REAL WORLD TESTING RESULTS REPORT

GENERAL INFORMATION

Plan Report ID Number:	
Developer Name:	ezCaretech Co., Ltd.
Product Name(s):	BESTCare
Version Number(s):	2.0G & 2.0B
Certified Health IT Product List (CHPL) Product Number(s)	15.04.04.2610.BEST.02.00.1.200604 15.04.04.2610.BEST.02.00.1.180423
Developer Real World Testing Plan Page URL:	https://www.ezcaretech.com/english/onc/onc_2015.html
Developer Real World Testing Results Report Page URL:	https://www.ezcaretech.com/english/onc/onc_2015.html

SUMMARY OF TESTING METHODS AND KEY FINDINGS

The real-world testing has demonstrated that **BESTCare 2.0** solutions comply with the following criteria for which they are currently certified:

- **170.315(b)(10)**: Electronic Health Information Export
- **170.315(f)(2)**: Transmission to Public Health Agencies – Syndromic Surveillance
- **170.315(f)(4)**: Transmission to Cancer Registries

In addition, **BESTCare 2.0B** has demonstrated compliance with additional criteria through real-world testing, as follows:

- **170.315(b)(1)**: Transition of Care
- **170.315(b)(2)**: Clinical Information Reconciliation and Incorporation
- **170.315(b)(10)**: Electronic Health Information Export
- **170.315(b)(11)**: Decision Support Interventions
- **170.315(c)(1)**: CQMs – Record and Export
- **170.315(c)(2)**: CQMs – Import and Calculate
- **170.315(c)(3)**: CQMs – Report
- **170.315(f)(1)**: Transmission to Immunization Registries
- **170.315(f)(2)**: Transmission to Public Health Agencies – Syndromic Surveillance
- **170.315(f)(3)**: Transmission to Public Health Agencies – Reportable Laboratory Tests and Value/Results
- **170.315(f)(5)**: Transmission to Public Health Agencies – Electronic Case Reporting
- **170.315(f)(6)**: Transmission to Public Health Agencies – Antimicrobial Use and Resistance Reporting
- **170.315(f)(7)**: Transmission to Public Health Agencies – Health Care Surveys
- **170.315(g)(7)**: Application Access – Patient Selection
- **170.315(g)(9)**: Application Access – All Data Request
- **170.315(g)(10)**: Standardized API for Patient and Population Services

The testing demonstrated the following:

1. Regarding 170.315(b)(1) – Transition of Care:
    a. Providers utilizing the Transition of Care features successfully generated CCDA documents.
    b. Transmission was tested using synthetic patient data executed in a test environment that mirrors production configuration.
2. Regarding 170.315(b)(2) – Clinical Information Reconciliation and Incorporation
    a. Providers utilizing the received inbound CCDA documents.
    b. Data was visually displayed and selectively reconciled into patient records.
    c. Reconciliation and incorporation were tested using synthetic patient data executed in a test environment that mirrors production configuration.
3. Regarding 170.315(b)(10) – EHI Export
    a. Providers using executed single-patient EHI exports successfully generated and included all required EHI data elements.
    b. Population-level export capability was demonstrated using a production mirrored environment due to operational constraints on production bulk exports.
4. Regarding 170.315(b)(11) – Decision Support Interventions
    a. Identified users accessing decision support interventions were able to view source

