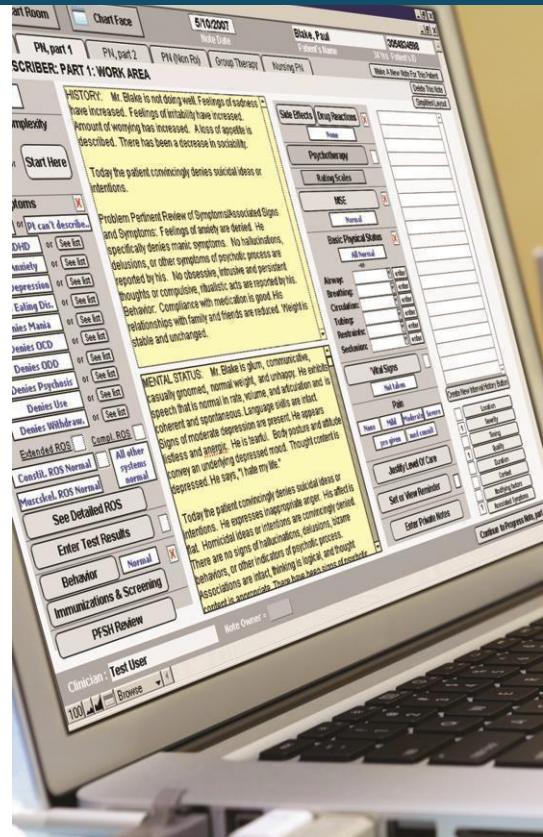




2025

Real World Test Plan Results



ICANotes LLC

01/14/2026

GENERAL INFORMATION

Plan Report ID Number: **RWT Plan ICANotes - 10-31-2023**

Developer Name: **ICANotes, LLC**

Product Name(s): **ICANotes EHR/EMR for Behavioral Health**

Version Number(s): **11.6, Edition 2015, Certification Date: 12/31/2018**

Certified Health IT: **15.04.04.2755.ICAN.11.01.1.221224**

Product List (CHPL) ID: **15.04.04.2755.ICAN.11.01.1.221224**

Withdrawn Product: **15.04.04.1637.ICAN.11.00.1.181231**

Real World Testing Plan URL:

<https://www.icanotes.com/features/onc-atcb-certification/>

Real World Testing Results URL:

<https://www.icanotes.com/wp-content/uploads/2024/01/2023-RWTP-Results-Report.pdf>

JUSTIFICATION FOR REAL WORLD TESTING APPROACH

ICANotes is a medium-sized electronic health record system founded in 1999 and designed by a psychiatrist to serve behavioral health providers exclusively. ICANotes supports psychiatry, psychology, therapy, and addiction treatment providers. The product is currently certified to the 2015 Health Information Technology Edition and is delivered as a cloud-based solution. The majority of ICANotes customers provide outpatient behavioral health services and routinely receive referrals from external clinicians.

ICANotes utilizes a single Real World Testing plan to address multiple applicable certification criteria.

Real World Testing is conducted using real-time workflows in a live production environment with de-identified test patient data. This approach reflects actual clinical use and interoperability conditions while ensuring compliance with HIPAA privacy requirements.

Testing methodologies are adjusted as needed to accommodate unforeseen issues encountered during real-world use. Any changes to the testing approach are documented in the Results Report, including the reason for the change and confirmation that the intended outcomes are met.

Testing sessions are conducted via Google Meets in the production environment. Demographic information is de-identified to protect patient privacy. External agencies are selected to send and receive transitions of care as part of interoperability testing. Each testing session includes a clinician or practice staff member, an ICANotes representative supporting the session, and an ICANotes observer who documents the results. Development and quality assurance staff remain available during testing for support if necessary.

ICANotes conducts Real World Testing throughout the 2025 calendar year and submits the associated Results Report by February 1, 2026. Although some clinicians are unable to complete certain Direct-based measures due to external credential limitations, each certification criterion is successfully tested by at least one clinician per quarter, satisfying Real World Testing requirements.

MEASURES USED IN THE OVERALL APPROACH

ASSOCIATED CERTIFICATION CRITERIA

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

Measurement/Metric	Associated Certification Criteria
Measure 1	§ 170.315(b)(1) Transitions of Care (Receive)
Measure 2	§ 170.315(b)(2) Clinical Information Reconciliation and Incorporation
Measure 3	§ 170.315(c)(1) Clinical Quality Measures Record and Export
Measure 4	§ 170.315(b)(1) Transitions of Care (Send)
Measure 5	§ 170.315(e)(1) View, Download and Transmit to 3rd party
Measures 6 - 8	§ 170.315(b)(6) Data Export
Measure 9	§ 170.315(g)(7) Application Access – Patient Selection
Measure 10	§ 170.315(b)(10) Electronic Health Information export
Measure 11	§ 170.315(g)(9) Application Access – All Data Request

Measurement/Metric	Description
Measure 1: Clinician logs into ICANotes and receives a CCDA from a external individual via Direct Protocol with no Tech Support and no errors. CCDA has demographic information adjusted so PHI is not visible. Successful receipt of CCDA is achieved and observed. The amount of time should be no more than 60 seconds.	Clinician begins a new patient encounter in ICANotes certified software with a patient referred by an external individual. With a Direct Address and unique Kno2 credentials, the clinician is able to have a seamless login and secure receipt of CCDA from the external individual using Direct Protocol (Surescripts is the underlying software that allows use of Direct Messaging). Common Clinical Data Set (CCDS) standard will be demonstrated in these transactions. Noted will be the successful receipt of the CCDA with all fields completed. The amount of time for completion should be no more than 10 minutes. Denominator Context will include a minimum of two CCDA receipts over a quarterly period. This will meet § 170.315(b)(1) (Receive).
Measure 2: The CCDA is validated, and Clinical Information Reconciliation is performed. No errors are expected. The amount of time should be no more than 180 seconds.	After successful receipt of the CCDA, the clinician validates the CCDA within ICANotes with no errors in a maximum of ten minutes. Clinical information reconciliation for medication, medication allergy, and current problem list is performed using ICANotes software. CCDS standard will be demonstrated in these transactions. Log files demonstrate the reconciliation. Reconciliation attempts are quantified across interactions, demonstrating consistent performance. This will meet § 170.315(b)(2).
Measure 3: Documentation of Medications (CQM #68) is done without assistance. The amount of time taken to document should be no more than 60 seconds. No errors are expected.	User completes and documents medications within ICANotes with no technical assistance in a maximum of 180 seconds . (CQM #68) within appropriate location in ICANotes software to meet 170.315(c)(1) by completing the appropriate fields in ICANotes software. Success rate of documenting medications with and without errors, monitored across a minimum of 2 documentation instances per quarter. The following day it will be reflected in the numerator and denominator of this MIPS CQM measure. Ninety five percent success rate will be reflected in the numerator over denominator.
Measure 4: Updated CCDA is sent back to external individual. Successful sending of CCDA is achieved and observed. The amount of time to send the document should be no more than 60 seconds.	The user sends an updated CCDA via Direct Protocol and posts it to the patient portal in less than 5 minutes, with confirmed success. Updated CCDA is also sent to the patient portal. Document successful sends out of total attempts, providing ongoing interoperability evidence. Confirmation of sent CCDA is noted along with log files. Two out of three attempts will be successful, ensuring the measure reflects consistent performance over time. This will meet § 170.315(b)(1) (Send).
Measure 5: Access via patient portal - Observation of the View, Download & Transmit functions is performed. This will demonstrate the portal as a key tool for the clinician to share the patient's most current health information with the patient. The amount of time should be no more than 3 minutes total for 3 tasks and there should be no errors.	Real-time patient data will be adjusted to protect PHI before Measure 5 is completed. User is allowed access to patient portal to view patient CCDA and download the CCDA without assistance. The user accesses the portal to perform View, Download, and Transmit tasks in under 5 minutes. Transmission of patient data will be sent to another individual. Measure a minimum of two View, Download and Transmit functions across three months, giving insights into patient portal reliability and engagement. This will meet § 170.315(e)(1).

<p>Measure 6: The user successfully exports data file on demand.</p>	<p>Authorized user will perform an export of CCDA data from the production server in real-time (on demand) with a specific start and end date immediately. This will be done without delay within 10 minutes and sent to a specific file location. This will be accomplished efficiently and with no error and the file will be inspected when received to ensure it is the file requested. Minimum of two times per quarter with a 9/10 denominator. This measure allows the capture of report data selected by and on demand without assistance from development staff. The ability to independently create reports is vital to office practices and integral to a certified EHR. ICANotes staff will verify the reports have been created successfully with requested data through verbal acknowledgements and visual observation.</p>
<p>Measure 7: Practice staff member successfully exports a file at a delayed time – with a specific start and end date.</p>	<p>Authorized user will perform an export of CCDA data in the future time – from the production server with a scheduled specific start and end date – such as November 1 - November 2, 2021. This will be accomplished efficiently and with no error and the file will be inspected when received to ensure it is the file requested. This measure allows the user to select a time in the future without assistance from development staff. The ability to independently create reports is vital to office practices and integral to a certified EHR. ICANotes staff will verify the reports have been created successfully and sent to a specific file location with requested data through verbal acknowledgements and visual observation. There will be a minimum of 2 times per quarter with a denominator of 9/10.</p>
<p>Measure 8: User sets an export for a delayed time during hours after the practice is closed and is able to run successfully.</p>	<p>User sets a data export to run after hours, verifying the system's ability to operate independently. This measure allows the capture of report data selected by and on demand without assistance from development staff. The ability to independently create reports is vital to office practices and integral to a certified EHR. A minimum of two after-hours scheduled exports quarterly will be completed with a 9/10 success rate, establishing a baseline for this feature's reliability. ICANotes staff will verify the reports have been created successfully with requested data and sent to specific location with screenshots that capture the activity.</p>
<p>Measure 9: Provide user with API documentation.</p>	<p>User uses a third-party application to communicate with ICANotes. The user acts as an authorized person (patient) and obtains a userKey and userSecret. A Patient ID is created which assures the privacy and security of the patient. A minimum of two sessions are reviewed for seamless third-party data access, demonstrating interoperability. This will meet § 170.315(g)(7).</p>

