

ONC HIT Certification Program Test Results Summary for 2014 Edition EHR Certification

Part 1: Product and Developer Information

1.1 Certified Product Information

Product Name: CQMsolution
Product Version: 2.1
Domain: Ambulatory
Test Type: Modular EHR

1.2 Developer/Vendor Information

Developer/Vendor Name: Dynamic Health IT, Inc
Address: 134 S. Clark Street, New Orleans, LA 70119
Website: www.dynamichealthit.com
Email: raychelle@dynamichealthit.com
Phone: 504.309.9103
Developer/Vendor Contact: Raychelle Fernandez

Part 2: ONC-Authorized Certification Body Information

2.1 ONC-Authorized Certification Body Information

ONC-ACB Name: ICSA Labs, an independent division of Verizon
Address: 1000 Bent Creek Boulevard, Suite 200
Mechanicsburg, PA 17050
Website: <https://www.icsalabs.com/technology-program/onc-ehr>
Email: EHR@icsalabs.com
Phone: 717.790.8100
ONC-ACB Contact: Amit Trivedi

This test results summary is approved for public release by the following ONC-Authorized Certification Body Representative:

Amit Trivedi

ONC-ACB Authorized Representative

Amit V. Trivedi 9/20/2015

Signature and Date

Program Manager – Healthcare

Function/Title

2.2 Gap Certification

The following identifies criterion or criteria certified via gap certification

§170.314			
<input type="checkbox"/> (a)(1)	<input type="checkbox"/> (a)(17)	<input type="checkbox"/> (d)(5)	<input type="checkbox"/> (d)(9)
<input type="checkbox"/> (a)(6)	<input type="checkbox"/> (b)(5)*	<input type="checkbox"/> (d)(6)	<input type="checkbox"/> (f)(1)
<input type="checkbox"/> (a)(7)	<input type="checkbox"/> (d)(1)	<input type="checkbox"/> (d)(8)	

*Gap certification allowed for Inpatient setting only

No gap certification

2.3 Inherited Certification

The following identifies criterion or criteria certified via inherited certification

§170.314			
<input type="checkbox"/> (a)(1)	<input type="checkbox"/> (a)(14)	<input checked="" type="checkbox"/> (c)(3)	<input type="checkbox"/> (f)(1)
<input type="checkbox"/> (a)(2)	<input type="checkbox"/> (a)(15)	<input type="checkbox"/> (d)(1)	<input type="checkbox"/> (f)(2)
<input type="checkbox"/> (a)(3)	<input type="checkbox"/> (a)(16) <i>Inpt. only</i>	<input type="checkbox"/> (d)(2)	<input type="checkbox"/> (f)(3)
<input type="checkbox"/> (a)(4)	<input type="checkbox"/> (a)(17) <i>Inpt. only</i>	<input type="checkbox"/> (d)(3)	<input type="checkbox"/> (f)(4) <i>Inpt. only</i>
<input type="checkbox"/> (a)(5)	<input type="checkbox"/> (b)(1)	<input type="checkbox"/> (d)(4)	<input type="checkbox"/> (f)(5) <i>Optional & Amb. only</i>
<input type="checkbox"/> (a)(6)	<input type="checkbox"/> (b)(2)	<input type="checkbox"/> (d)(5)	
<input type="checkbox"/> (a)(7)	<input type="checkbox"/> (b)(3)	<input type="checkbox"/> (d)(6)	<input type="checkbox"/> (f)(6) <i>Optional & Amb. only</i>
<input type="checkbox"/> (a)(8)	<input type="checkbox"/> (b)(4)	<input type="checkbox"/> (d)(7)	
<input type="checkbox"/> (a)(9)	<input type="checkbox"/> (b)(5)	<input type="checkbox"/> (d)(8)	<input type="checkbox"/> (g)(1)
<input type="checkbox"/> (a)(10)	<input type="checkbox"/> (b)(6) <i>Inpt. only</i>	<input type="checkbox"/> (d)(9) <i>Optional</i>	<input type="checkbox"/> (g)(2)
<input type="checkbox"/> (a)(11)	<input type="checkbox"/> (b)(7)	<input type="checkbox"/> (e)(1)	<input type="checkbox"/> (g)(3)
<input type="checkbox"/> (a)(12)	<input checked="" type="checkbox"/> (c)(1)	<input type="checkbox"/> (e)(2) <i>Amb. only</i>	<input checked="" type="checkbox"/> (g)(4)
<input type="checkbox"/> (a)(13)	<input checked="" type="checkbox"/> (c)(2)	<input type="checkbox"/> (e)(3) <i>Amb. only</i>	

