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:	Connect
Product Version:	2.5
Domain:	Ambulatory
Test Type:	Modular EHR

1.2   Developer/Vendor Information

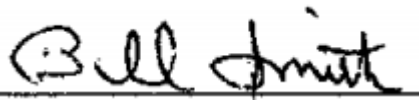|	
Developer/Vendor Name:	Cedaron Medical, Inc.
Address:	1655 DaVinci Ct. Davis, CA 95618
Website:	www.cedaron.com
Email:	cedaron@cedaron.com
Phone:	530-758-7007
Developer/Vendor Contact:	Karen Bond

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 Committee Chair

Function/Title

_____ 10/26/2014

Signature and Date

2.2   Gap Certification

The following identifies criterion or criteria certified via gap certification

§170.314			
☐ (a)(1)	☐ (a)(17)	☒ (d)(5)	☒ (d)(9)
☐ (a)(6)	☐ (b)(5)*	☒ (d)(6)	☐ (f)(1)
☐ (a)(7)	☒ (d)(1)	☒ (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			
☐ (a)(1)	☐ (a)(14)	☐ (c)(3)	☐ (f)(1)
☐ (a)(2)	☐ (a)(15)	☐ (d)(1)	☐ (f)(2)
☐ (a)(3)	☐ (a)(16) *Inpt. only*	☐ (d)(2)	☐ (f)(3)
☐ (a)(4)	☐ (a)(17) *Inpt. only*	☐ (d)(3)	☐ (f)(4) *Inpt. only*
☐ (a)(5)	☐ (b)(1)	☐ (d)(4)	☐ (f)(5) *Optional & Amb. only*
☐ (a)(6)	☐ (b)(2)	☐ (d)(5)	
☐ (a)(7)	☐ (b)(3)	☐ (d)(6)	☐ (f)(6) *Optional & Amb. only*
☐ (a)(8)	☐ (b)(4)	☐ (d)(7)	
☐ (a)(9)	☐ (b)(5)	☐ (d)(8)	☐ (g)(1)
☐ (a)(10)	☐ (b)(6) *Inpt. only*	☐ (d)(9) *Optional*	☐ (g)(2)
☐ (a)(11)	☐ (b)(7)	☐ (e)(1)	☐ (g)(3)
☐ (a)(12)	☐ (c)(1)	☐ (e)(2) *Amb. only*	☐ (g)(4)
☐ (a)(13)	☐ (c)(2)	☐ (e)(3) *Amb. only*	

☒ No inherited certification

Part 3: NVLAP-Accredited Testing Laboratory Information

Report Number: JPD-102014-2685

Test Date(s): 10/20/2014

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:

Jim Dow	Test Proctor
ATL Authorized Representative	**Function/Title**
(signature) 10/26/2014	Portland, OR
Signature and Date	**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

[x] No additional software required

3.2.2 Test Tools

Test Tool	Version
☐ Cypress	2.4.1
☐ ePrescribing Validation Tool	1.0.4
☐ HL7 CDA Cancer Registry Reporting Validation Tool	1.0.3
☐ HL7 v2 Electronic Laboratory Reporting (ELR) Validation Tool	1.8
☐ HL7 v2 Immunization Information System (IIS) Reporting Validation Tool	1.8
☐ HL7 v2 Laboratory Results Interface (LRI) Validation Tool	1.7
☐ HL7 v2 Syndromic Surveillance Reporting Validation Tool	1.7
☐ Transport Testing Tool	179
☐ Direct Certificate Discovery Tool	3.0.2

☒ 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)	☐ §170.204(b)(1) HL7 Version 3 Implementation Guide: URL-Based Implementations of the Context-Aware Information Retrieval (Infobutton) Domain	☐ §170.204(b)(2) HL7 Version 3 Implementation Guide: Context-Aware Knowledge Retrieval (Infobutton) Service-Oriented Architecture Implementation Guide
(a)(13)	☐ §170.207(a)(3) IHTSDO SNOMED CT® International Release July 2012 and US Extension to SNOMED CT® March 2012 Release	☐ §170.207(j) HL7 Version 3 Standard: Clinical Genomics; Pedigree