<p>Measure 10: Authorized users can export EHI for a single patient or a patient population without errors and without developer support. The file must be machine-readable, meeting the requirements of § 170.315(b)(10).</p>	<p>The user must be able to generate an export of all Electronic Health Information (EHI) stored by the certified product at the time of certification. This export should include a single patient's data, and the export format must be electronic and in a computable format. The system must support the export without requiring developer assistance. The export must be completed in real-time, and a publicly accessible hyperlink to the export format documentation must accompany the file. Count successful exports from single patients and populations without errors. There will be a minimum of 2 population exports over three months, verifying consistent performance. This will meet § 170.315(b)(10).</p>
<p>Measure 11: User demonstrates the ability, through the use of the token, to receive the entirety of a patient CCDA for a specific time and date with all data categories.</p>	<p>The user demonstrates secure retrieval of full patient CCDA data for a specified date/time. The return of the data is confirmed to be the patient selected earlier and data is returned successfully and without delay. A minimum of two secure data retrievals quarterly will be completed to confirm reliability across time. Document successful retrievals without errors. This will meet § 170.315(g)(9).</p>

REPORT AND RESULTS - Q1: March 2025

Expected outcomes for the **11 events** will include the following data points:

- Total number of events tested: **11**
- Number of passed (i.e. successful) events: **11**
- Number of passed and partial completions: **0**
- Number of not tested / incomplete events: **0**

As detailed in this plan under the “Schedule of Key Milestones” section, each measure/metric will be tested at least once per quarter with our clinician RWT groups to ensure the expected outcomes are reliably attained.

Measurement/Metric	Report	Result
§ 170.315(b)(1) Transitions of Care (Receive)	A CCDA was sent via Direct Protocol to the Clinicians with a Direct Address and unique Kno2 credentials by an external individual. The Clinician successfully received the transition of care from the external individual, they carried out the necessary steps and the CCDA was visible in the patient's chart with no conflict or breach of PHI within the stipulated 60-second time frame.	Tested – Pass
§ 170.315(b)(2) Clinical Information Reconciliation and Incorporation	After successful receipt of the CCDA, the Clinician validated the CCDA within ICANotes and the clinical information reconciliation for medication, medication allergy, and current problem list was performed.	Tested – Pass
170.315(c)(1) Clinical Quality Measures Record and Export	CQM was tested and verified within an appropriate location in ICANotes software, within the stipulated 60 seconds. The following day, CQM report was generated for Documentation of Current Medication and the report showed the patient under the Denominator and the Numerator to indicate we passed this measure.	Tested- Pass
§ 170.315(b)(1) Transitions of Care (Send)	The Clinician successfully sent the updated CCDA within the 60-second time frame back to the external individual via Direct Protocol and to the patient portal. The reconciled CCDA was also sent to the Patient Portal.	Tested – Pass
§ 170.315(e)(1) View, Download and Transmit to 3rd party	The Clinicians accessed the patient portal using de-identified test patient data and successfully Viewed, Downloaded and Transmitted the reconciled CCDA under the stipulated 3-minute time.	Tested - Pass

Measurement/Metric	Report	Result
§ 170.315(b)(6) Data Export	<p>The Clinicians accessed the ICANotes Upload Site and successfully did 3 different types of data exports.</p> <p>Measure 6 – Data Export (Immediate)</p> <p>Measure 7 – Data Export (Scheduled with specific date and time)</p> <p>Measure 8 – Data Export (Scheduled after work hours)</p> <p>The exported information was recorded and stored.</p>	Tested - Pass
§ 170.315(g)(7) Application Access – Patient Selection	The authorized person (patient) successfully received the registration email for the third-party API software after enabling the feature from the Demographics section of ICANotes.	Tested – Pass
§170.315(b)(10) Electronic Health Information export	The authorized user or the clinician was able to successfully export a single patient Electronic Health Information (EHI) and also was able to successfully export the EHI for a population of patients. The user was able to perform this step successfully without any developer's assistance.	Tested – Pass
§ 170.315(g)(9) Application Access – All Data Request	The third-party software successfully generated the authorized user's complete CCDA.	Tested – Pass

Three (3) Clinicians/Practice staff members participated in a single session in which all measures were attempted to be tested.

Overall, we received an averaged “Pass” status for 11 of the 11 measures that were tested by two different testers (**MB** and **MO**) involved which synthesized the individual assessments into a unified result.

For one (1) tester (**GP**) we only tested 8 measures successfully and couldn't test 3 measures linked to Kno2.

Synopsis of the Measures that were successfully Tested in Q1.

REAL WORLD TESTING - RESULTS (March 2025)												
Measures / Rating / Clinician	Measure 1 - Transitions of Care (Receive)	Measure 2 - Clinical Information Reconciliation and Incorporation	Measure 3 - Clinical Quality Measures Record and Export	Measure 4 - Transitions of Care (Send)	Measure 5 - View, Download and Transmit to 3rd party	Measure 6 - Data Export (Immediate)	Measure 7 - Data Export (Scheduled w/ specific date & time)	Measure 8 - Data Export (Scheduled after work hours)	Measure 9 - Successfully registered for MyLink	Measure 10 - Electronic Health Information export	Measure 11 - Viewed entire CCDA in MyLink	
MO-03/24/2025	Tested Pass- 56 Secs	Tested Pass- 175 Secs	Tested Pass- 57 Secs	Tested Pass- 52 Secs	Tested Pass- 166 Secs	Tested Pass	Tested Pass	Tested Pass	Tested Pass	Tested Pass	Tested Pass	
MB-03/26/2025	Tested Pass- 53 Secs	Tested Pass- 170 Secs	Tested Pass- 54 Secs	Tested Pass- 55 Secs	Tested Pass- 172 Secs	Tested Pass	Tested Pass	Tested Pass	Tested Pass	Tested Pass	Tested Pass	
GP-03/31/2025	Not Tested	Not Tested	Tested Pass- 56 Secs	Not Tested	Tested Pass- 168 Secs	Tested Pass	Tested Pass	Tested Pass	Tested Pass	Tested Pass	Tested Pass	

For Quarter 1, 3 Clinicians participated in the Real-world Testing. As listed above the testers were **MO, MB and GP**. The brief explanation is mentioned as below:

Not Tested: Measure 1, 2 and 4 – Kno2 credential error:

For the Clinician (GP) we were unable to test Measures 1, 2, and 4 due to the lack of access to their Kno2 account. This prevented the clinician from interacting with the platform, directly impacting the ability to test these measures.

Measure1, 2 and 4: Transition of Care (Receive), Medication Reconciliation and Transition of Care (Send)

- The 2 testers (**MO** and **MB**) were able to successfully receive the C-CDA from an external source sent via Direct Protocol.
- The clinicians were able to login to their Kno2 Direct Email account using their unique User ID and Password and retrieved the C-CDA.
- The C-CDA was successfully validated in the ICANotes EHR. After validating the C-CDA, the medication, allergies and diagnosis was successfully reconciled into the note.
- The clinicians signed the note, and they were able to send the updated C-CDA (Transition of care) to an external individual via Direct protocol and also to the patient portal
- The entire steps were completed in the time frame as mentioned above.
- These limitations were attributable to external Direct credential provisioning and not to ICANotes system functionality, which was successfully demonstrated by other participants.

Measure 3: Clinical Quality Measures Record and Export

- After reconciling the medications, allergies and diagnosis, all the testers were able to attach a service code For Example: **99203** and easily select the checkbox to indicate the Current Medications were Documented successfully in the note.
- The testers were able to complete the entire steps easily in the time frame mentioned above.

Measure 5: View, Download and Transmit to 3rd Party

- The testers were able to successfully login to Patient Portal using the de-identified test patient data and were able to view, download and transmit the reconciled C-CDA in the timeframe as mentioned above.

Measure 6 to 8: Data Export

- The clinicians accessed the ICANotes upload site and were able to successfully complete the 3 different types of data exports.
 - Measure 6 – Data Export (Immediate)
 - Measure 7 – Data Export (Scheduled with specific date and time)
 - Measure 8 – Data Export (Scheduled after work hours)

Measure 9: Application Access – Patient Selection

- The tester successfully received the registration email for the third-party API software after enabling the feature from the Demographics section of ICANotes.

Measure 10: Electronic health Information export

- The authorized user or the clinician was able to successfully export a single patient Electronic Health Information (EHI)
- This user was also able to export Electronic Health Information (EHI) for a patient population.
- The user was able to successfully perform the Electronic health Information (EHI) export without a developer's assistance.