attributes in plain language
   b. Source attribute information was updated and stored.
5. Regarding 170.315(c)(1), (c)(2), (c)(3) – CQMs (Clinical Quality Measures):
   a. Providers using CQM features in the production environment were able to generate QRDA1 and/or QRDA3 files for CMS measures.
   b. Providers successfully uploaded QRDA1 files and downloaded QRDA1 and/or QRDA3 files.
   c. QRDA feature was tested using synthetic patient data executed in a test environment that mirrors production configuration.
6. Regarding 170.315(f)(1) – Transmission to Immunization Registries:
   a. Providers were able to generate the information required for transmission to IIS/Immunization registries.
   b. Transmission was tested using synthetic patient data executed in a test environment that mirrors production configuration.
7. Regarding 170.315(f)(2) – Syndromic Surveillance:
   a. Providers using synthetic patient data successfully generated the information required for transmission to Syndromic Surveillance registries.
   b. Transmission was tested using synthetic patient data executed in a test environment that mirrors production configuration.
8. Regarding 170.315(f)(3) – Reportable Laboratory Tests and Results:
   a. Providers were able to generate electronic reportable messages required for transmission to a public health registry.
   b. Transmission was tested using synthetic patient data executed in a test environment that mirrors production configuration.
9. Regarding 170.315(f)(4) – Cancer Registries:
   a. Providers successfully generated the information required for transmission to Cancer registries.
   b. Capability was demonstrated using synthetic test data in a test environment that mirrors production configuration.
10. Regarding 170.315(f)(5) – Electronic Case Reporting:
   a. Providers generated electronic case reports required for transmission to a public health agency.
   b. Transmission was tested using synthetic patient data executed in a test environment that mirrors production configuration.
11. Regarding 170.315(f)(6) – Antimicrobial Use and Resistance Reporting:
   a. Providers were able to generate the required antimicrobial use and resistance reports for transmission to a public health agency.
   b. Transmission was tested using synthetic patient data executed in a test environment that mirrors production configuration.
12. Regarding 170.315(f)(7) – Health Care Surveys:
   a. Providers successfully generated the required health care survey data in CCDA document format for transmission to a public health agency.
   b. Transmission was tested using synthetic patient data executed in a test environment that mirrors production configuration.
13. Regarding 170.315(g)(7), (g)(9), (g)(10) – API Access and Data Interoperability:
   a. Providers were able to register third-party applications with the EHR for API access.
   b. Providers successfully queried patients, data categories, or performed bulk exports to the EHR module using third-party APIs.
   c. API access and data interoperability was tested using synthetic patient data executed

in a test environment that mirrors production configuration.

Real World Testing for certain criteria was conducted using the production mirrored patient data, and/or synthetic patient data executed in test environments that mirror production configurations. This approach is consistent with ASTP/ONC guidance for non-deployed or low-usage capabilities and demonstrates technical readiness, interoperability, and standards conformance in the absence of live customer integrations.

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

Both required and voluntary standards updates must be addressed in the Real World Testing plan. Real World Testing plans must include all certified health IT updated to newer versions of standards prior to August 31 of the year in which the updates were made.

Indicate as to whether optional standards, via SVAP and/or USCDI, are leveraged as part of the certification of your health IT product(s).

[ ] Yes, I have products certified with voluntary SVAP or USCDI standards. (If yes, please complete the table below.

[X] No, none of my products include these voluntary standards.

Standard (and version)	
Updated certification criteria and associated product	
CHPL Product Number	
Conformance measure	

Care Setting(s)

The expectation is that a developer's Real World Testing is conducted within 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.

List each care setting that was tested.

BESTCare modules is supporting ambulatory outpatient clinic settings and inpatient hospitalized settings.

Metrics and Outcomes

Measurement /Metric	Associated Criterion(a)	Relied Upon Software	Outcomes	Challenges Encountered

Measurement /Metric	Associated Criterion(a)	Relied Upon Software	Outcomes	Challenges Encountered
Data driven from network server and test tools	170.315(b)(1)	None	Based on Transitions of Care functionality, transmitted and received messages were successfully processed and displayed in the ToC Viewer application. No failures were identified in interface engine logs or C-CDA validation results.	Live agency endpoints were unavailable, limiting production testing.
Success or failure rates	170.315(b)(1)	None	A volume of C-CDA documents was successfully generated and transmitted using synthetic patient data. • CCDA documents generated: 120 • Successfully transmitted: 119 • Success rate: 99.2% • Validation failure: 1 (Purposely server down)	Testing focused on technical readiness rather than operational adoption.
Data driven from network server and test tools	170.315(b)(2)	None	Inbound clinical documents were consistently received and displayed in the ToC Viewer application. Review of interface engine logs and C-CDA validation tools indicated no transmission or validation failures.	Live agency endpoints were unavailable, limiting production testing.
Success or failure rates	170.315(b)(2)	None	A volume of C-CDA documents was successfully received using synthetic patient data. • CCDA documents received: 120 • Successfully received: 119 • Success rate: 99.2% • Validation failure: 1 (Purposely server down)	Testing focused on technical readiness rather than operational adoption.

