



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: MyWellnessBuddy® Patient Portal
Product Version: Version 2.0
Domain: Ambulatory
Test Type: Modular EHR

1.2 Developer/Vendor Information

Developer/Vendor Name: eSolutions! Healthcare Information Management, Inc.
Address: 631 S Brookhurst St, Suite 203 Anaheim CA 92804
Website: www.mywellnessbuddy.com
Email: nabilabujbara7@gmail.com
Phone: (949) 861-0019
Developer/Vendor Contact: Nabil M Abujbara



Part 2: ONC-Authorized Certification Body Information

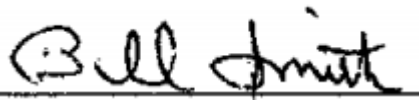
2.1 ONC-Authorized Certification Body Information

ONC-ACB Name: Drummond Group
Address: 13359 North Hwy 183, Ste B-406-238, Austin, TX 78750
Website: www.drummondgroup.com
Email: 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 Body Manager
Function/Title


7/10/2015
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)(19)	<input type="checkbox"/> (d)(6)	<input type="checkbox"/> (h)(1)
<input type="checkbox"/> (a)(6)	<input type="checkbox"/> (a)(20)	<input type="checkbox"/> (d)(8)	<input type="checkbox"/> (h)(2)
<input type="checkbox"/> (a)(7)	<input type="checkbox"/> (b)(5)*	<input type="checkbox"/> (d)(9)	<input type="checkbox"/> (h)(3)
<input type="checkbox"/> (a)(17)	<input type="checkbox"/> (d)(1)	<input type="checkbox"/> (f)(1)	
<input type="checkbox"/> (a)(18)	<input type="checkbox"/> (d)(5)	<input type="checkbox"/> (f)(7)**	

*Gap certification allowed for Inpatient setting only

**Gap certification allowed for Ambulatory 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)(16) <i>Inpt. only</i>	<input type="checkbox"/> (c)(2)	<input type="checkbox"/> (f)(2)
<input type="checkbox"/> (a)(2)	<input type="checkbox"/> (a)(17) <i>Inpt. only</i>	<input type="checkbox"/> (c)(3)	<input type="checkbox"/> (f)(3)
<input type="checkbox"/> (a)(3)	<input type="checkbox"/> (a)(18)	<input type="checkbox"/> (d)(1)	<input type="checkbox"/> (f)(4) <i>Inpt. only</i>
<input type="checkbox"/> (a)(4)	<input type="checkbox"/> (a)(19)	<input type="checkbox"/> (d)(2)	<input type="checkbox"/> (f)(5) <i>Amb. only</i>
<input type="checkbox"/> (a)(5)	<input type="checkbox"/> (a)(20)	<input type="checkbox"/> (d)(3)	
<input type="checkbox"/> (a)(6)	<input type="checkbox"/> (b)(1)	<input type="checkbox"/> (d)(4)	<input type="checkbox"/> (f)(6) <i>Amb. only</i>
<input type="checkbox"/> (a)(7)	<input type="checkbox"/> (b)(2)	<input checked="" type="checkbox"/> (d)(5)	
<input type="checkbox"/> (a)(8)	<input type="checkbox"/> (b)(3)	<input type="checkbox"/> (d)(6)	<input type="checkbox"/> (f)(7)
<input type="checkbox"/> (a)(9)	<input type="checkbox"/> (b)(4)	<input type="checkbox"/> (d)(7)	<input checked="" type="checkbox"/> (g)(1)
<input type="checkbox"/> (a)(10)	<input type="checkbox"/> (b)(5)	<input type="checkbox"/> (d)(8)	<input type="checkbox"/> (g)(2)
<input type="checkbox"/> (a)(11)	<input type="checkbox"/> (b)(6) <i>Inpt. only</i>	<input type="checkbox"/> (d)(9) <i>Optional</i>	<input type="checkbox"/> (g)(3)
<input type="checkbox"/> (a)(12)	<input type="checkbox"/> (b)(7)	<input type="checkbox"/> (e)(1)	<input checked="" type="checkbox"/> (g)(4)
<input type="checkbox"/> (a)(13)	<input type="checkbox"/> (b)(8)	<input type="checkbox"/> (e)(2) <i>Amb. only</i>	<input type="checkbox"/> (h)(1)
<input type="checkbox"/> (a)(14)	<input type="checkbox"/> (b)(9)	<input checked="" type="checkbox"/> (e)(3) <i>Amb. only</i>	<input type="checkbox"/> (h)(2)
<input type="checkbox"/> (a)(15)	<input type="checkbox"/> (c)(1)	<input type="checkbox"/> (f)(1)	<input type="checkbox"/> (h)(3)