Measure 11: Application Access – All Data Request

- After receiving the registration email, the tester was able to successfully register the de-identified test patient data for the first time and authorized the data access to the 3rd party application
- The tester was able to complete the registration in the MyLinks application and gathered the records successfully
- After gathering the record, the tester was able to generate the authorized user's completed C-CDA in a human readable format

REPORT AND RESULTS – Q2: June 2025

Expected outcomes for the **11 events** will include the following data points:

- Total number of events tested: **11**
- Number of passed (i.e. successful) events: **11**
- Number of passed and partial completions: **0**
- Number of not tested / incomplete events: **0**

As detailed in this plan under the “Schedule of Key Milestones” section, each measure/metric will be tested at least once per quarter with our clinician RWT groups to ensure the expected outcomes are reliably attained.

Measurement/Metric	Report	Result
§ 170.315(b)(1) Transitions of Care (Receive)	<p>A CCDA was sent via Direct Protocol to the Clinicians with a Direct Address and unique Kno2 credentials by an external individual.</p> <p>The Clinician successfully received the transition of care from the external individual, they carried out the necessary steps and the CCDA was visible in the patient's chart with no conflict or breach of PHI within the stipulated 60-second time frame.</p>	Tested – Pass
§ 170.315(b)(2) Clinical Information Reconciliation and Incorporation	<p>After successful receipt of the CCDA, the Clinician validated the CCDA within ICANotes and the clinical information reconciliation for medication, medication allergy, and current problem list was performed.</p>	Tested – Pass
170.315(c)(1) Clinical Quality Measures Record and Export	<p>CQM was tested and verified within an appropriate location in ICANotes software, within the stipulated 60 seconds.</p> <p>The following day, CQM report was generated for Documentation of Current Medication and the report showed the patient under the Denominator and the Numerator to indicate we passed this measure.</p>	Tested – Pass
§ 170.315(b)(1) Transitions of Care (Send)	<p>The Clinician successfully sent the updated CCDA within the 60-second time frame back to the external individual via Direct Protocol and to the patient portal.</p> <p>The reconciled CCDA was also sent to the Patient Portal.</p>	Tested – Pass
§ 170.315(e)(1) View, Download and Transmit to 3rd party	<p>The Clinicians accessed the patient portal using fake PHI and successfully Viewed, Downloaded and Transmitted the reconciled CCDA under the stipulated 3-minute time.</p>	Tested – Pass

Measurement/Metric	Report	Result
§ 170.315(b)(6) Data Export	The Clinicians accessed the ICANotes Upload Site and successfully did 3 different types of data exports. Measure 6 – Data Export (Immediate) Measure 7 – Data Export (Scheduled with specific date and time) Measure 8 – Data Export (Scheduled after work hours) The exported information was recorded and stored.	Tested – Pass
§ 170.315(g)(7) Application Access – Patient Selection	The authorized person (patient) successfully received the registration email for the third-party API software after enabling the feature from the Demographics section of ICANotes.	Tested – Pass
§170.315(b)(10) Electronic Health Information export	The authorized user or the clinician was able to successfully export a single patient Electronic Health Information (EHI) and also was able to successfully export the EHI for a population of patients. The user was able to perform this step successfully without any developer's assistance.	Tested – Pass
§ 170.315(g)(9) Application Access – All Data Request	The third-party software successfully generated the authorized user's complete CCDA.	Tested – Pass

Three (3) Clinicians/Practice staff members participated in a single session in which all measures were attempted to be tested.

Overall, we received an averaged “Pass” status for 11 of the 11 measures that were tested by two different testers (**MB** and **MO**) involved which synthesized the individual assessments into a unified result.

For one (1) tester (**GP**) we only tested 8 measures successfully and couldn't test 3 measures linked to Kno2.

Synopsis of the Measures that were successfully Tested in Q2.

Measures / Rating / Clinician	REAL WORLD TESTING - RESULTS (June 2025)										
	Measure 1 - Transitions of Care (Receive)	Measure 2 - Clinical Information Reconciliation and Incorporation	Measure 3 - Clinical Quality Measures Record and Export	Measure 4 - Transitions of Care (Send)	Measure 5 - View, Download and Transmit to 3rd party	Measure 6 - Data Export (Immediate)	Measure 7 - Data Export (Scheduled w/ specific date & time)	Measure 8 - Data Export (Scheduled after work hours)	Measure 9 - Successfully registered for MyLink	Measure 10 - Electronic Health Information export	Measure 11 - Viewed entire CCDA in MyLink
MB-06/17/2025	Tested Pass- 58 Secs	Tested Pass- 176 Secs	Tested Pass- 54 Secs	Tested Pass- 57 Secs	Tested Pass- 174 Secs	Tested Pass	Tested Pass	Tested Pass	Tested Pass	Tested Pass	Tested Pass
MO - 06/20/2025	Tested Pass- 56 secs	Tested Pass- 178 Secs	Tested Pass- 52 Secs	Tested Pass- 55 Secs	Tested Pass- 160 Secs	Tested Pass	Tested Pass	Tested Pass	Tested Pass	Tested Pass	Tested Pass
GP- 06/26/2025	Not Tested	Not Tested	Tested Pass- 51 Secs	Not Tested	Tested Pass- 167 Secs	Tested Pass	Tested Pass	Tested Pass	Tested Pass	Tested Pass	Tested Pass

For Quarter 2, 3 Clinicians participated in the Real-world Testing. As listed above the testers were **MB**, **MO** and **GP**. The brief explanation is mentioned as below:

Not Tested: Measure 1, 2 and 4 – Kno2 credential error:

For the Clinician (**GP**) we were unable to test Measures 1, 2, and 4 due to the lack of access to their Kno2 account. This prevented the clinician from interacting with the platform, directly impacting the ability to test these measures.

Measure1, 2 and 4: Transition of Care (Receive), Medication Reconciliation and Transition of Care (Send)

- The 2 testers (**MB** and **MO**) were able to successfully receive the C-CDA from an external source sent via Direct Protocol.
- The clinicians were able to login to their Kno2 Direct Email account using their unique User ID and Password and retrieved the C-CDA.
- The C-CDA was successfully validated in the ICANotes EHR. After validating the C-CDA, the medication, allergies and diagnosis was successfully reconciled into the note.
- The clinicians signed the note, and they were able to send the updated C-CDA (Transition of care) to an external individual via Direct protocol and also to the patient portal
- The entire steps were completed in the time frame as mentioned above.
- These limitations were attributable to external Direct credential provisioning and not to ICANotes system functionality, which was successfully demonstrated by other participants.

Measure 3: Clinical Quality Measures Record and Export

- After reconciling the medications, allergies and diagnosis, all the testers were able to attach a service code For Example: **99203** and easily select the checkbox to indicate the Current Medications were Documented successfully in the note.
- The testers were able to complete the entire steps easily in the time frame mentioned above.

Measure 5: View, Download and Transmit to 3rd Party

- The testers were able to successfully login to Patient Portal using the fake PHI and were able to view, download and transmit the reconciled C-CDA in the timeframe as mentioned above.

Measure 6 to 8: Data Export

- The clinicians accessed the ICANotes upload site and were able to successfully complete the 3 different types of data exports.
 - Measure 6 – Data Export (Immediate)
 - Measure 7 – Data Export (Scheduled with specific date and time)
 - Measure 8 – Data Export (Scheduled after work hours)

Measure 9: Application Access – Patient Selection

- The tester successfully received the registration email for the third-party API software after enabling the feature from the Demographics section of ICANotes.

Measure 10: Electronic health Information export

- The authorized user or the clinician was able to successfully export a single patient Electronic Health Information (EHI)
- This user was also able to export Electronic Health Information (EHI) for a patient population.
- The user was able to successfully perform the Electronic health Information (EHI) export without a developer's assistance.

Measure 11: Application Access – All Data Request

- After receiving the registration email, the tester was able to successfully register the fake PHI for the first time and authorized the data access to the 3rd party application
- The tester was able to complete the registration in the MyLinks application and gathered the records successfully
- After gathering the record, the tester was able to generate the authorized user's completed C-CDA in a human readable format

REPORT AND RESULTS – Q3: September 2025

Expected outcomes for the **11 events** will include the following data points:

- Total number of events tested: **11**
- Number of passed (i.e. successful) events: **11**
- Number of passed and partial completions: **0**
- Number of not tested / incomplete events: **3**

As detailed in this plan under the “Schedule of Key Milestones” section, each measure/metric will be tested at least once per quarter with our clinician RWT groups to ensure the expected outcomes are reliably attained.