No inherited certification

Part 3: NVLAP-Accredited Testing Laboratory Information

Report Number: 2014-EHRA425337-2014-0317-00

Test Date(s): 3/17/2014, 8/19/2015

3.1 NVLAP-Accredited Testing Laboratory Information

ATL Name: ICSA Labs, an independent division of Verizon
Accreditation Number: 200697-0
Address: 1000 Bent Creek Boulevard, Suite 200
Mechanicsburg, PA 17050
Website: <https://www.icsalabs.com/technology-program/onc-ehr>
Email: EHR@icsalabs.com
Phone: 717.790.8100
ATL Contact: Michelle Knighton

For more information on scope of accreditation, please reference
<http://ts.nist.gov/standards/scopes/2006970.htm>

Certification inherited from CHPL Product ID: 130098R02

3.2 Test Information

3.2.1 Additional Software Relied Upon for Certification

Additional Software	Applicable Criteria	Functionality provided by Additional Software
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No additional software required

3.2.2 Test Tools

Test Tool	Version
<input checked="" type="checkbox"/> Cypress	2.6.1
<input type="checkbox"/> ePrescribing Validation Tool	
<input type="checkbox"/> HL7 CDA Cancer Registry Reporting Validation Tool	
<input type="checkbox"/> HL7 v2 Electronic Laboratory Reporting (ELR) Validation Tool	
<input type="checkbox"/> HL7 v2 Immunization Information System (IIS) Reporting Validation Tool	
<input type="checkbox"/> HL7 v2 Laboratory Results Interface (LRI) Validation Tool	
<input type="checkbox"/> HL7 v2 Syndromic Surveillance Reporting Validation Tool	
<input type="checkbox"/> Transport Testing Tool	
<input type="checkbox"/> Direct Certificate Discovery Tool	

No test tools required

3.2.3 Test Data

- No alteration (customization) to the test data was necessary
- Alteration (customization) to the test data was necessary and is described in Appendix A

3.2.4 Standards

3.2.4.1 Multiple Standards Permitted

The following identifies the standard(s) that has been successfully tested where more than one standard is permitted

Criterion #	Standard Successfully Tested	
(a)(8)(ii)(A)(2)	<input type="checkbox"/> §170.204(b)(1) HL7 Version 3 Implementation Guide: URL-Based Implementations of the Context-Aware Information Retrieval (Infobutton) Domain	<input type="checkbox"/> §170.204(b)(2) HL7 Version 3 Implementation Guide: Context-Aware Knowledge Retrieval (Infobutton) Service-Oriented Architecture Implementation Guide
(a)(13)	<input type="checkbox"/> §170.207(a)(3) IHTSDO SNOMED CT® International Release July 2012 and US Extension to SNOMED CT® March 2012 Release	<input type="checkbox"/> §170.207(j) HL7 Version 3 Standard: Clinical Genomics; Pedigree
(a)(15)(i)	<input type="checkbox"/> §170.204(b)(1) HL7 Version 3 Implementation Guide: URL-Based Implementations of the Context-Aware Information Retrieval (Infobutton) Domain	<input type="checkbox"/> §170.204(b)(2) HL7 Version 3 Implementation Guide: Context-Aware Knowledge Retrieval (Infobutton) Service-Oriented Architecture Implementation Guide
(a)(16)(ii)	<input type="checkbox"/> §170.210(g) Network Time Protocol Version 3 (RFC 1305)	<input type="checkbox"/> §170.210(g) Network Time Protocol Version 4 (RFC 5905)
(b)(2)(i)(A)	<input type="checkbox"/> §170.207(i) The code set specified at 45 CFR 162.1002(c)(2) (ICD-10-CM) for the indicated conditions	<input type="checkbox"/> §170.207(a)(3) IHTSDO SNOMED CT® International Release July 2012 and US Extension to SNOMED CT® March 2012 Release
(b)(7)(i)	<input type="checkbox"/> §170.207(i) The code set specified at 45 CFR 162.1002(c)(2) (ICD-10-CM) for the indicated conditions	<input type="checkbox"/> §170.207(a)(3) IHTSDO SNOMED CT® International Release July 2012 and US Extension to SNOMED CT® March 2012 Release
(e)(1)(i)	<input type="checkbox"/> Annex A of the FIPS Publication 140-2	