Measurement /Metric	Associated Criterion(a)	Relied Upon Software	Outcomes	Challenges Encountered
Success or failure rates	170.315(b)(10)	None	Authorized users successfully generated EHI exports for individual patients. Export files were complete and usable, and export completion times remained within acceptable operational thresholds. • Single-patient exports initiated: 128 • Exports completed successfully: 126 • Success rate: 98.4% • Average completion time: 3.5 minutes	1) Population-level exports were restricted to avoid system performance impact. 2) Large export files increased processing time in some cases.
Success or failure rates	170.315(b)(11)	None	Identified users successfully accessed, reviewed, and updated decision support source attributes as required, supporting transparency and usability. • Intervention access events: 547 • Source attribute updates: 88 • Update success rate: 100%	1) Ongoing governance needed to maintain attribute completeness. 2) Some users required additional guidance.
Data driven from network server and test tools	170.315(c)(1) 170.315(c)(2) 170.315(c)(3)	None	Reports generated in a production-mirrored test environment were reviewed and confirmed to populate the required CQM measures. Verification was based on reporting engine logs and QRDA validation tool results.	Live agency endpoints were unavailable, limiting production testing.
Success or failure rates	170.315(c)(1) 170.315(c)(2) 170.315(c)(3)	None	QRDA files were successfully generated and validated using data in a production-mirrored test environment.. • QRDA III files generated: 156 • Files passing validation: 153 • Validation success rate: 98.8%	1) Data quality affected measure completeness. 2) Testing focused on technical readiness rather than operational adoption.

Measurement /Metric	Associated Criterion(a)	Relied Upon Software	Outcomes	Challenges Encountered
Data driven from network server and test tools	170.315(f)(1)	None	Connectivity with IIS/Immunization registries was verified, and no blocked messages were identified. Verification was based on review of interface engine logs and message validation tool results. • Message generated: 54 • Message transmitted: 54	Live agency endpoints were unavailable, limiting production testing.
Success or failure rates	170.315(f)(1)	None	Immunization data was successfully generated and transmitted using synthetic patient data in a production-mirrored test environment. • Message generated: 54 • Message transmitted: 54 • ACKs received: 53 • Success rate: 98.1% • Validation failure: 1 (Purposely server down)	1) Registry downtime occasionally impacted success rates. 2) Testing focused on technical readiness rather than operational adoption.
Data driven from network server and test tools	170.315(f)(2)	None	Connectivity with Syndromic Surveillance registries was verified, and no blocked messages were identified. Verification was based on review of interface engine logs and message validation tool results. • Message generated: 107 • Message transmitted: 107	Live agency endpoints were unavailable, limiting production testing.
Success or failure rates	170.315(f)(2)	None	Syndromic surveillance messages were successfully generated and transmitted using synthetic patient data in a production-mirrored test environment. Validation results confirmed compliance with required PHIN messaging structures. • Message generated: 107 • Message transmitted: 107 • ACKs received: 105 • Success rate: 98.1% • Validation failure: 2 (Optional field formatting)	1) Minor validation issues required iterative adjustments. 2) Testing focused on technical readiness rather than operational adoption.

Measurement /Metric	Associated Criterion(a)	Relied Upon Software	Outcomes	Challenges Encountered
Data driven from network server and test tools	170.315(f)(3)	None	Connectivity with public health registries was verified, and no blocked messages were identified. Verification was based on review of reporting engine logs and network transmission logs.	No live public health agency endpoints available for production testing.
Success or failure rates	170.315(f)(3)	None	Public health registry reporting capability was successfully demonstrated using synthetic patient data in a test environment that mirrors production configuration. • Reports generated: 240 • Reports transmitted: 240 • Successful transmissions: 236 • Success rate: 98.3% • Validation failure: 4 (Connectivity interruption during testing)	1) Report format requirements varied by agency profile, requiring configuration adjustments. 2) Testing focused on technical readiness rather than operational adoption.
Data driven from network server and test tools	170.315(f)(4)	None	Using cancer registry functionality, CDA documents were successfully generated. Review of message validation tools indicated no validation failures. • Message generated: 30 • Message transmitted: 30	None
Success or failure rates	170.315(f)(4)	None	Cancer registry reporting capability was successfully demonstrated using synthetic patient data in a test environment that mirrors production configuration. • Message generated: 30 • Message transmitted: 30 • Validation success rate: 100%	Testing focused on technical readiness rather than operational adoption.
Data driven from network server and test tools	170.315(f)(5)	None	Connectivity with public health agencies was verified, and no blocked messages were identified. Verification was based on review of trigger engine logs and eCR validation tool results.	No live production integrations during the reporting period.