Measurement/Metric	Report	Result
§ 170.315(b)(1) Transitions of Care (Receive) – 60 seconds.	A CCDA was sent via Direct Protocol to the Clinicians with a Direct Address and unique Kno2 credentials by an external individual. The Clinician successfully received the transition of care from the external individual, they carried out the necessary steps and the CCDA was visible in the patient's chart with no conflict or breach of PHI within the stipulated 60-second time frame.	Tested – Pass
§ 170.315(b)(2) Clinical Information Reconciliation and Incorporation – 180 seconds	After successful receipt of the CCDA, the Clinician validated it within ICANotes. They successfully reconciled the medication, medication allergy, and current problem list using the ICANotes software within the stipulated time of 180 seconds.	Tested – Pass
170.315(c)(1) Clinical Quality Measures Record and Export – 60 seconds	CQM was tested and verified within an appropriate location in ICANotes software, within the stipulated 60 seconds. The following day, CQM report was generated for Documentation of Current Medication and the report showed the patient under the Denominator and the Numerator to indicate we passed this measure.	Tested – Pass
§ 170.315(b)(1) Transitions of Care (Send) – 60 seconds	The Clinician sent the updated CCDA with minimal delay back to the external individual via Direct Protocol within the stipulated 60 seconds. The reconciled CCDA was also sent to the Patient	Tested – Pass
§ 170.315(e)(1) View, Download and Transmit to 3rd party – 3 minutes	The Clinicians accessed the patient portal using fake PHI and successfully Viewed, Downloaded and Transmitted the reconciled CCDA under the stipulated 3-minute time.	Tested – Pass

Measurement/Metric	Report	Result
§ 170.315(b)(6) Data Export	<p>The Clinicians accessed the ICANotes Upload Site and successfully did 3 different types of data exports.</p> <p>Measure 6 – Data Export (Immediate)</p> <p>Measure 7 – Data Export (Scheduled with specific date and time)</p> <p>Measure 8 – Data Export (Scheduled after work hours)</p> <p>The exported information was recorded and stored.</p>	Tested – Pass
§ 170.315(g)(7) Application Access – Patient Selection	The authorized person (patient) successfully received the registration email for the third-party API software after enabling the feature from the Demographics section of ICANotes.	Tested – Pass
§170.315(b)(10) Electronic Health Information export	The authorized user or the clinician was able to successfully export a single patient Electronic Health Information (EHI) and also was able to successfully export the EHI for a population of patients. The user was able to perform this step successfully without any developer's assistance.	Tested – Pass
§ 170.315(g)(9) Application Access – All Data Request	The third-party software successfully generated the authorized user's complete CCDA.	Tested – Pass

Three (3) Clinicians/Practice staff members participated in a single session in which all measures were attempted to be tested.

Overall, an averaged “Pass” status was achieved for all 11 measures tested by 1 Clinician (**MO**)
 2 Clinicians (**MB and GP**) tested 8 measures successfully and couldn’t test 3 measures linked to Kno2.

Synopsis of the Measures that were successfully tested in Q3

	REAL WORLD TESTING - RESULTS (September 2025)										
Measures / Rating / Clinician	Measure 1 - Transitions of Care (Receive)	Measure 2 - Clinical Information Reconciliation and Incorporation	Measure 3 - Clinical Quality Measures Record and Export	Measure 4 - Transitions of Care (Send)	Measure 5 - View, Download and Transmit to 3rd party	Measure 6 - Data Export (Immediate)	Measure 7 - Data Export (Scheduled w/specific date & time)	Measure 8 - Data Export (Scheduled after)	Measure 9 - Successfully registered for	Measure 10 - Electronic Health Information export	Measure 11 - Viewed entire CCDA in MyLink
MO- 09/02/2025	Tested Pass- 58 secs	Tested Pass- 171 Secs	Tested Pass- 56 Secs	Tested Pass- 55 Secs	Tested Pass- 165 Secs	Tested Pass	Tested Pass	Tested Pass	Tested Pass	Tested Pass	Tested Pass
MB- 09/10/2025	Not Tested	Not Tested	Tested Pass- 52 Secs	Not Tested	Tested Pass- 170 Secs	Tested Pass	Tested Pass	Tested Pass	Tested Pass	Tested Pass	Tested Pass
GP- 09/23/2025	Not Tested	Not Tested	Tested Pass- 53 Secs	Not Tested	Tested Pass- 168 Secs	Tested Pass	Tested Pass	Tested Pass	Tested Pass	Tested Pass	Tested Pass

For Quarter 3, 2 Clinicians participated in the Real-World Testing. As listed above the testers were **MO**, **MB** and **GP**. The brief explanation is mentioned as below:

Not Tested: Measure 1, 2 and 4 – Kno2 credential error:

The Clinicians (**GP** and **MB**) were unable to test Measures 1, 2, and 4 due to the lack of access to their Kno2 account. This prevented the clinician from interacting with the platform, directly impacting the ability to test these measures.

Measure1, 2 and 4: Transition of Care (Receive), Medication Reconciliation and Transition of Care (Send)

- The 1 tester (**MO**) was able to successfully receive the C-CDA from an external source sent via Direct Protocol.
- The clinician was able to login to their Kno2 Direct Email account using their unique User ID and Password and retrieved the C-CDA.
- The C-CDA was successfully validated in the ICANotes EHR. After validating the C-CDA, the medication, allergies and diagnosis was successfully reconciled into the note.
- The clinician signed the note, and was able to send the updated C-CDA (Transition of care) to an external individual via Direct protocol and also to the patient portal
- The entire steps were completed in the time frame as mentioned above.
- These limitations were attributable to external Direct credential provisioning and not to ICANotes system functionality, which was successfully demonstrated by other participants.

Measure 3: Clinical Quality Measures Record and Export

- After reconciling the medications, allergies and diagnosis, all the testers were able to attach a service code For Example: **99203** and easily select the checkbox to indicate the Current Medications were Documented successfully in the note.
- The testers were able to complete the entire steps easily in the time frame mentioned above.

Measure 5: View, Download and Transmit to 3rd Party

- The testers were able to successfully login to Patient Portal using the de-identified test patient data and were able to view, download and transmit the reconciled C-CDA in the timeframe as mentioned above.

Measure 6 to 8: Data Export

- The clinicians accessed the ICANotes upload site and were able to successfully complete the 3 different types of data exports.
 - Measure 6 – Data Export (Immediate)
 - Measure 7 – Data Export (Scheduled with specific date and time)
 - Measure 8 – Data Export (Scheduled after work hours)

Measure 9: Application Access – Patient Selection

- The tester successfully received the registration email for the third-party API software after enabling the feature from the Demographics section of ICANotes.

Measure 10: Electronic health Information export

- The authorized user or the clinician was able to successfully export a single patient Electronic Health Information (EHI)
- This user was also able to export Electronic Health Information (EHI) for a patient population.
- The user was able to successfully perform the Electronic health Information (EHI) export without a developer's assistance.

Measure 11: Application Access – All Data Request

- After receiving the registration email, the tester was able to successfully register the fake PHI for the first time and authorized the data access to the 3rd party application
- The tester was able to complete the registration in the MyLinks application and gathered the records successfully
- After gathering the record, the tester was able to generate the authorized user's completed C-CDA in a human readable format

REPORT AND RESULTS – Q4: December 2025

Expected outcomes for the **11 events** will include the following data points:

- Total number of events tested: **11**
- Number of passed (i.e. successful) events: **11**
- Number of passed and partial completions: **0**
- Number of not tested / incomplete events: **3**

As detailed in this plan under the “Schedule of Key Milestones” section, each measure/metric will be tested at least once per quarter with our clinician RWT groups to ensure the expected outcomes are reliably attained.

Measurement/Metric	Report	Result
§ 170.315(b)(1) Transitions of Care (Receive) – 60 seconds.	<p>PHI was de-sensitized by the Clinicians and the replication of the de-sensitized information was done by an external individual. A CCDA was sent via Direct Protocol to the Clinicians with a Direct Address and unique Kno2 credentials.</p> <p>The restriction that was encountered in Q1 and Q2 was resolved in time for Q3 and Q4 by using a certified Clinician (external provider) who has a Kno2 production account.</p> <p>The Clinician successfully received the CCDA within the stipulated time of 60 seconds.</p>	Tested – Pass
§ 170.315(b)(2) Clinical Information Reconciliation and Incorporation – 180 seconds	<p>After successful receipt of the CCDA, the Clinician validated it within ICANotes.</p> <p>They successfully reconciled the medication, medication allergy, and current problem list using the ICANotes software within the stipulated time of 180 seconds.</p>	Tested – Pass
170.315(c)(1) Clinical Quality Measures Record and Export – 60 seconds	<p>CQM was tested and verified within an appropriate location in ICANotes software, within the stipulated 60 seconds.</p> <p>The following day, CQM report was generated for Documentation of Current Medication and the report showed the patient under the Denominator and the Numerator to indicate we passed this measure.</p>	Tested – Pass
§ 170.315(b)(1) Transitions of Care (Send) – 60 seconds	<p>The Clinician sent the updated CCDA with minimal delay back to the external individual via Direct Protocol within the stipulated 60 seconds.</p> <p>The reconciled CCDA was also sent to Patient Portal.</p>	Tested – Pass

Measurement/Metric	Report	Result
§ 170.315(e)(1) View, Download and Transmit to 3rd party – 3 minutes	The Clinicians accessed the patient portal using fake PHI and successfully Viewed, Downloaded and Transmitted the reconciled CCDA under the stipulated 3-minute time.	Tested – Pass
§ 170.315(b)(6) Data Export	The Clinicians accessed the ICANotes Upload Site and successfully did 3 different types of data exports. Measure 6 – Data Export (Immediate) Measure 7 – Data Export (Scheduled with specific date and time) Measure 8 – Data Export (Scheduled after work hours) The exported information was recorded and stored.	Tested – Pass
§ 170.315(g)(7) Application Access – Patient Selection	The authorized person (patient) successfully received the registration email for the third-party API software after enabling the feature from the Demographics section of ICANotes.	Tested – Pass
§170.315(b)(10) Electronic Health Information export	The authorized user or the clinician was able to successfully export a single patient Electronic Health Information (EHI) and also was able to successfully export the EHI for a population of patients. The user was able to perform this step successfully without any developer's assistance.	Tested – Pass
§ 170.315(g)(9) Application Access – All Data Request	The third-party software successfully generated the authorized user's complete CCDA.	Tested – Pass

Three (3) Clinicians/Practice staff members participated in a single session in which all measures were attempted to be tested.