No inherited certification



Part 3: NVLAP-Accredited Testing Laboratory Information

Report Number: [KAM-061515-294-1](#)

Test Date(s): [6/15/2015](#)

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
Email: ehr@drummondgroup.com
Phone: 512-335-5606
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:

[Kyle Meadors](#)

ATL Authorized Representative

Kyle Meadors
 7/10/2015

Signature and Date

Test Proctor

Function/Title

[Nashville, TN \(Remote\)](#)

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
EMR Direct phiMail	e.1, h.1	HISP

No additional software required



3.2.2 Test Tools

Test Tool	Version
<input type="checkbox"/> Cypress	<input type="text" value="2.6"/>
<input type="checkbox"/> ePrescribing Validation Tool	<input type="text" value="1.0.5"/>
<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="1.8.2"/>
<input type="checkbox"/> HL7 v2 Immunization Information System (IIS) Reporting Validation Tool	<input type="text" value="1.8.2"/>
<input type="checkbox"/> HL7 v2 Laboratory Results Interface (LRI) Validation Tool	<input type="text" value="1.7.2"/>
<input type="checkbox"/> HL7 v2 Syndromic Surveillance Reporting Validation Tool	<input type="text" value="1.7.2"/>
<input checked="" type="checkbox"/> Transport Testing Tool	<input type="text" value="181"/>
<input checked="" type="checkbox"/> Direct Certificate Discovery Tool	<input type="text" value="3.0.4"/>
<input type="checkbox"/> Edge Testing Tool	<input type="text" value="0.0.5"/>

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
(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