Criterion #	Standard Successfully Tested	
(e)(1)(ii)(A)(2)	<input type="checkbox"/> §170.210(g) Network Time Protocol Version 3 (RFC 1305)	<input type="checkbox"/> §170.210(g) Network Time Protocol Version 4 (RFC 5905)
(e)(3)(ii)	<input type="checkbox"/> Annex A of the FIPS Publication 140-2	
Common MU Data Set (15)	<input type="checkbox"/> §170.207(a)(3) IHTSDO SNOMED CT® International Release July 2012 and US Extension to SNOMED CT® March 2012 Release	<input type="checkbox"/> §170.207(b)(2) The code set specified at 45 CFR 162.1002(a)(5) (HCPCS and CPT-4)

None of the criteria and corresponding standards listed above are applicable

3.2.4.2 Newer Versions of Standards

The following identifies the newer version of a minimum standard(s) that has been successfully tested

Newer Version	Applicable Criteria

No newer version of a minimum standard was tested

3.2.5 Optional Functionality

Criterion #	Optional Functionality Successfully Tested
<input type="checkbox"/> (a)(4)(iii)	Plot and display growth charts
<input type="checkbox"/> (b)(1)(i)(B)	Receive summary care record using the standards specified at §170.202(a) and (b) (Direct and XDM Validation)
<input type="checkbox"/> (b)(1)(i)(C)	Receive summary care record using the standards specified at §170.202(b) and (c) (SOAP Protocols)
<input type="checkbox"/> (b)(2)(ii)(B)	Transmit health information to a Third Party using the standards specified at §170.202(a) and (b) (Direct and XDM Validation)
<input type="checkbox"/> (b)(2)(ii)(C)	Transmit health information to a Third Party using the standards specified at §170.202(b) and (c) (SOAP Protocols)
<input type="checkbox"/> (f)(3)	Ambulatory setting only – Create syndrome-based public health surveillance information for transmission using the standard specified at §170.205(d)(3) (urgent care visit scenario)
<input type="checkbox"/> Common MU Data Set (15)	Express Procedures according to the standard specified at §170.207(b)(3) (45 CFR162.1002(a)(4): Code on Dental Procedures and Nomenclature)
<input type="checkbox"/> Common MU Data Set (15)	Express Procedures according to the standard specified at §170.207(b)(4) (45 CFR162.1002(c)(3): ICD-10-PCS)