Overall, an averaged “Pass” status was achieved for all 11 measures tested by 1 Clinician (**MO**)

2 Clinicians (**GP and MB**) tested 8 measures successfully and couldn't test 3 measures linked to Kno2

Synopsis of the Measures that were successfully tested in Q4

Measures / Rating / Clinician	REAL WORLD TESTING - RESULTS (December 2025)										
	Measure 1 - Transitions of Care (Receive)	Measure 2 - Clinical Information Reconciliation and Incorporation	Measure 3 - Clinical Quality Measures Record and Export	Measure 4 - Transitions of Care (Send)	Measure 5 - View, Download and Transmit to 3rd party	Measure 6 - Data Export (Immediate)	Measure 7 - Data Export (Scheduled w/ specific date & time)	Measure 8 - Data Export (Scheduled after)	Measure 9 - Successfully registered for	Measure 10 - Electronic Health Information export	Measure 11 - Viewed entire CCDA in MyLink
MO- 12/03/2025	Tested Pass- 55 secs	Tested Pass- 177 Secs	Tested Pass- 52 Secs	Tested Pass- 58 Secs	Tested Pass- 174 Secs	Tested Pass	Tested Pass	Tested Pass	Tested Pass	Tested Pass	Tested Pass
GP- 12/10/2025	Not Tested	Not Tested	Tested Pass- 56 Secs	Not Tested	Tested Pass- 172 Secs	Tested Pass	Tested Pass	Tested Pass	Tested Pass	Tested Pass	Tested Pass
MB- 12/22/2025	Not Tested	Not Tested	Tested Pass- 51 Secs	Not Tested	Tested Pass- 161 Secs	Tested Pass	Tested Pass	Tested Pass	Tested Pass	Tested Pass	Tested Pass

Not Tested: Measure 1, 2 and 4 – Kno2 credential error:

The Clinicians (**GP** and **MB**) were unable to test Measures 1, 2, and 4 due to the lack of access to their Kno2 account. This prevented the clinician from interacting with the platform, directly impacting the ability to test these measures.

Measure1, 2 and 4: Transition of Care (Receive), Medication Reconciliation and Transition of Care (Send)

- The 1 tester (**MO**) was able to successfully receive the C-CDA from an external source sent via Direct Protocol.
- The clinician was able to login to their Kno2 Direct Email account using their unique User ID and Password and retrieved the C-CDA.
- The C-CDA was successfully validated in the ICANotes EHR. After validating the C-CDA, the medication, allergies and diagnosis was successfully reconciled into the note.
- The clinician signed the note, and was able to send the updated C-CDA (Transition of care) to an external individual via Direct protocol and also to the patient portal
- The entire steps were completed in the time frame as mentioned above.
- These limitations were attributable to external Direct credential provisioning and not to ICANotes system functionality, which was successfully demonstrated by other participants.

Measure 3: Clinical Quality Measures Record and Export

- After reconciling the medications, allergies and diagnosis, all the testers were able to attach a service code For Example: **99203** and easily select the checkbox to indicate the Current Medications were Documented successfully in the note.
- The testers were able to complete the entire steps easily in the time frame mentioned above.

Measure 5: View, Download and Transmit to 3rd Party

- The testers were able to successfully login to Patient Portal using the de-identified test patient data and were able to view, download and transmit the reconciled C-CDA in the timeframe as mentioned above.

Measure 6 to 8: Data Export

- The clinicians accessed the ICANotes upload site and were able to successfully complete the 3 different types of data exports.
 - Measure 6 – Data Export (Immediate)
 - Measure 7 – Data Export (Scheduled with specific date and time)
 - Measure 8 – Data Export (Scheduled after work hours)

Measure 9: Application Access – Patient Selection

- The tester successfully received the registration email for the third-party API software after enabling the feature from the Demographics section of ICANotes.

Measure 10: Electronic health Information export

- The authorized user or the clinician was able to successfully export a single patient Electronic Health Information (EHI)
- This user was also able to export Electronic Health Information (EHI) for a patient population.
- The user was able to successfully perform the Electronic health Information (EHI) export without a developer's assistance.

Measure 11: Application Access – All Data Request

- After receiving the registration email, the tester was able to successfully register the fake PHI for the first time and authorized the data access to the 3rd party application
- The tester was able to complete the registration in the MyLinks application and gathered the records successfully
- After gathering the record, the tester was able to generate the authorized user's completed C-CDA in a human readable format

Screenshots for measures tested successfully.

Measure 1: Transitions of Care (Receive)

This image indicates that the tester was able to successfully receive the C-CDA from an external individual as Transition of Care using Direct protocol.

The image shows a screenshot of the ICANotes EHR interface. On the left, a 'CDA Explorer' window is open, displaying a 'Summarization of Episode Note' for a patient. The patient's demographic information is as follows:

Patient	Alice Jones Newman
Date of birth	May 1, 1970
Sex	Female
Race	Native Hawaiian or Other Pacific Islander
Ethnicity	Not Hispanic or Latino
Contact info	Primary Home: , US
Patient IDs	1001070582200 (2.16.840.1.113883.17.4241.4.1000010600082.1)
Document Id	MentallySoundLLC-1000010707403 (2.16.840.1.113883.17.4241)
Document Created:	March 26, 2025
Former	Matthew Brown
Author	Matthew Brown
Contact info	, US
Document maintained by	
Contact info	Work Place: , US Tel:

At the bottom of this window, there is a 'Table of Contents' and a message from 'meet.google.com' stating 'meet.google.com is sharing your screen.' with buttons for 'Stop sharing' and 'Hide'.

On the right, a 'Patient' form is displayed with the following fields:

Alice	Jones
Newman	
05/01/1970	Female
Address 1	
Address 2	
City	State
Zip	Phone
Attachments	
CCD_1000010707403.xml <input checked="" type="checkbox"/> 06/17/2025 117k	
Structured Document	
Document Type <input checked="" type="checkbox"/>	
Confidentiality <input checked="" type="checkbox"/>	
06/17/2025 <input checked="" type="checkbox"/>	
Description	

Measure 2: Clinical Information Reconciliation and Incorporation

This image indicates that the C-CDA received by the tester via Direct protocol was successfully validated in ICANotes EHR.

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ICANotes Integrated Health IT

Back to list of documents Print Print as Image Reconcile CCDA

File Name: CCD_1000010707403.xml Patient Name: Newman, Alice J
Description: CCD_1000010707403.xml Patient ID: 1001070582200

ICANView CCDA

Summarization of Episode Note

Performer Matthew Brown

Patient Alice Newman
D.O.B. May 1, 1970 **Sex** ♀Female

Patient Detail

Did you know?
You can arrange the document to your preferences. Move sections by dragging them. Hide by closing. Use the TOC to review. Either expanding all sections, or collapsing all will save - Collapse or expand is not saved on a section by section basis.

Table of Contents

Results

Social history

Social History **Observation** **Description** **Dates Observed**
Birth Sex Female 5/1/1970

Assessments

Treatment plan

Medications

Medication	Directions	Start Date
Alprazolam XR 2.0 mg INTRAMUSCULAR	On Arrival	12/21/2023
Ceftriaxone 1 INTRAMUSCULAR		
Tylenol 1 ORAL		
Aranesp 1 RESPIRATORY (INHALATION)		
Tylenol 1 SUBLINGUAL	On Arrival	
Acetaminophen 1 SUBCUTANEOUS	Daily	
Adderall 1 SUBLINGUAL	On Arrival	
Adderall XR 1 RESPIRATORY (INHALATION)	BID	
Alprazolam XR 2.0 mg INTRAMUSCULAR 1		
Ceftriaxone 1 INTRAMUSCULAR 1		
Tylenol 1 ORAL 1		
Aranesp 1 RESPIRATORY (INHALATION) 1		
Tylenol 1 SUBLINGUAL 1		
Acetaminophen 1 SUBCUTANEOUS 1	1d	
Adderall 1 SUBLINGUAL 1	1d	
Adderall XR 1 RESPIRATORY (INHALATION) 1	12h	

Problems

Problem Name	Snomed Code	Start Date	End Date	Status
(15) potential duplicate row. Click here to hide.				
Essential primary hypertension, I10 ICD-10	59621000	12/21/2023		Active
Hypothyroidism, unspecified, E03.9 ICD-10	83986005	12/21/2023		Active
Overweight, E66.3	238131007	12/21/2023		Inactive
Kidney transplant rejection, T86.11 ICD-10	236578006	12/21/2023		Active
Fever, unspecified, R50.9 ICD-10	386661006	12/21/2023		Active
Essential primary hypertension, I10 ICD-10	59621000	3/20/2024		Active
Hypothyroidism, unspecified, E03.9 ICD-10	83986005	3/20/2024		Active
Overweight, E66.3	238131007	3/20/2024		Inactive
Kidney transplant rejection, T86.11 ICD-10	236578006	3/20/2024		Active
Fever, unspecified, R50.9 ICD-10	386661006	3/20/2024		Active
Essential primary hypertension, I10 ICD-10	59621000	6/28/2024		Active
Hypothyroidism, unspecified, E03.9 ICD-10	83986005	6/28/2024		Active
Overweight, E66.3	238131007	6/28/2024		Inactive
Kidney transplant rejection, T86.11 ICD-10	236578006	6/28/2024		Active

Windows Type here to search

ICANotes 1.4 5:26 PM 6/17/2025

The images below indicate that after successfully validating the C-CDA in ICANotes, the Medication and Allergies were successfully reconciled in the note

Reconciliation Form

first visit RX ADR/Allergy DX RX DISCHARGE

Return to Progress Note

Medication Reconciliation: On First Office Visit, Admission or Re-Admission after Transfer

Allergies and/or Adv Drug Reactions

Complete Eval is from Referral / Transition

Step 1: What has the patient been taking prior to first visit?

