is sampled that does not send to a local or state immunization registry, or a practice that does this cannot be identified, the file generation itself will also be considered a successful outcome. We will use the measure count to establish a historic baseline of expected interoperability use so it can be used in subsequent real-world testing efforts.
170.315(f)(2)	The measurement will produce validated, successful, numeric results over a given interval. We will utilize various reports and audit logs to determine our measure count. A successful measure increment indicates compliance with the underlying ONC criterion. It will show that the EHR can create the HL7 syndromic surveillance message, including the ability to record the required clinical data elements. In sending the syndromic surveillance message, the EHR will demonstrate the ability to confirm the successful interoperability of patient immunization data to a public health registry. Successful completion of this measure also implies users have a general understanding of the EHR functional operations for this EHR Module and overall support for the user experience; not completing this measure may indicate a lack of understanding or possibly a lack of use or need for this functionality. In the event a practice is sampled that does not send to a local or state public health agency, or a practice that does this cannot be identified, the generation of a syndromic surveillance file itself will be considered a successful measure outcome. We will use the measure count to establish a historic baseline of expected interoperability use so it can be used in subsequent real-world testing efforts.

170.315(g)(7)	The user will be asked the survey question below: • How many clients or software systems are connected to your EHR via the API? The answer to this question and the names of the other systems leveraging the API will be documented. This will provide insights into clinicians' views on the use and value of this interoperability feature. Responses may highlight a need for additional training or indicate underutilization. It will also benchmark future surveys and inform improvements to the health IT system. In addition, a functional test will be conducted to validate the module. This test will measure the module's functionality, irrespective of whether it is currently in use by the practice.
170.315(g)(9)	The user will be asked the survey question below: • How many clients or software systems are connected to your EHR via the API? The answer to this question and the names of the other systems leveraging the API will be documented. This will provide insights into clinicians' views on the use and value of this interoperability feature. Responses may highlight a need for additional training or indicate underutilization. It will also benchmark future surveys and inform improvements to the health IT system. In addition, a functional test will be conducted to validate the module. This test will measure the module's functionality, irrespective of whether it is currently in use by the practice.
170.315(g)(10)	The user will be asked the survey question below: • How many clients or software systems are connected to your EHR via the API? The answer to this question and the names of the other systems leveraging the API will be documented. This will provide insights into clinicians' views on the use and value of this interoperability feature. Responses may highlight a need for additional training or indicate underutilization. It will also benchmark future surveys and inform improvements to the health IT system. In addition, a functional test will be conducted to validate the module. This test will measure the module's functionality, irrespective of whether it is currently in use by the practice.

SCHEDULE OF KEY MILESTONES

Include steps within the Real World Testing plan that establish milestones within the process. Include details on how and when the developer will implement measures and collect data. Key milestones should be relevant and directly related to the expected outcomes discussed in the next section.

For each key milestone, describe when Real World Testing will begin in specific care settings and the date/timeframe during which data will be collected.

Key Milestone	Care Setting	Date/Timeframe
Complete and submit the 2024 RWT Results to the ONC-ACB. Publish the RWT documentation to the developer's website.	Ambulatory out-patient practices	December 2024 – January 2025
Begin communication with clients to ask for their support and participation in real-world testing. The goal is to have enough clients committed for real-world testing by the end of 1Q-2025.	Ambulatory out-patient practices	Q1 2025
Real-world testing with clients will be scheduled and performed. It is expected that a preparatory call will be done with clients to prepare them for testing activities.	Ambulatory out-patient practices	Q2 2025
End of Real-World Testing period. Results will be documented in the test results section of the test plan and ultimately used to build the test report. If any non-compliance is observed, we will notify the ONC-ACB of the findings and make the necessary changes required.	Ambulatory out-patient practices	Q3 2025
Complete and submit the 2026 RWT Plan to the ONC-ACB. Publish the RWT documentation to the developer's website.	Ambulatory out-patient practices	November 1, 2025
Complete and submit the 2025 RWT Results to the ONC-ACB. Publish the RWT documentation to the developer's website.	Ambulatory out-patient practices	December 31, 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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Date: 12/22/2025

REAL-WORLD TESTING RESULTS REPORT

CHANGES TO ORIGINAL PLAN

If a developer has made any changes to their approach for Real World Testing that differ from what was outlined in their plan, note these changes here.