No optional functionality tested

3.2.6 2014 Edition Certification Criteria* Successfully Tested

Criteria #	Version		Criteria #	Version	
	TP**	TD***		TP	TD
<input type="checkbox"/> (a)(1)			<input checked="" type="checkbox"/> (c)(3)	1.10	2.4.1
<input type="checkbox"/> (a)(2)			<input type="checkbox"/> (d)(1)		
<input type="checkbox"/> (a)(3)			<input type="checkbox"/> (d)(2)		
<input type="checkbox"/> (a)(4)			<input type="checkbox"/> (d)(3)		
<input type="checkbox"/> (a)(5)			<input type="checkbox"/> (d)(4)		
<input type="checkbox"/> (a)(6)			<input type="checkbox"/> (d)(5)		
<input type="checkbox"/> (a)(7)			<input type="checkbox"/> (d)(6)		
<input type="checkbox"/> (a)(8)			<input type="checkbox"/> (d)(7)		
<input type="checkbox"/> (a)(9)			<input type="checkbox"/> (d)(8)		
<input type="checkbox"/> (a)(10)			<input type="checkbox"/> (d)(9) <i>Optional</i>		
<input type="checkbox"/> (a)(11)			<input type="checkbox"/> (e)(1)		
<input type="checkbox"/> (a)(12)			<input type="checkbox"/> (e)(2) <i>Amb. only</i>		
<input type="checkbox"/> (a)(13)			<input type="checkbox"/> (e)(3) <i>Amb. only</i>		
<input type="checkbox"/> (a)(14)			<input type="checkbox"/> (f)(1)		
<input type="checkbox"/> (a)(15)			<input type="checkbox"/> (f)(2)		
<input type="checkbox"/> (a)(16) <i>Inpt. only</i>			<input type="checkbox"/> (f)(3)		
<input type="checkbox"/> (a)(17) <i>Inpt. only</i>			<input type="checkbox"/> (f)(4) <i>Inpt. only</i>		
<input type="checkbox"/> (b)(1)			<input type="checkbox"/> (f)(5) <i>Optional & Amb. only</i>		
<input type="checkbox"/> (b)(2)					
<input type="checkbox"/> (b)(3)			<input type="checkbox"/> (f)(6) <i>Optional & Amb. only</i>		
<input type="checkbox"/> (b)(4)					
<input type="checkbox"/> (b)(5)			<input type="checkbox"/> (g)(1)		
<input type="checkbox"/> (b)(6) <i>Inpt. only</i>			<input type="checkbox"/> (g)(2)		
<input type="checkbox"/> (b)(7)			<input type="checkbox"/> (g)(3)		
<input checked="" type="checkbox"/> (c)(1)	1.10	2.4.1	<input checked="" type="checkbox"/> (g)(4)	1.2	
<input checked="" type="checkbox"/> (c)(2)	1.10	2.4.1			

*For a list of the 2014 Edition Certification Criteria, please reference <http://www.healthit.gov/certification> (navigation: 2014 Edition Test Method)

**Indicates the version number for the Test Procedure (TP)

***Indicates the version number for the Test Data (TD)

2014 Clinical Quality Measures*

Type of Clinical Quality Measures Successfully Tested:

- Ambulatory
- Inpatient
- No CQMs tested

*For a list of the 2014 Clinical Quality Measures, please reference <http://www.cms.gov> (navigation: 2014 Clinical Quality Measures)