Include prescription drugs, OTC, supplements

Medicine	Dose	Route, qty	Timing	Entered by	
3 Tylenol 1 ORAL 1 1 ORAL	1	ORAL		Entered by CCDA	
Reason					
4 Aranesp 1 RESPIRATORY	1	RESPIRATORY		Entered by CCDA	
Reason					
5 Ceftriaxone 1 SUBCUTANEOUS 1 1	1	SQ		Entered by CCDA	
Reason					
6 Tylenol 1 SUBLINGUAL 1 1	1	SUBLINGUAL		Entered by CCDA	
Reason					
7 Aranesp 1 ORAL 1 1 ORAL	1	ORAL		Entered by CCDA	
Reason					
8 Adderall 10 mg ORAL 1	1	PO	1d	Entered by CCDA	
Reason					
9 Alprazolam 0.5 mg ORAL 1	1	PO	12h	Entered by CCDA	
Reason					

Step 2:

Prescriber:
What are your orders
for these substances?

Confirm

- #1 Start Ability 5 mg ORAL 1 1 PO Stat (Reconciled at Admission)
- #2 Start Ceftriaxone 1 INTRAMUSCULAR 1 1 INTRAMUSCULAR 1 (Reconciled at Admission)
- #3 Start Tylenol 1 ORAL 1 1 ORAL 1 ORAL (Reconciled at Admission)
- #4 Start Aranesp 1 RESPIRATORY (INHALATION) 1 1 RESPIRATORY (INHALATION) 1 RESPIRATORY (INHALATION) (Reconciled at Admission)
- #5 Start Ceftriaxone 1 SUBCUTANEOUS 1 1 SQ (Reconciled at Admission)
- #6 Start Tylenol 1 SUBLINGUAL 1 1 SUBLINGUAL 1 SUBLINGUAL (Reconciled at Admission)
- #7 Start Aranesp 1 ORAL 1 1 ORAL 1 ORAL (Reconciled at Admission)
- #8 Start Adderall 10 mg ORAL 1 1 PO 1d (Reconciled at Admission)
- #9 Start Alprazolam 0.5 mg ORAL 1

Date entered = MU Credit 12/3/2025 enter date

** "External Provider Rx" means that this medication was started and is refilled by another prescriber.

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ICANotes Professional Health Software

Chart Room Chart Face 12/3/2025 Note Date Kelly, Megan Patient's Name 1000010712380 Patient's ID

Reconciliation Form

first visit RX ADR/Allergy DX RX DISCHARGE Return to Progress Note

I. Additional Adverse Drug Reactions (Med Allergies) and Allergies/Intolerances to Reconcile:

Sources of Information:
 CCDA Pharmacy
 Patient Previous Paperwork
 Bottle Labels Other
 PCP

Source Details (Dr., Facility, Pharm, Paperwork)
Monique Ornelas

Reaction **Hives**

Entered By: **CCDA**

ADR Allergy/Intolerance To **Penicillin G**

Status Active Inactive

Reason for Status Change:

Reaction Date Unknown

Last Date: updated, documented

Reconciliation Action Transfer Exclude

Sources of Information:
 CCDA Pharmacy
 Patient Previous Paperwork
 Bottle Labels Other
 PCP

Source Details (Dr., Facility, Pharm, Paperwork)
Monique Ornelas

Reaction **Hives**

Entered By: **CCDA**

ADR Allergy/Intolerance To **Ampicillin**

Status Active Inactive

Reason for Status Change:

Reaction Date Unknown

Last Date: updated, documented

Reconciliation Action Transfer Exclude

II. Current ADR Listings:
Add / Revise ADRs & Allergies/Intolerances

ADR To **Penicillin G**

Status **Active**

Reason for Status Change:

ADR To **Ampicillin**

Status **Active**

Reason for Status Change:

III. Select to reconcile the two lists

Current Medications

Ability 5 mg ORAL 1 1 PO Stat
Ceftriaxone 1 INTRAMUSCULAR 1 1
INTRAMUSCULAR 1 INTRAMUSCULAR
Tylenol 1 ORAL 1 1 ORAL 1 ORAL
Aranesp 1 RESPIRATORY
(INHALATION) 1 1 RESPIRATORY
(INHALATION) 1 RESPIRATORY

ADRs & Allergies/Intolerances

- (1) ADR - Penicillin G: Hives
- (2) ADR - Ampicillin: Hives
- (3) ADR - Penicillin G: Hives
- (4) ADR - Ampicillin: Hives
- (5) ADR - Penicillin G: Hives
- (6) ADR - Ampicillin: Hives
- (7) ADR - Penicillin G: Hives
- (8) ADR - Ampicillin: Hives
- (9) ADR - Penicillin G: Hives

Intake Medications Recorded By: Date:
These Orders Reconciled By: **Monique Ornelas** Date: **12/3/2025**
These Orders Reviewed by: Date:

The image below indicate that the tester was able to successfully reconcile the diagnosis in the note.

ICANotes 1.4

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ICANotes Behavioral Health EHR

Chart Room Chart Face

12/3/2025 Note Date Kelly, Megan Patient's Name 1000010712380 Patient's ID

Reconciliation Form

first visit RX ADR/Allergy DX RX DISCHARGE Return to Progress Note

I. Outside DX to Reconcile:

Sources of Information: <input checked="" type="checkbox"/> CCDA <input type="checkbox"/> Pharmacy <input type="checkbox"/> Patient <input type="checkbox"/> Previous Paperwork <input type="checkbox"/> Bottle Labels <input type="checkbox"/> Other <input type="checkbox"/> PCP	Status: Active Last Date: Updated, Documented 9/2/2025 12:00 Reconciliation Action: <input checked="" type="radio"/> Transfer <input type="radio"/> Exclude Entered By: CCDA
Monique Ornelas 1 2 3 Essential primary rx	
Sources of Information: <input checked="" type="checkbox"/> CCDA <input type="checkbox"/> Pharmacy <input type="checkbox"/> Patient <input type="checkbox"/> Previous Paperwork <input type="checkbox"/> Bottle Labels <input type="checkbox"/> Other <input type="checkbox"/> PCP	Status: Active Last Date: Updated, Documented 9/2/2025 12:00 Reconciliation Action: <input checked="" type="radio"/> Transfer <input type="radio"/> Exclude Entered By: CCDA
Monique Ornelas 1 2 3 Hypothyroidism, rx	
Sources of Information: <input checked="" type="checkbox"/> CCDA <input type="checkbox"/> Pharmacy <input type="checkbox"/> Patient <input type="checkbox"/> Previous Paperwork <input type="checkbox"/> Bottle Labels <input type="checkbox"/> Other <input type="checkbox"/> PCP	Status: Active Last Date: Updated, Documented 9/2/2025 12:00 Reconciliation Action: <input checked="" type="radio"/> Transfer <input type="radio"/> Exclude Entered By: CCDA
Monique Ornelas 1 2 3 Overweight, E66.3 rx	

II. Diagnosis:

1	2	3
DSM IV	Use DSM 5 or IV, as you prefer. DSM 5 is the default.	
Essential primary	12/3/2025 12:00	R/O Status: A X
Hypothyroidism,	12/3/2025 12:00	R/O Status: A X
Overweight, E66.3 ICD-10	12/3/2025 12:00	R/O Status: A X
Kidney transplant	12/3/2025 12:00	R/O Status: A X
Fever, unspecified, R50.9	12/3/2025 12:00	R/O Status: A X

III. Select to reconcile the two lists

Essential primary hypertension, I10 ICD-10 (Active)
Hypothyroidism, unspecified, E03.9 ICD-10 (Active)
Overweight, E66.3 ICD-10 (Active)
Kidney transplant rejection, T86.11 ICD-10 (Active)
Fever, unspecified, R50.9 ICD-10 (Active)
Essential primary hypertension, I10 ICD-10 (Active)
Hypothyroidism, unspecified, E03.9 ICD-10 (Active)

Current Diagnosis

Intake Medications Recorded By: _____ Date: _____
These Orders Reconciled By: Monique Ornelas Date: 12/3/2025
These Orders Reviewed by: _____ Date: _____

The image indicates that the tester was able to successfully click the checkbox for “Rx Medication Review Done” for Documentation of Current Medication

CQM Data Entry

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CQM Additional Data Entry

Review Full Entry

close

Adult Major Depressive Disorder (MDD): Suicide Risk Assessment

Suicide Risk Assessment Complete

Closing the Referral Loop: Receipt of Specialist Report

Referral Report Sent Consultant Report Received

Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment

Suicide Risk Assessment Complete

Dementia: Cognitive Assessment

Cognitive Assessment Using Standardized Tools Intervention Assessment Done

Assessment Not Done Reason

Inter/Assess Not Done Patient Reason

Preventive Care and Screening: Screening for Depression and Follow-Up Plan

More

Depression Screening Assessment Complete

Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention

More

Use of High Risk Medications in Older Adults

Hospitalization

Intervention Ordered

Discharge Status

Documentation of Current Medications in the Medical Record

Rx Medications Review Done

RX Not Done Reason

Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan

More

Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented

More

This image indicates the Documentation of Current Medication eCQM report with patient listed under Initial Patient Population and Denominator

Measure: CMS Measure 68 v13 [i](#)
Documentation of Current Medications in the Medical Record

