



## 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:** ChARM EHR  
**Product Version:** Ver 1.1  
**Domain:** Ambulatory  
**Test Type:** Complete EHR

#### 1.2 Developer/Vendor Information

**Developer/Vendor Name:** MedicalMine Inc.  
**Address:** 4141 Hacienda Drive Pleasanton CA 94588  
**Website:** [www.charmehr.com](http://www.charmehr.com)  
**Email:** [pramila@medicalmine.com](mailto:pramila@medicalmine.com)  
**Phone:** 1-855-571-5557  
**Developer/Vendor Contact:** Pramila Srinivasan



## Part 2: ONC-Authorized Certification Body Information


### 2.1 ONC-Authorized Certification Body Information

**ONC-ACB Name:** Drummond Group  
**Address:** 13359 North Hwy 183, Ste B-406-238, Austin, TX 78750  
**Website:** [www.drummondgroup.com](http://www.drummondgroup.com)  
**Email:** [ehr@drummondgroup.com](mailto:ehr@drummondgroup.com)  
**Phone:** 817-294-7339  
**ONC-ACB Contact:** Bill Smith

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

Bill Smith  
 \_\_\_\_\_  
**ONC-ACB Authorized Representative**

Certification Committee Chair  
 \_\_\_\_\_  
**Function/Title**

  
 \_\_\_\_\_ 6/6/2014  
**Signature and Date**

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

\*Gap certification allowed for Inpatient setting only

No gap certification



## 2.4 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 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 &amp; 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 &amp; 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 type="checkbox"/> (c)(1)	<input type="checkbox"/> (e)(2) <i>Amb. only</i>	<input type="checkbox"/> (g)(4)
<input type="checkbox"/> (a)(13)	<input 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: [AMB-05292014-2326](#)

Test Date(s): [12042013](#), [01282014](#), [05292014](#)

#### 3.1 NVLAP-Accredited Testing Laboratory Information

**ATL Name:** Drummond Group EHR Test Lab  
**Accreditation Number:** [NVLAP Lab Code 200979-0](#)  
**Address:** 13359 North Hwy 183, Ste B-406-238, Austin, TX 78750  
**Website:** [www.drummondgroup.com](http://www.drummondgroup.com)  
**Email:** [ehr@drummondgroup.com](mailto:ehr@drummondgroup.com)  
**Phone:** 512-633-9510  
**ATL Contact:** Beth Morrow

For more information on scope of accreditation, please reference [NVLAP Lab Code 200979-0](#).

Part 3 of this test results summary is approved for public release by the following Accredited Testing Laboratory Representative:

[Alex Burt](#)

**ATL Authorized Representative**

6/6/2014

**Signature and Date**

Test Proctor

**Function/Title**

[Remote Observation, Nashville TN](#)

**Location Where Test Conducted**

#### 3.2 Test Information

##### 3.2.1 Additional Software Relied Upon for Certification

Additional Software	Applicable Criteria	Functionality provided by Additional Software
Data Motion	B1, B2, E1	Direct Messaging
Surescripts	B3	ePrescribing
Spreadsheet software	A14	Export patient list

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	<input type="text" value="2.4.1"/>
<input checked="" type="checkbox"/> ePrescribing Validation Tool	<input type="text" value="1.0.4"/>
<input type="checkbox"/> HL7 CDA Cancer Registry Reporting Validation Tool	<input type="text" value="1.0.3"/>
<input type="checkbox"/> HL7 v2 Electronic Laboratory Reporting (ELR) Validation Tool	<input type="text" value="1.8"/>
<input checked="" type="checkbox"/> HL7 v2 Immunization Information System (IIS) Reporting Validation Tool	<input type="text" value="1.8"/>
<input checked="" type="checkbox"/> HL7 v2 Laboratory Results Interface (LRI) Validation Tool	<input type="text" value="1.7"/>
<input checked="" type="checkbox"/> HL7 v2 Syndromic Surveillance Reporting Validation Tool	<input type="text" value="1.7"/>
<input checked="" type="checkbox"/> Transport Testing Tool	<input type="text" value="178"/>
<input checked="" type="checkbox"/> Direct Certificate Discovery Tool	<input type="text" value="3.0.1"/>