Summary Of Change Summarize each element that changed between the plan and the actual execution of Real World Testing.	**Reason** Describe the reason this change occurred	**Impact** Describe what impact this change had on the execution of your Real World Testing activities.
Criteria not executed: 170.315(b)(1) 170.315(b)(2) 170.315(b)(10) 170.315(c)(1) 170.315(e)(1) 170.315(f)(1) 170.315(f)(2)	These certification criteria were not executed in 2025 because the Office of the National Coordinator (ONC) announced enforcement discretion that waived the requirement to submit Real World Testing results for this year. As a result, developers were not obligated to carry out testing activities tied to those criteria. This discretion was intended to reduce regulatory burden in alignment with federal deregulatory policy. Only API-related criteria (g.7, g.9, and g.10) still require results reporting for 2025.	By not executing these testing criteria in 2025, the enforcement discretion reduced regulatory burden and allowed developers to focus on the most critical API-related requirements.

SUMMARY OF TESTING RESULTS AND KEY FINDINGS

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

If any non-conformities were discovered and reported to the ONC-ACB during testing, outline these incidents and how they were addressed.

Measurement/Metric	Testing Results	Key Findings
170.315(g)(7) - 1	**§170.315(g)(7) Application access - patient selection. Metric 1:** Do you or your practice utilize the certified API technology? If so, how many systems or applications are you connected to? No. The testing practices do not currently utilize the certified API technology, and therefore have no production-level API connections.	There is currently no production-level utilization of the certified API technology.
170.315(g)(7) - 2	**§170.315(g)(7) Application access - patient selection. Metric 2:** Conduct a comprehensive validation test to assess the technology's capability and performance in alignment with the specified testing criterion. **Methodology**: Used the Inferno Test Kit **version 7.2.7** to send a request with patient information to the testing module and verified that it returns a unique ID. **Result**: The tested module successfully identified the test patient and returned a valid ID. **Pass Rate:** 100%	An internal test was conducted to validate the testing module within a controlled environment. By adhering to this methodology, we ensure that the certified module complies with the 170.315(g)(7) requirements and specifications.
170.315(g)(9) - 1	**§170.315(g)(9) Application access - all data requests. Metric 1:** Do you or your practice utilize the certified API	There is currently no production-level utilization of the certified API

	technology? If so, how many systems or applications are you connected to? No. The testing practices do not currently utilize the certified API technology and therefore have no production-level API connections.	technology.
170.315(g)(9) - 2	**§170.315(g)(9) Application access - all data requests. Metric 2:** Conduct a comprehensive validation test to assess the technology's capability and performance in alignment with the specified testing criterion. **Methodology**: Utilized the official C-CDA USCDI v1 validator to validate the requested C-CDA documents for testing the 170.315(g)(9) criterion. **Result**: The tested module successfully generated C-CDA documents for three test patients via API requests. The output data was validated and passed using the C-CDA USCDI v1 validator in the SITE Platform **version 4.1.8** **Pass Rate:** 100%	An internal test was conducted to validate the testing module within a controlled environment. By adhering to this methodology, we ensure that the certified module complies with the 170.315(g)(9) requirements and specifications.
170.315(g)(10) - 1	**§170.315(g)(10) Standardized API for patient and population services. Metric 2:** Do you or your practice utilize the certified API technology? If so, how many systems or applications are you connected to? No. The testing practices do not currently utilize the certified API technology and therefore have no production-level API connections.	There is currently no production-level utilization of the certified API technology.
170.315(g)(10) - 2	**§170.315(g)(10) Standardized API for patient and population services. Metric 2:** Conduct a comprehensive validation test to assess the technology's capability	An internal test was conducted to validate the testing module within a controlled environment. By adhering to this methodology, we

	and performance in alignment with the specified testing criterion. **Methodology**: Used the ONC Certification (g)(10) Standardized API Test Kit to test all the requirements of the Standardized API for Patient and Population Services criterion 170.315(g)(10). **Result**: The tested module successfully passed all the required tests for the ONC Certification (g)(10) Standardized API Test Kit **version 7.2.7** using the following configuration: US Core 3.1.1 / USCDI v1, SMART App Launch 1.0.0, Bulk Data 1.0.1. **Pass Rate:** 100%	ensure that the certified module complies with the 170.315(g)(10) requirements and specifications.

STANDARDS UPDATES

For the 2025 real-world testing, we tested the certified modules with USCDI v1.

Standard (and version)	All standard versions are those specified in USCDI v1. For the CY 2025, the developer did not make updates through the SVAP process.
Updated certification criteria and associated product	N/A
CHPL Product Number	N/A
Conformance measure	N/A

CARE SETTING(S)

Care Setting	Justification
Ambulatory out-patient practices	A minimum of three medical practices were selected for testing. However, due to the ONC's enforcement discretion, certain tests were not executed. Only the certified API technology modules were tested internally because the testing practices do not utilize the technology.

KEY MILESTONES

Key Milestone	Care Setting	Date/Timeframe
Completed tests for G.7, G.9, and G.10 for API technology.	Ambulatory out-patient practice	December 19, 2025
Completed the test results report	Ambulatory out-patient practices	December 22, 2025