Patient Name: Horton, Isabella

Date of Birth: 5/1/1970

Account #: 1000011802531

Patient ID: 1000010713364

Race: 2106-3

Report Id: 326

Description: RWT Report for Monique Ornelas

Created on: 2025-09-17 11:30 AM

Measurement Period: 2025-01-01 to 2025-12-31

Initial Patient Population Episodes: 1

```
✓ define "Initial Population":  
  ✓✓ "Qualifying Encounter during day of Measurement Period" QualifyingEncounter  
    ✓ where ✓ AgeInYearsAt(date from start of "Measurement Period")>= 18  
  
✓ define "Qualifying Encounter during day of Measurement Period":  
  ✓✓✓ ["Encounter, Performed", "Encounter to Document Medications"] ValidEncounter  
    ✓ where ✓ ValidEncounter.relevantPeriod✓ during day of "Measurement Period"
```

Denominator Episodes: 1

```
✓ define "Denominator":  
  ✓ "Initial Population"  
  
✓ define "Initial Population":  
  ✓✓ "Qualifying Encounter during day of Measurement Period" QualifyingEncounter  
    ✓ where ✓ AgeInYearsAt(date from start of "Measurement Period")>= 18
```

This image indicates that the patient is also listed under the Numerator and also lists the patient's name and the service code used in the note by the clinician

Numerator Episodes: 1

✓ define "Numerator":

```
✓✓ "Qualifying Encounter during day of Measurement Period" QualifyingEncounter
  ✓ with ( ✓["Procedure, Performed": "Documentation of current medications (procedure)"]
    union ✓["Intervention, Performed": "Documentation of current medications (procedure)"] ) MedicationsDocumented
    such that ✓ Global."NormalizeInterval" ( MedicationsDocumented.relevantDatetime, MedicationsDocumented.relevantPeriod )✓ during QualifyingEncounter.relevantPeriod
```

✓ define "Qualifying Encounter during day of Measurement Period":

```
✓✓✓ ["Encounter, Performed": "Encounter to Document Medications"] ValidEncounter
  ✓ where ✓ ValidEncounter.relevantPeriod✓ during day of "Measurement Period"
```

Patient Data

CLIENT

Name Last▲	Name First	Name Middle	Date Of Birth	Gender
+	Horton	Isabella	5/1/1970 5:30:53 AM	F

ENCOUNTERS

Date Start(Admission)▲	Date Stop(Discharge)	Code	Code System Name	Code Description	Status
+	9/2/2025 12:00:01 AM	9/2/2025 12:01:00 AM	99203	CPT	NULL

This image indicates the medication reconciled in the note and also indicates the SNOMED code used for Documentation of Current Medication eCQM.

MEDICATIONS

Date Started▲		Date Stopped	Product Code	Generic Name	Product Name
+	9/2/2025 12:00:00 AM	9/3/2025 12:00:00 AM	404602	Ability 5 mg ORAL	Ability 5 mg ORAL
+	9/2/2025 12:00:00 AM	9/3/2025 12:00:00 AM	541894	Adderall 10 mg ORAL	Adderall 10 mg ORAL
+	9/2/2025 12:00:00 AM	9/3/2025 12:00:00 AM	141928	Alprazolam 0.5 mg ORAL	Alprazolam 0.5 mg ORAL
+	9/2/2025 12:00:00 AM	9/3/2025 12:00:00 AM	731241	Aranesp 1 ORAL 1	Aranesp 1 ORAL 1
+	9/2/2025 12:00:00 AM	9/3/2025 12:00:00 AM	731241	Aranesp 1 RESPIRATORY (INHALATION) 1	Aranesp 1 RESPIRATORY (INHALATION) 1
+	9/2/2025 12:00:00 AM	9/3/2025 12:00:00 AM	309090	Ceftriaxone 1 INTRAMUSCULAR 1	Ceftriaxone 1 INTRAMUSCULAR 1
+	9/2/2025 12:00:00 AM	9/3/2025 12:00:00 AM	309090	Ceftriaxone 1 SUBCUTANEOUS 1	Ceftriaxone 1 SUBCUTANEOUS 1
+	9/2/2025 12:00:00 AM	9/3/2025 12:00:00 AM	209459	Tylenol 1 ORAL 1	Tylenol 1 ORAL 1
+	9/2/2025 12:00:00 AM	9/3/2025 12:00:00 AM	209459	Tylenol 1 SUBLINGUAL 1	Tylenol 1 SUBLINGUAL 1

PROCEDURES

Code	Reason Name	Code System Name	Date Start▲	Date Stop	Status
+	428191000124101	Documentation of current medications (procedure)	9/2/2025 12:00:05 AM	9/2/2025 12:00:10 AM	PRF

Measure 5: View, Download and Transmit to 3rd party

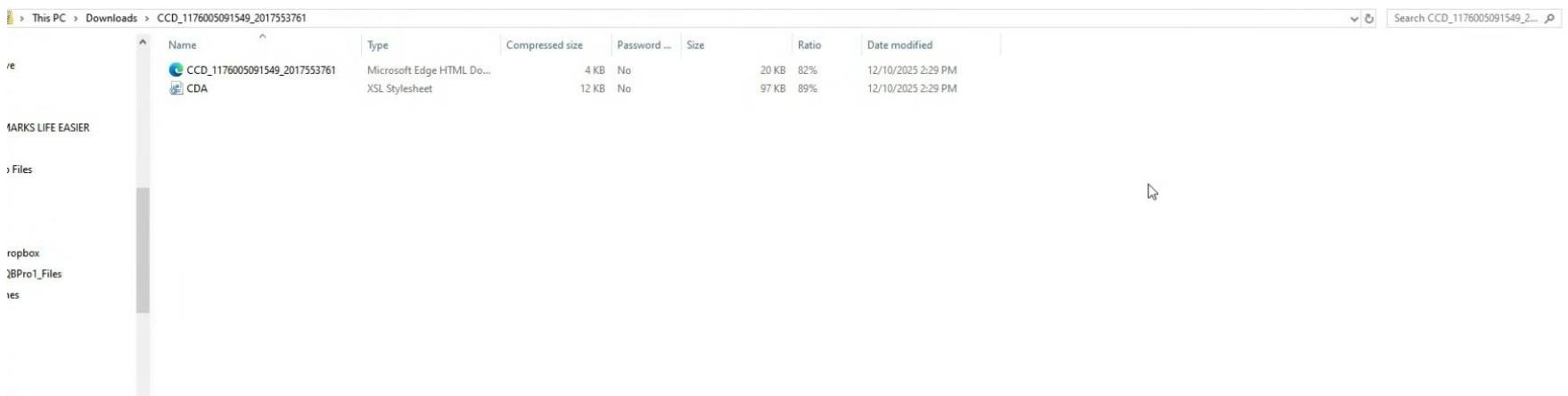
This image indicates that the patient can **view** their medical record of their visit on the patient portal.

Summarization of Episode Note

Patient	Harold Clause		
Date of birth	December 10, 1966	Sex	Male
Race	Taiwanese	Ethnicity	Not Hispanic or Latino
Granular Race		Preferred Language	en
Contact info	Primary Home: 105 Webster Street Hanover, MA 02339, US Tel: (999)999-9999	Patient IDs	1000010756921 2.16.840.1.113883.17.4241.78.301033.1
Document Id	PinnacleHealth-1176005091549-2017553761 2.16.840.1.113883.17.4241		
Document Created:	December 10, 2025		
Performer	Carolyn Cipolla, FNP		
Author	Gary Phillips		
Contact info	105 Webster Street Hanover, MA 02339-1227, US Tel: (781)754-6545		
Entered by	Pinnacle Health Management, LLP		
Contact info	105 Webster Street Hanover, MA 02339-1227, US Tel: (781)754-6545		
Document maintained by	Pinnacle Health Management, LLP		
Contact info	105 Webster Street Hanover, MA 02339-1227, US Tel: (781)754-6545		

meet.google.com is sharing your screen. [Stop sharing](#) [Hide](#)

This image indicates that the patient can **download** their medical record to their local device from the patient portal.



This image indicates that the patient can **transmit** their medical records to an email securely from the patient portal

Medical Document

noreply@patientonlineportal.com
To pinnacle.health@comcast.net

(i) Click here to download pictures. To help protect your privacy, Outlook prevented automatic download of some pictures in this message.

A medical document has been made available for you to download and the following authentication code has been issued:

2tvESPONcVo2PTou

Please follow the link below and enter the authentication code. This link will expire in 24 hours and will no longer be valid.

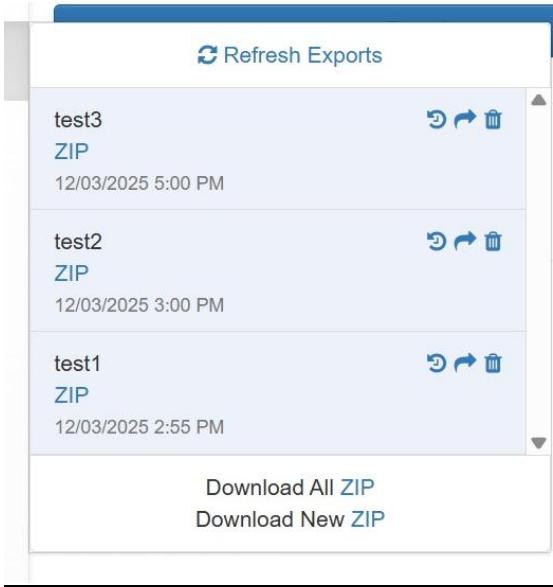
<https://patientonlineportal.com/secure/medicalrecord/s50kFoAazSZTcAYpyejjs1tGd38cgBy8tCjqfPXtLNkPQXqdgBndKrc2o5aicCQar5EjBYHSyk49jY5ddyAlHYQ>

If you cannot click the above link, please copy and paste it into your browser.