Criterion #	Standard Successfully Tested	
(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
(b)(8)(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)	Annex A of the FIPS Publication 140-2 <i>[list encryption and hashing algorithms]</i> AES SHA-1	
(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 SHA-1	
Common MU Data Set (15)	<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(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 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"/> (e)(1)	View, download and transmit data to a third party utilizing the Edge Protocol IG version 1.1
<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"/> (f)(7)	Ambulatory setting only – transmission to public health agencies – syndromic surveillance - Create Data Elements
<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)	1.3	1.5	<input type="checkbox"/> (c)(3)	1.11	1.11
<input type="checkbox"/> (a)(2)	1.2		<input type="checkbox"/> (d)(1)	1.2	
<input type="checkbox"/> (a)(3)	1.2	1.4	<input type="checkbox"/> (d)(2)	1.6	
<input type="checkbox"/> (a)(4)	1.4	1.3	<input type="checkbox"/> (d)(3)	1.3	
<input type="checkbox"/> (a)(5)	1.4	1.3	<input type="checkbox"/> (d)(4)	1.3	
<input type="checkbox"/> (a)(6)	1.3	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 type="checkbox"/> (a)(8)	1.3		<input type="checkbox"/> (d)(7)	1.2	
<input type="checkbox"/> (a)(9)	1.3	1.3	<input type="checkbox"/> (d)(8)	1.2	
<input type="checkbox"/> (a)(10)	1.2	1.4	<input type="checkbox"/> (d)(9) <i>Optional</i>	1.2	
<input type="checkbox"/> (a)(11)	1.3		<input checked="" type="checkbox"/> (e)(1)	1.11	1.5
<input type="checkbox"/> (a)(12)	1.3		<input type="checkbox"/> (e)(2) <i>Amb. only</i>	1.2	1.6
<input type="checkbox"/> (a)(13)	1.2		<input type="checkbox"/> (e)(3) <i>Amb. only</i>	1.3	
<input type="checkbox"/> (a)(14)	1.2		<input type="checkbox"/> (f)(1)	1.2	1.2
<input type="checkbox"/> (a)(15)	1.5		<input type="checkbox"/> (f)(2)	1.3	1.3
<input type="checkbox"/> (a)(16) <i>Inpt. only</i>	1.3	1.2	<input type="checkbox"/> (f)(3)	1.3	1.3
<input type="checkbox"/> (a)(17) <i>Inpt. only</i>	1.2		<input type="checkbox"/> (f)(4) <i>Inpt. only</i>	1.3	1.3
<input type="checkbox"/> (a)(18)	1.1	1.5	<input type="checkbox"/> (f)(5) <i>Amb. only</i>	1.2	1.2
<input type="checkbox"/> (a)(19)	1.1	1.5			
<input type="checkbox"/> (a)(20)	1.1	1.5	<input type="checkbox"/> (f)(6) <i>Amb. only</i>	1.4	1.4
<input type="checkbox"/> (b)(1)	1.7	1.4	<input type="checkbox"/> (f)(7) <i>Amb. only</i>	1.1	
<input type="checkbox"/> (b)(2)	1.4	1.6	<input type="checkbox"/> (g)(1)	2.0	2.0
<input type="checkbox"/> (b)(3)	1.4	1.4	<input type="checkbox"/> (g)(2)	2.0	2.0
<input type="checkbox"/> (b)(4)	1.3	1.4	<input type="checkbox"/> (g)(3)	1.4	
<input type="checkbox"/> (b)(5)	1.4	1.2	<input type="checkbox"/> (g)(4)	1.2	
<input type="checkbox"/> (b)(6) <i>Inpt. only</i>	1.3	1.3	<input checked="" type="checkbox"/> (h)(1)	1.1	
<input type="checkbox"/> (b)(7)	1.4	1.7	<input type="checkbox"/> (h)(2)	1.1	
<input type="checkbox"/> (b)(8)	1.2	1.2	<input type="checkbox"/> (h)(3)	1.1	
<input type="checkbox"/> (b)(9)	1.1	1.1			
<input type="checkbox"/> (c)(1)	1.11	1.11			
<input type="checkbox"/> (c)(2)	1.11	1.11			



Criteria #	Version		Criteria #	Version	
	TP**	TD***		TP	TD

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 see the CMS [eCQM Library](#)
(Navigation: June 2014 and April 2014 Updates)

Ambulatory CQMs							
CMS ID	Version	CMS ID	Version	CMS ID	Version	CMS ID	Version
<input type="checkbox"/> 2		<input type="checkbox"/> 90		<input type="checkbox"/> 136		<input type="checkbox"/> 155	
<input type="checkbox"/> 22		<input type="checkbox"/> 117		<input type="checkbox"/> 137		<input type="checkbox"/> 156	
<input type="checkbox"/> 50		<input type="checkbox"/> 122		<input type="checkbox"/> 138		<input type="checkbox"/> 157	
<input type="checkbox"/> 52		<input type="checkbox"/> 123		<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 type="checkbox"/> 126		<input type="checkbox"/> 142		<input type="checkbox"/> 161	
<input type="checkbox"/> 64		<input type="checkbox"/> 127		<input type="checkbox"/> 143		<input type="checkbox"/> 163	
<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 type="checkbox"/> 165	
<input type="checkbox"/> 68		<input type="checkbox"/> 130		<input type="checkbox"/> 146		<input type="checkbox"/> 166	
<input type="checkbox"/> 69		<input type="checkbox"/> 131		<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 type="checkbox"/> 75		<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 type="checkbox"/> 154		<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	
<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)(11)	<input type="checkbox"/> (a)(18)	<input type="checkbox"/> (b)(6)
<input type="checkbox"/> (a)(3)	<input type="checkbox"/> (a)(12)	<input type="checkbox"/> (a)(19)	<input type="checkbox"/> (b)(8)
<input type="checkbox"/> (a)(4)	<input type="checkbox"/> (a)(13)	<input type="checkbox"/> (a)(20)	<input type="checkbox"/> (b)(9)
<input type="checkbox"/> (a)(5)	<input type="checkbox"/> (a)(14)	<input type="checkbox"/> (b)(2)	<input checked="" type="checkbox"/> (e)(1)
<input type="checkbox"/> (a)(6)	<input type="checkbox"/> (a)(15)	<input type="checkbox"/> (b)(3)	<input type="checkbox"/> (e)(2)
<input type="checkbox"/> (a)(7)	<input type="checkbox"/> (a)(16)	<input type="checkbox"/> (b)(4)	<input checked="" type="checkbox"/> (e)(3)
<input type="checkbox"/> (a)(9)	<input type="checkbox"/> (a)(17)	<input type="checkbox"/> (b)(5)	