Measurement /Metric	Associated Criterion(a)	Relied Upon Software	Outcomes	Challenges Encountered
Success or failure rates	170.315(f)(5)	None	End-to-end eCR workflows were successfully demonstrated using synthetic patient data, confirming system readiness. • Message generated: 30 • Message transmitted: 30 • Validation success rate: 100%	1) Ongoing maintenance required for trigger logic. 2) Testing focused on technical readiness rather than operational adoption.
Data driven from network server and test tools	170.315(f)(6)	None	Connectivity with public health agencies was verified, and no blocked messages were identified. Verification was based on review of interface engine logs and network transmission logs.	No live endpoints available for production testing.
Success or failure rates	170.315(f)(6)	None	Public health agency reporting capability was successfully demonstrated using synthetic patient data in a test environment that mirrors production configuration. • Reports generated: 240 • Reports transmitted: 240 • Successful transmissions: 237 • Success rate: 98.8% • Validation failure: 3 (Formatting corrections identified during validation)	1) Manual review was required to validate report formatting against differing agency expectations. 2) Testing focused on technical readiness rather than operational adoption.
Data driven from network server and test tools	170.315(f)(7)	None	Connectivity with public health agencies was verified, and no blocked messages were identified. Verification was based on review of interface engine logs and C-CDA validation tool results.	No live endpoints available for production testing.

Measurement /Metric	Associated Criterion(a)	Relied Upon Software	Outcomes	Challenges Encountered
Success or failure rates	170.315(f)(7)	None	Public health agency reporting capability was successfully demonstrated using synthetic patient data in a test environment that mirrors production configuration. • CCDA documents generated: 240 • CCDA documents transmitted: 240 • Successful transmissions: 237 • Success rate: 98.8% • Validation failure: 3 (Connectivity interruption during testing)	1) Manual review was required to validate report formatting against differing agency expectations. 2) Testing focused on technical readiness rather than operational adoption.
Success or failure rates	170.315(g)(7)	None	Registered applications successfully accessed synthetic patient records using certified APIs in a production-mirrored test environment. API requests and responses were processed reliably, demonstrating readiness for real-world use. • API requests executed: 1200 • Successful response: 1150 • Success rate: 95.8%	1) API usage patterns varied across test applications. 2) Testing focused on technical readiness rather than operational adoption.
Success or failure rates	170.315(g)(9)	None	Applications successfully retrieved complete synthetic patient datasets using the All Data request capability in a production-mirrored test environment. Response times remained within acceptable thresholds for large payloads. • Bult “All Data” requests initiated: 6,480 • Requests completed successfully: 6,383 • Success rate: 98.5% • Average response time: 2.8 seconds	1) Some requests required retry due to test environment resource constraints. 2) Testing focused on technical readiness rather than operational adoption.

Measurement /Metric	Associated Criterion(a)	Relied Upon Software	Outcomes	Challenges Encountered
Success or failure rates	170.315(g)(10)	None	FHIR-based APIs successfully supported patient-level and population-level access using synthetic data in a production-mirrored test environment. Validation results confirmed conformance with required profiles and data elements. • Total API requests: 7,590 • Successful responses: 7,490 • Success rate: 98.7% • FHIR profile validation pass rate: 99.0% • Average response time: 2.5 seconds	1) Tuning was required to optimize query patterns. 2) Testing focused on technical readiness rather than operational adoption.

KEY MILESTONES

Key Milestone	Care Setting	Date/Timeframe
Apply based on the implementation guides	BESTCare2.0B Ambulatory & Inpatient Settings	~6/30/2025
Prepare real world testing	BESTCare2.0B Ambulatory & Inpatient Settings	~10/30/2025
Proceed real world testing	BESTCare2.0B Ambulatory & Inpatient Settings	~11/31/2025

Key Milestone	Care Setting	Date/Timeframe
Apply based on the implementation guides	BESTCare2.0G Ambulatory & Inpatient Settings	~7/31/2025
Prepare real world testing	BESTCare2.0G Ambulatory & Inpatient Settings	~8/31/2025
Proceed real world testing	BESTCare2.0G Ambulatory & Inpatient Settings	~9/30/2025

ATTESTATION

*I attest that the information contained in this Real World Testing Results Report is **true, accurate, and complete** to the best of my knowledge. I further attest that the Real World Testing activities described herein were conducted in accordance with the requirements of **45 CFR 170.405** and applicable ONC Health IT Certification Program guidance.*

I am authorized to make this attestation on behalf of the Certified Health IT developer identified below.

Authorized Representative Name: EUNSOL LEE

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Authorized Representative Signature: 

Date: 2/1/2026