Please do not respond to this automated message. Emails sent to this address are not monitored.
If this message was marked as spam, please add this email address to your contacts to prevent this from recurring.

CONFIDENTIALITY NOTICE: This message is intended only for the use of the individual or entity to which it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. This message may contain Protected Health Information deemed confidential by HIPAA regulations. Privileges are not waived by virtue of this information having been sent by Email. Any use, dissemination, distribution or copying of this information contained in this communication is strictly prohibited by anyone except the named individual or that person's agent. If you have received this transmission in error, please delete it from your system without copying or forwarding it.

Measure 6 - 8: Data Export



Refresh Exports

Name	Type	Compressed size	Password pr...	Size	Ratio	Date modified
test1_fkJ1N6kpq0m8RFpuNVGbVQ	Compressed (zipped) Folder	17 KB	No	18 KB	1%	12/10/25 11:49 AM
test2_QAEjIYP3AUeYK5nDH0IPJA	Compressed (zipped) Folder	17 KB	No	18 KB	1%	12/10/25 11:49 AM
test3_2B66Ta5m1EKAX85v0vEQiA	Compressed (zipped) Folder	17 KB	No	18 KB	1%	12/10/25 11:49 AM

Name	Type	Compressed size	Password pr...	Size	Ratio	Date modified
test1_fkJ1N6kpq0m8RFpuNVGbVQ	Compressed (zipped) Folder	17 KB	No	18 KB	1%	12/10/25 11:49 AM
test2_QAEjIYP3AUeYK5nDH0IPJA	Compressed (zipped) Folder	17 KB	No	18 KB	1%	12/10/25 11:49 AM
test3_2B66Ta5m1EKAX85v0vEQiA	Compressed (zipped) Folder	17 KB	No	18 KB	1%	12/10/25 11:49 AM

The image above displays the requested exports for Measures 6 through 8.

- 1.“record”: Measure 6 – Data Export (Immediate)
- 2.“record required”: Measure 7 – Data Export (Scheduled with specific date and time)
- 3.“record required2”: Measure 8 – Data Export (Scheduled after work hours)

This image indicates the details sent to the patient's email with their credentials to activate the API access to receive their health record

The screenshot shows an email inbox with the following details:

From: ConnectEHR Patient Portal Activation <dfhir@icanotes.com>
To: monique.c.ornelas+4rwt

Subject: A Patient Portal account has been created for you at ConnectEHR

Date: 2:50 PM (10 minutes ago)

Message Preview:

Dear New User,

An API account has been created for you at BrainHelp.

Please use the following link to activate your API account:

<https://api.patientonlineportal.com/patientonlineportal/mentallysoundllc/r4/Home/Secure>

Your API ID is 101549 and your Activation Key is T=92QcvdaV2Q1rTAs. These numbers will be required to activate your API account.

Contact your Provider's Office if you have any questions.

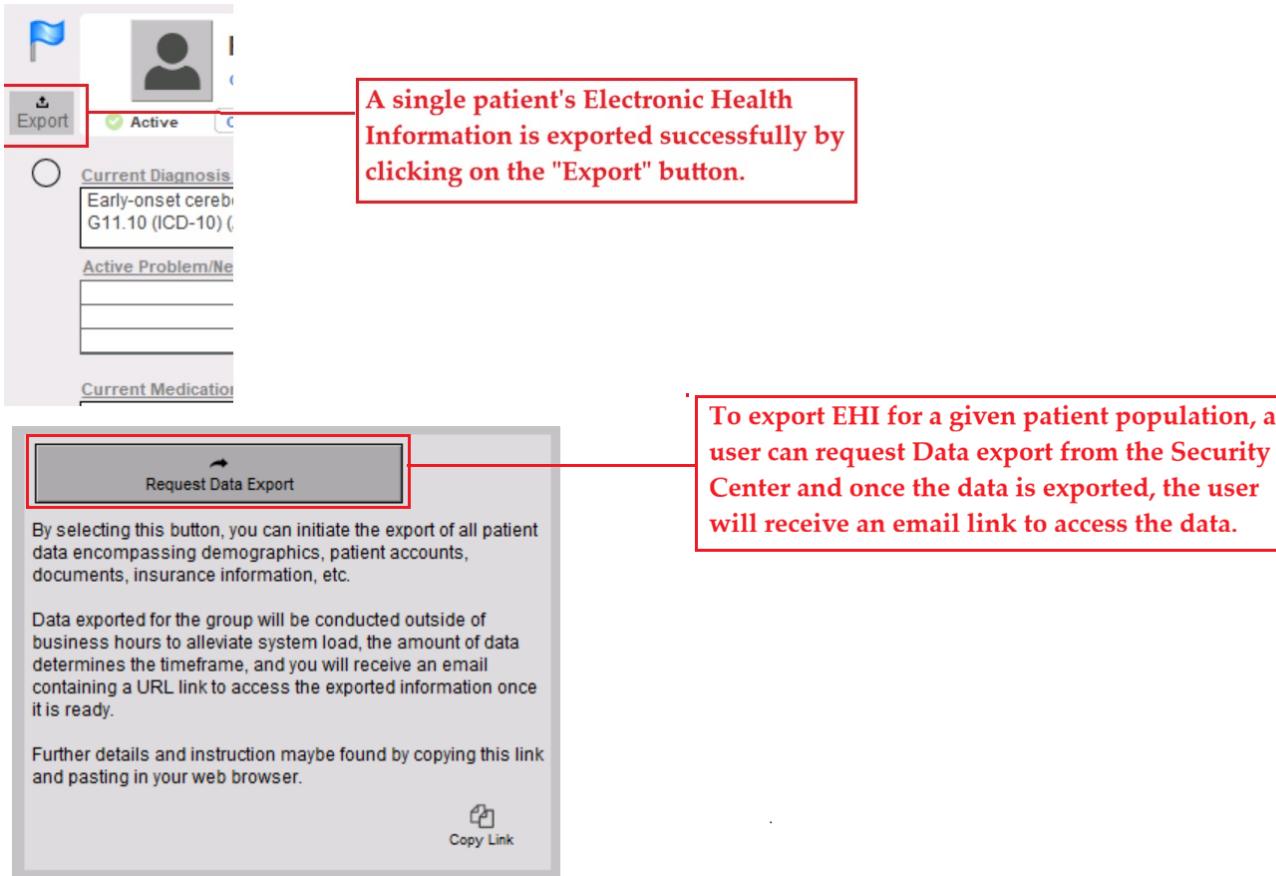
Thank you!

BrainHelp

Message Buttons:

- Reply
- Reply all
- Forward
- Smiley face

This image indicates a practice user/ Clinician can easily export patient's/ given patient population Electronic Health Information (EHI) without a developer's assistance.



Measure 11: Application Access – All Data Request

This image indicates that the patient can gather their Health Records from a third-party application and convert it into a human-readable format like pdf

Megan Kelly Health Record	
Created On: 12/03/2025 08:11 PM	
Condition	
Essential primary hypertension, I10 ICD-10	resolved, confirmed ESSENTIAL PRIMARY HYPERTENSION, I10 ICD-10 Source: BrainHelp 12/3/2025
Hypothyroidism, unspecified, E03.9 ICD-10	resolved, confirmed HYPOTHYROIDISM, UNSPECIFIED, E03.9 ICD-10 Source: BrainHelp 12/3/2025
Overweight, E66.3 ICD-10	resolved, confirmed OVERWEIGHT, E66.3 ICD-10 Source: BrainHelp 12/3/2025
Kidney transplant rejection, T86.11 ICD-10	resolved, confirmed KIDNEY TRANSPLANT REJECTION, T86.11 ICD-10 Source: BrainHelp 12/3/2025
Fever, unspecified, R50.9 ICD-10	resolved, confirmed FEVER, UNSPECIFIED, R50.9 ICD-10 Source: BrainHelp 12/3/2025
Allergies	
Penicillin G Criticality: unable-to-assess	Active Source: .., BrainHelp 12/3/2025
Ampicillin Criticality: unable-to-assess	Active Source: .., BrainHelp 12/3/2025
Medications	
Abilify 5 mg ORAL 1 1 ORAL	Hi7.Fhir.Model.SimpleQuantity. Source: BrainHelp 12/3/2025
Ceftriaxone 1 INTRAMUSCULAR 1 1 INTRAMUSCULAR 1 Tylenol 1 ORAL 1 1 ORAL 1	Hi7.Fhir.Model.SimpleQuantity. Source: BrainHelp 12/3/2025
Aranesp 1 RESPIRATORY (INHALATION) 1 1 RESPIRATORY (INHALATION) 1	Hi7.Fhir.Model.SimpleQuantity. Source: BrainHelp 12/3/2025
Ceftriaxone 1 SUBCUTANEOUS 1 1 1	Hi7.Fhir.Model.SimpleQuantity. Source: BrainHelp 12/3/2025
Tylenol 1 SUBLINGUAL 1 1 SUBLINGUAL 1	Hi7.Fhir.Model.SimpleQuantity. Source: BrainHelp 12/3/2025
Aranesp 1 ORAL 1 1 ORAL 1	Hi7.Fhir.Model.SimpleQuantity. Source: BrainHelp 12/3/2025
Adderall 10 mg ORAL 1 1 ORAL	Hi7.Fhir.Model.SimpleQuantity. Source: BrainHelp 12/3/2025