Automated Numerator Recording was not tested

3.2.8.2 Automated Measure Calculation

Automated Measure Calculation Successfully Tested			
<input type="checkbox"/> (a)(1)	<input type="checkbox"/> (a)(11)	<input type="checkbox"/> (a)(18)	<input type="checkbox"/> (b)(6)
<input type="checkbox"/> (a)(3)	<input type="checkbox"/> (a)(12)	<input type="checkbox"/> (a)(19)	<input type="checkbox"/> (b)(8)
<input type="checkbox"/> (a)(4)	<input type="checkbox"/> (a)(13)	<input type="checkbox"/> (a)(20)	<input type="checkbox"/> (b)(9)
<input type="checkbox"/> (a)(5)	<input type="checkbox"/> (a)(14)	<input type="checkbox"/> (b)(2)	<input type="checkbox"/> (e)(1)
<input type="checkbox"/> (a)(6)	<input type="checkbox"/> (a)(15)	<input type="checkbox"/> (b)(3)	<input type="checkbox"/> (e)(2)
<input type="checkbox"/> (a)(7)	<input type="checkbox"/> (a)(16)	<input type="checkbox"/> (b)(4)	<input type="checkbox"/> (e)(3)
<input type="checkbox"/> (a)(9)	<input type="checkbox"/> (a)(17)	<input type="checkbox"/> (b)(5)	

Automated Measure Calculation was not tested

3.2.9 Attestation

Attestation Forms (as applicable)	Appendix
<input type="checkbox"/> Safety-Enhanced Design*	A
<input checked="" type="checkbox"/> Quality Management System**	B
<input 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), (a)(18), (a)(19), (a)(20), (b)(3), (b)(4), (b)(9).

**Required for every EHR product

3.3 Appendices

Attached below.



Test Results Summary Change History

Test Report ID	Description of Change	Date

2014 Edition Test Report Summary

eSolutions! Healthcare Information Management, Inc


October 6th, 2014

To whom it may concern

I attest on behalf of eSolutions! Healthcare Information Management, Inc. to the following statements concerning the Quality Management System (QMS) used in the development of the various modules of MyWellnessBuddy® Patient Portal Version 1.0.

eSolutions! HIM, Inc. QMS is composed of a set of documents that define product development procedures followed by all development, marketing, quality assurance and management personnel involved with defining, architecting, developing, testing, releasing to production and maintaining the product.

All test modules' functionality is defined by the marketing team and according to the ONC MU Guidelines and documentation. They are then converted to a set of functional requirements documents by the project's business analyst. The functional documents are reviewed and approved by the marketing team. They are then released to the development team which translates the requirements to design documents and develops the software modules according to the design documents. The QA team develops test procedures based on the documented functional requirements. The developed software is tested by the QA team to confirm that the software behaves according to the documented and approved functional requirements. Defects are logged by the test team when the software behavior does not match the functional requirements documents. The development team reviews and fixes the reported defects. The test/fix cycle continues until all defects are fixed. The modules are then released to Beta testing with actual end-users. Any reported malfunctions are reported to the QA team which confirms actual defects and reports them into the defect tracking system. Requests for enhancements may from time to time be approved by the marketing team. Developers fix any malfunctioning code and implement any approved enhancements and then release the updated software to QA for one final round of testing. Once the software is acceptable for release, the updated software is released to the end-users.

 signed on October 6th, 2014

Nabil Abujbara, President, eSolutions! Healthcare Information Management, Inc

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