Ambulatory CQMs							
CMS ID	Version	CMS ID	Version	CMS ID	Version	CMS ID	Version
<input checked="" type="checkbox"/> 2	v4	<input checked="" type="checkbox"/> 90	v4	<input checked="" type="checkbox"/> 136	v4	<input checked="" type="checkbox"/> 155	v3
<input checked="" type="checkbox"/> 22	v3	<input checked="" type="checkbox"/> 117	v3	<input checked="" type="checkbox"/> 137	v3	<input checked="" type="checkbox"/> 156	v3
<input checked="" type="checkbox"/> 50	v3	<input checked="" type="checkbox"/> 122	v3	<input checked="" type="checkbox"/> 138	v3	<input checked="" type="checkbox"/> 157	v3
<input checked="" type="checkbox"/> 52	v3	<input checked="" type="checkbox"/> 123	v3	<input checked="" type="checkbox"/> 139	v3	<input checked="" type="checkbox"/> 158	v3
<input checked="" type="checkbox"/> 56	v3	<input checked="" type="checkbox"/> 124	v3	<input checked="" type="checkbox"/> 140	v3	<input checked="" type="checkbox"/> 159	v3
<input checked="" type="checkbox"/> 61	v4	<input checked="" type="checkbox"/> 125	v3	<input checked="" type="checkbox"/> 141	v4	<input checked="" type="checkbox"/> 160	v3
<input checked="" type="checkbox"/> 62	v3	<input checked="" type="checkbox"/> 126	v3	<input checked="" type="checkbox"/> 142	v3	<input checked="" type="checkbox"/> 161	v3
<input checked="" type="checkbox"/> 64	v4	<input checked="" type="checkbox"/> 127	v3	<input checked="" type="checkbox"/> 143	v3	<input checked="" type="checkbox"/> 163	v3
<input checked="" type="checkbox"/> 65	v4	<input checked="" type="checkbox"/> 128	v3	<input checked="" type="checkbox"/> 144	v3	<input checked="" type="checkbox"/> 164	v3
<input checked="" type="checkbox"/> 66	v3	<input checked="" type="checkbox"/> 129	v4	<input checked="" type="checkbox"/> 145	v3	<input checked="" type="checkbox"/> 165	v3
<input checked="" type="checkbox"/> 68	v4	<input checked="" type="checkbox"/> 130	v3	<input checked="" type="checkbox"/> 146	v3	<input checked="" type="checkbox"/> 166	v4
<input checked="" type="checkbox"/> 69	v3	<input checked="" type="checkbox"/> 131	v3	<input checked="" type="checkbox"/> 147	v4	<input checked="" type="checkbox"/> 167	v3
<input checked="" type="checkbox"/> 74	v4	<input checked="" type="checkbox"/> 132	v3	<input checked="" type="checkbox"/> 148	v3	<input checked="" type="checkbox"/> 169	v3
<input checked="" type="checkbox"/> 75	v3	<input checked="" type="checkbox"/> 133	v3	<input checked="" type="checkbox"/> 149	v3	<input checked="" type="checkbox"/> 177	v3
<input checked="" type="checkbox"/> 77	v3	<input checked="" type="checkbox"/> 134	v3	<input checked="" type="checkbox"/> 153	v3	<input checked="" type="checkbox"/> 179	v3
<input checked="" type="checkbox"/> 82	v2	<input checked="" type="checkbox"/> 135	v3	<input checked="" type="checkbox"/> 154	v3	<input checked="" type="checkbox"/> 182	v4

Inpatient CQMs							
CMS ID	Version	CMS ID	Version	CMS ID	Version	CMS ID	Version
<input type="checkbox"/> 9		<input type="checkbox"/> 71		<input type="checkbox"/> 107		<input type="checkbox"/> 172	
<input type="checkbox"/> 26		<input type="checkbox"/> 72		<input type="checkbox"/> 108		<input type="checkbox"/> 178	
<input type="checkbox"/> 30		<input type="checkbox"/> 73		<input type="checkbox"/> 109		<input type="checkbox"/> 185	
<input type="checkbox"/> 31		<input type="checkbox"/> 91		<input type="checkbox"/> 110		<input type="checkbox"/> 188	
<input type="checkbox"/> 32		<input type="checkbox"/> 100		<input type="checkbox"/> 111		<input type="checkbox"/> 190	
<input type="checkbox"/> 53		<input type="checkbox"/> 102		<input type="checkbox"/> 113			
<input type="checkbox"/> 55		<input type="checkbox"/> 104		<input type="checkbox"/> 114			
<input type="checkbox"/> 60		<input type="checkbox"/> 105		<input type="checkbox"/> 171			

