



GENERAL INFORMATION

Plan Report ID Number: [For ONC-Authorized Certification Body use only]

Developer Name: Complete HealthCare Solutions, Inc,

Product Name(s): UnifiMD®

Version Number(s): 2.0

Certified Health IT Product List (CHPL) Product Number(s): 15.04.04.2648.Unif.02.01.1.221205

Developer Real World Testing Plan Page URL: <https://completehealthcaresolutions.com/certifications>

*Developer Real World Testing Results Report Page URL:
<https://completehealthcaresolutions.com/certifications>*

CHANGES TO ORIGINAL PLAN

ASTP/ONC issued an Enforcement Discretion regarding Real World Testing (RWT) requirements for 2025 and 2026. As such, we have removed the reporting section for criteria b.1 and b.2

Although we have provided our end users with all the tools, registration and training needed to meet these requirements and use these tools in their office, they have yet to perceive the value of the features enough to alter their current workflow. To that end, we conducted the RWT in simulated environments with real deidentified test patient data. In the past year, several offices have gone through enrollment with MeldRx to have FHIR access for their patients, however not one has opted a patient in for the sake of using it or even testing it. We will continue to provide the features and education to our end users to allow them to modify their workflow when they are ready to do so, including email blasts and training webinars outlining the simplicity and benefits of the program's usage.

Summary of Change	Reason	Impact
<i>No end users tested as planned – see notes above. All testing was done internally</i>	<i>See above, no end users utilize the areas of the program that are required to be tested in their live site.</i>	<i>Lower volume of results was returned than expected</i>
<i>b.1 and b.2 are not in the results as they are not required to be</i>	<i>ASTP/ONC issued an Enforcement Discretion</i>	<i>b.1 and b.2 are not included in the RWT Results</i>

SUMMARY OF TESTING METHODS AND KEY FINDINGS

As mentioned above under the Changes to Original Plan section, we do not have any clients using the areas to be tested and therefore we conducted the RWT in simulated environments with real deidentified test patient data.

For testing g7 and g9 we set up a test database connection to the MeldRx program and provided login information to staff members within the company. We asked those employees over the course of a month to log into MeldRx with the credentials created for them and perform the following:

- *Verify you can log in successfully as the “patient” and only see your patient information*
- *View all the information you would want to see in your medical record*
- *Verify you can pick sections of the medical record to view as well.*
- *Also verify you can download your CCDA and save it locally.*

They were asked to then log into the EHR as an “employee” and verify the data that was viewed was accurate and matches the data in the EHR. This process was performed by several employees over a month time span and errors received and inaccurate info were logged by a staff member overseeing and witnessing the process.

For testing b10 we used the same test database connection to the MeldRx program as above. This connection was used extensively for testing the new USCDIv3 format for HTI-1 updates November 2025 – January 2026. We had staff internally at CHS act as employees of “the practice” and verify the connection to MeldRx from within UnifiMD and the various methods of uploading a CCDA to them all worked successfully, without complications or errors.

The only challenge we had with all items was finding live customers to test the scenarios as they do not use these features of the EHR in their practices currently.

The lessons learned remain the same as last year as well. The MeldRx user interface, though simple to use, is not being used in any live sites as providers are not seeing the benefit and patients are not asking for their data to be delivered in new ways such as FHIR portals. Providers tell us their patients are fine with taking a copy of a paper chart by hand or fax. Most of our clients have enrolled in the program but have not opted in any patients wanting to use it.

The results of the testing did meet the requirements of demonstrating interoperability, as we were able to show how patient information can be uploaded and accessed via MeldRx FHIR Portal, even though we were unable to have any live client sites participate in this testing.

STANDARDS UPDATES (INCLUDING STANDARDS VERSION ADVANCEMENT PROCESS (SVAP) AND UNITED STATES CORE DATA FOR INTEROPERABILITY (USCDI))

- *All SVAP and USCDI updates required for HTI-1 Certification have been completed*

CARE SETTING

Our internal testing simulated a primary care office, however as noted in our test plan "all specialties follow the same workflow for the criteria tested" so only one care setting was to be tested (ambulatory practice).

METRICS AND OUTCOMES

Measurement /Metric	Associated Criterion(a)	Relied Upon Software (if applicable)	Outcomes	Challenges Encountered (if applicable)
% of error free requests	g7, g9	MeldRx	96% error free 48/50 trials returned no errors	Errors encountered were due to issues logging into the MeldRx program due to user mistakes
% of accuracy in info	g7, g9	MeldRx	100% accurate info 50/50 trials had accurate info	
Count of single patient export files created during a 3-month timeframe. This demonstrates the ability to export single patient files containing all their EHI.	b10	MeldRx	100% error free uploads to MeldRx from UnifiMD. During updating of the USCDI format there were items not uploaded to MeldRx at the start, but by mid-January, we were able to upload all test patients perfectly.	As we were not able to test in a live environment, no production files were exported, however 48 CCDAs uploads from UnifiMD to MeldRx (4 test patients x 12 versions of the new CCDAs format) were performed and all uploaded without issue with the interface. The 12 iterations of the CCDAs format were to get all the different USCDIv3 requirements to be formatted correctly.

KEY MILESTONES

Key Milestone	Care Setting	Date/Timeframe
Prepare UnifiMD application for testing for end users	Ambulatory Setting Multiple Specialties	December 2024

Identify the user practices that will participate in the test plan	Ambulatory Setting Multiple Specialties	Attempted but never succeeded February – May 2025
Confirm that the Real-World Test Plan participants can log into their accounts	Ambulatory Setting Multiple Specialties	Never
Follow up with the Real-World Test Plan participants on a regular basis (minimum, once a quarter) to obtain feedback on their progress and or if there are any issues to address	Ambulatory Setting Multiple Specialties	Never
End the Real-World Test to coincide with the end of the MIPS 2025 Performance Year.	Ambulatory Setting Multiple Specialties	Never
* unplanned milestone * CHS internal testing of items in Real World Test Plan	Ambulatory Setting Multiple Specialties	November 2025
Real-World Test analysis and generation of the report * Edited milestone – Evaluate internal testing results	Ambulatory Setting Multiple Specialties	January 2026
Submit Real-World Test Report to ACB before established deadline	Ambulatory Setting Multiple Specialties	February 2026

ATTESTATION

This Real World Test Results report 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.

Authorized Representative Name: Carey A Penna

Authorized Representative Email: cpenna@mailchs.com

Authorized Representative Phone: 800-250-8687

Authorized Representative Signature: *Carey Penna*

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