No test tools required

### 3.2.3 Test Data

- Alteration (customization) to the test data was necessary and is described in Appendix [*insert appendix letter*]
- No alteration (customization) to the test data was necessary

### 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

Criterion #	Standard Successfully Tested	
(a)(13)	<input checked="" 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 checked="" 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 checked="" 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 checked="" 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)	Annex A of the FIPS Publication 140-2 <i>[list encryption and hashing algorithms]</i> AES 128 SHA1	
(e)(1)(ii)(A)(2)	<input checked="" 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)	Annex A of the FIPS Publication 140-2 <i>[list encryption and hashing algorithms]</i> AES 128 SHA1	
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 checked="" type="checkbox"/> §170.207(b)(2) The code set specified at 45 CFR 162.1002(a)(5) (HCPCS and CPT-4)

Criterion #	Standard Successfully Tested
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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 checked="" 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 checked="" type="checkbox"/> (a)(1)	1.2	1.5	<input checked="" type="checkbox"/> (c)(3)	1.6	1.6
<input checked="" type="checkbox"/> (a)(2)	1.2		<input type="checkbox"/> (d)(1)	1.2	
<input checked="" type="checkbox"/> (a)(3)	1.2	1.4	<input checked="" type="checkbox"/> (d)(2)	1.3	
<input checked="" type="checkbox"/> (a)(4)	1.3	1.3	<input checked="" type="checkbox"/> (d)(3)	1.3	
<input checked="" type="checkbox"/> (a)(5)	1.3	1.3	<input checked="" type="checkbox"/> (d)(4)	1.3	
<input checked="" type="checkbox"/> (a)(6)	1.2	1.4	<input type="checkbox"/> (d)(5)	1.2	
<input type="checkbox"/> (a)(7)	1.3	1.3	<input type="checkbox"/> (d)(6)	1.2	
<input checked="" type="checkbox"/> (a)(8)	1.2		<input checked="" type="checkbox"/> (d)(7)	1.2	
<input checked="" type="checkbox"/> (a)(9)	1.3	1.3	<input type="checkbox"/> (d)(8)	1.2	
<input checked="" type="checkbox"/> (a)(10)	1.2	1.4	<input type="checkbox"/> (d)(9) <i>Optional</i>	1.2	
<input checked="" type="checkbox"/> (a)(11)	1.2		<input checked="" type="checkbox"/> (e)(1)	1.8	1.5
<input checked="" type="checkbox"/> (a)(12)	1.3		<input checked="" type="checkbox"/> (e)(2) <i>Amb. only</i>	1.2	1.6
<input checked="" type="checkbox"/> (a)(13)	1.2		<input checked="" type="checkbox"/> (e)(3) <i>Amb. only</i>	1.3	
<input checked="" type="checkbox"/> (a)(14)	1.2		<input checked="" type="checkbox"/> (f)(1)	1.2	1.2
<input checked="" type="checkbox"/> (a)(15)	1.5		<input checked="" type="checkbox"/> (f)(2)	1.3	1.7.1
<input type="checkbox"/> (a)(16) <i>Inpt. only</i>	1.3	1.2	<input checked="" type="checkbox"/> (f)(3)	1.3	1.7
<input type="checkbox"/> (a)(17) <i>Inpt. only</i>	1.2		<input type="checkbox"/> (f)(4) <i>Inpt. only</i>	1.3	1.7
<input checked="" type="checkbox"/> (b)(1)	1.7	1.4	<input type="checkbox"/> (f)(5) <i>Optional &amp; Amb. only</i>	1.2	1.2
<input checked="" type="checkbox"/> (b)(2)	1.4	1.6	<input type="checkbox"/> (f)(6) <i>Optional &amp; Amb. only</i>	1.3	1.0.3
<input checked="" type="checkbox"/> (b)(3)	1.4	1.2	<input type="checkbox"/> (g)(1)	1.7	1.9
<input checked="" type="checkbox"/> (b)(4)	1.3	1.4	<input checked="" type="checkbox"/> (g)(2)	1.7	1.9
<input checked="" type="checkbox"/> (b)(5)	1.4	1.7	<input checked="" type="checkbox"/> (g)(3)	1.3	
<input type="checkbox"/> (b)(6) <i>Inpt. only</i>	1.3	1.7	<input checked="" type="checkbox"/> (g)(4)	1.2	
<input checked="" type="checkbox"/> (b)(7)	1.4	1.6			
<input checked="" type="checkbox"/> (c)(1)	1.6	1.6			
<input checked="" type="checkbox"/> (c)(2)	1.6	1.6			