3.2.7 Automated Numerator Recording and Measure Calculation

3.2.7.1 Automated Numerator Recording

Automated Numerator Recording Successfully Tested			
<input type="checkbox"/> (a)(1)	<input type="checkbox"/> (a)(9)	<input type="checkbox"/> (a)(16)	<input type="checkbox"/> (b)(6)
<input type="checkbox"/> (a)(3)	<input type="checkbox"/> (a)(11)	<input type="checkbox"/> (a)(17)	<input type="checkbox"/> (e)(1)
<input type="checkbox"/> (a)(4)	<input type="checkbox"/> (a)(12)	<input type="checkbox"/> (b)(2)	<input type="checkbox"/> (e)(2)
<input type="checkbox"/> (a)(5)	<input type="checkbox"/> (a)(13)	<input type="checkbox"/> (b)(3)	<input type="checkbox"/> (e)(3)
<input type="checkbox"/> (a)(6)	<input type="checkbox"/> (a)(14)	<input type="checkbox"/> (b)(4)	
<input type="checkbox"/> (a)(7)	<input type="checkbox"/> (a)(15)	<input type="checkbox"/> (b)(5)	

Automated Numerator Recording was not tested

3.2.7.2 Automated Measure Calculation

Automated Measure Calculation Successfully Tested			
<input type="checkbox"/> (a)(1)	<input type="checkbox"/> (a)(9)	<input type="checkbox"/> (a)(16)	<input type="checkbox"/> (b)(6)
<input type="checkbox"/> (a)(3)	<input type="checkbox"/> (a)(11)	<input type="checkbox"/> (a)(17)	<input type="checkbox"/> (e)(1)
<input type="checkbox"/> (a)(4)	<input type="checkbox"/> (a)(12)	<input type="checkbox"/> (b)(2)	<input type="checkbox"/> (e)(2)
<input type="checkbox"/> (a)(5)	<input type="checkbox"/> (a)(13)	<input type="checkbox"/> (b)(3)	<input type="checkbox"/> (e)(3)
<input type="checkbox"/> (a)(6)	<input type="checkbox"/> (a)(14)	<input type="checkbox"/> (b)(4)	
<input type="checkbox"/> (a)(7)	<input type="checkbox"/> (a)(15)	<input type="checkbox"/> (b)(5)	

Automated Measure Calculation was not tested

3.2.8 Attestation

Attestation Forms (as applicable)	Appendix
<input type="checkbox"/> Safety-Enhanced Design*	
<input checked="" type="checkbox"/> Quality Management System**	C
<input type="checkbox"/> Privacy and Security	

*Required if any of the following were tested: (a)(1), (a)(2), (a)(6), (a)(7), (a)(8), (a)(16), (b)(3), (b)(4)

**Required for every EHR product

3.3 Appendices

Appendix A: Test Data Alterations

The following deviations from the ONC-approved Test Data were utilized during certification testing:

Criteria Affected	Data Exception
N/A	

Appendix B: Safety-Enhanced Design Attestation

The following Safety-Enhanced Design attestation was submitted during certification testing:

N/A

Appendix C: Quality Management System Attestation

The following Quality Management System attestation was submitted during certification testing:

1	170.314(g)(4) Quality management system
1.1	If an industry standard QMS was used during the development, testing, implementation or maintenance of the EHR technology for any of the certification criteria, specify it/them by name (e.g. ISO 9001, IEC 62304, ISO 13485, 21 CFR Part 820, etc.). If an industry standard QMS was not used, please skip to Question 1.2.
	N/A
1.2	If a modified or "home-grown" QMS was used during the development, testing, implementation or maintenance of the EHR technology for any of the certification criteria, include an outline and short description of the QMS, which could include identifying any industry-standard QMS upon which it was based and modifications to that standard. If a modified or "home-grown" QMS was not used, please skip to Question 1.3.
	Dynamic Health IT (DHIT) tracked our task list and issues/bugs in a Google doc spreadsheet. DHIT maintained a requirements document throughout the design and implementation process.
1.3	If no QMS was used during the development, testing, implementation or maintenance of the EHR technology for any of the certification criteria, please state that.
	N/A

Test Results Summary Document History

Version	Description of Change	Date
1.0	Certification inherited from CHPL Product ID: 130098R02	Sep 20, 2015

END OF DOCUMENT