No criteria tested

\*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)





### 3.2.7 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		<input type="checkbox"/> 90		<input type="checkbox"/> 136		<input checked="" type="checkbox"/> 155	v 2
<input type="checkbox"/> 22		<input type="checkbox"/> 117		<input type="checkbox"/> 137		<input checked="" type="checkbox"/> 156	v 2
<input type="checkbox"/> 50		<input checked="" type="checkbox"/> 122	v 2	<input type="checkbox"/> 138		<input type="checkbox"/> 157	
<input type="checkbox"/> 52		<input checked="" type="checkbox"/> 123	v 2	<input type="checkbox"/> 139		<input type="checkbox"/> 158	
<input type="checkbox"/> 56		<input type="checkbox"/> 124		<input type="checkbox"/> 140		<input type="checkbox"/> 159	
<input type="checkbox"/> 61		<input type="checkbox"/> 125		<input type="checkbox"/> 141		<input type="checkbox"/> 160	
<input type="checkbox"/> 62		<input checked="" type="checkbox"/> 126	v 2	<input type="checkbox"/> 142		<input type="checkbox"/> 161	
<input type="checkbox"/> 64		<input type="checkbox"/> 127		<input type="checkbox"/> 143		<input checked="" type="checkbox"/> 163	v 2
<input type="checkbox"/> 65		<input type="checkbox"/> 128		<input type="checkbox"/> 144		<input type="checkbox"/> 164	
<input type="checkbox"/> 66		<input type="checkbox"/> 129		<input type="checkbox"/> 145		<input checked="" type="checkbox"/> 165	v 2
<input checked="" type="checkbox"/> 68	v 3	<input type="checkbox"/> 130		<input type="checkbox"/> 146		<input type="checkbox"/> 166	
<input type="checkbox"/> 69		<input checked="" type="checkbox"/> 131	v 2	<input type="checkbox"/> 147		<input type="checkbox"/> 167	
<input type="checkbox"/> 74		<input type="checkbox"/> 132		<input type="checkbox"/> 148		<input type="checkbox"/> 169	
<input checked="" type="checkbox"/> 75	v 2	<input type="checkbox"/> 133		<input type="checkbox"/> 149		<input type="checkbox"/> 177	
<input type="checkbox"/> 77		<input type="checkbox"/> 134		<input type="checkbox"/> 153		<input type="checkbox"/> 179	
<input type="checkbox"/> 82		<input type="checkbox"/> 135		<input checked="" type="checkbox"/> 154	v 2	<input type="checkbox"/> 182	

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	



Inpatient CQMs							
CMS ID	Version	CMS ID	Version	CMS ID	Version	CMS ID	Version
<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			



### 3.2.8 Automated Numerator Recording and Measure Calculation

#### 3.2.8.1 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

#### 3.2.8.2 Automated Measure Calculation

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

Automated Measure Calculation was not tested

#### 3.2.9 Attestation

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

\*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

Attached below.



### Test Results Summary Document History

Version	Description of Change	Date
07-Feb-2014	Modified layout	07-Feb-2014
20-Nov-2013	Updated test tool sections	20-Nov-2013
25-Oct-2013	Corrected numbering of 3.2.8 section	25-Oct-2013
15-Oct-2013	Modified layout slightly	15-Oct-2013
01-Oct-2013	Initial Version	01-Oct-2013

## 2014 Edition Test Report Summary