Criterion #	Standard Successfully Tested	
(a)(15)(i)	☐ §170.204(b)(1) HL7 Version 3 Implementation Guide: URL-Based Implementations of the Context-Aware Information Retrieval (Infobutton) Domain	☐ §170.204(b)(2) HL7 Version 3 Implementation Guide: Context-Aware Knowledge Retrieval (Infobutton) Service-Oriented Architecture Implementation Guide
(a)(16)(ii)	☐ §170.210(g) Network Time Protocol Version 3 (RFC 1305)	☐ §170. 210(g) Network Time Protocol Version 4 (RFC 5905)
(b)(2)(i)(A)	☐ §170.207(i) The code set specified at 45 CFR 162.1002(c)(2) (ICD-10-CM) for the indicated conditions	☐ §170.207(a)(3) IHTSDO SNOMED CT® International Release July 2012 and US Extension to SNOMED CT® March 2012 Release
(b)(7)(i)	☐ §170.207(i) The code set specified at 45 CFR 162.1002(c)(2) (ICD-10-CM) for the indicated conditions	☐ §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 [*list encryption and hashing algorithms*]	
(e)(1)(ii)(A)(2)	☐ §170.210(g) Network Time Protocol Version 3 (RFC 1305)	☐ §170. 210(g) Network Time Protocol Version 4 (RFC 5905)
(e)(3)(ii)	Annex A of the FIPS Publication 140-2 [*list encryption and hashing algorithms*]	
Common MU Data Set (15)	☐ §170.207(a)(3) IHTSDO SNOMED CT® International Release July 2012 and US Extension to SNOMED CT® March 2012 Release	☐ §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
☐ (a)(4)(iii)	Plot and display growth charts
☐ (b)(1)(i)(B)	Receive summary care record using the standards specified at §170.202(a) and (b) (Direct and XDM Validation)
☐ (b)(1)(i)(C)	Receive summary care record using the standards specified at §170.202(b) and (c) (SOAP Protocols)
☐ (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)
☐ (b)(2)(ii)(C)	Transmit health information to a Third Party using the standards specified at §170.202(b) and (c) (SOAP Protocols)
☐ (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)
☐ 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)
☐ 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
☐ (a)(1)	1.2	1.5	☐ (c)(3)	1.6	1.6
☐ (a)(2)	1.2		☐ (d)(1)	1.2	
☒ (a)(3)	1.2	1.4	☒ (d)(2)	1.5	
☐ (a)(4)	1.4	1.3	☒ (d)(3)	1.3	
☐ (a)(5)	1.4	1.3	☐ (d)(4)	1.3	
☐ (a)(6)	1.3	1.4	☐ (d)(5)	1.2	
☐ (a)(7)	1.3	1.3	☐ (d)(6)	1.2	
☐ (a)(8)	1.2		☒ (d)(7)	1.2	
☐ (a)(9)	1.3	1.3	☐ (d)(8)	1.2	
☐ (a)(10)	1.2	1.4	☐ (d)(9) *Optional*	1.2	
☒ (a)(11)	1.3		☐ (e)(1)	1.8	1.5
☐ (a)(12)	1.3		☐ (e)(2) *Amb. only*	1.2	1.6
☐ (a)(13)	1.2		☐ (e)(3) *Amb. only*	1.3	
☐ (a)(14)	1.2		☐ (f)(1)	1.2	1.2
☐ (a)(15)	1.5		☐ (f)(2)	1.3	1.7.1
☐ (a)(16) *Inpt. only*	1.3	1.2	☐ (f)(3)	1.3	1.7
☐ (a)(17) *Inpt. only*	1.2		☐ (f)(4) *Inpt. only*	1.3	1.7
☐ (b)(1)	1.7	1.4	☐ (f)(5) *Optional & Amb. only*	1.2	1.2
☐ (b)(2)	1.4	1.6			
☐ (b)(3)	1.4	1.2	☐ (f)(6) *Optional & Amb. only*	1.3	1.0.3
☐ (b)(4)	1.3	1.4			
☐ (b)(5)	1.4	1.7	☐ (g)(1)	1.7	1.9
☐ (b)(6) *Inpt. only*	1.3	1.7	☒ (g)(2)	1.7	1.9
☐ (b)(7)	1.4	1.6	☐ (g)(3)	1.3	
☐ (c)(1)	1.6	1.6	☒ (g)(4)	1.2	
☐ (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
☐ 2		☐ 90		☐ 136		☐ 155	
☐ 22		☐ 117		☐ 137		☐ 156	
☐ 50		☐ 122		☐ 138		☐ 157	
☐ 52		☐ 123		☐ 139		☐ 158	
☐ 56		☐ 124		☐ 140		☐ 159	
☐ 61		☐ 125		☐ 141		☐ 160	
☐ 62		☐ 126		☐ 142		☐ 161	
☐ 64		☐ 127		☐ 143		☐ 163	
☐ 65		☐ 128		☐ 144		☐ 164	
☐ 66		☐ 129		☐ 145		☐ 165	
☐ 68		☐ 130		☐ 146		☐ 166	
☐ 69		☐ 131		☐ 147		☐ 167	
☐ 74		☐ 132		☐ 148		☐ 169	
☐ 75		☐ 133		☐ 149		☐ 177	
☐ 77		☐ 134		☐ 153		☐ 179	
☐ 82		☐ 135		☐ 154		☐ 182	

Inpatient CQMs							
CMS ID	Version	CMS ID	Version	CMS ID	Version	CMS ID	Version
☐ 9		☐ 71		☐ 107		☐ 172	
☐ 26		☐ 72		☐ 108		☐ 178	
☐ 30		☐ 73		☐ 109		☐ 185	
☐ 31		☐ 91		☐ 110		☐ 188	
☐ 32		☐ 100		☐ 111		☐ 190	
☐ 53		☐ 102		☐ 113			
☐ 55		☐ 104		☐ 114			
☐ 60		☐ 105		☐ 171			

3.2.8 Automated Numerator Recording and Measure Calculation

3.2.8.1 Automated Numerator Recording

Automated Numerator Recording Successfully Tested			
☐ (a)(1)	☐ (a)(9)	☐ (a)(16)	☐ (b)(6)
☐ (a)(3)	☐ (a)(11)	☐ (a)(17)	☐ (e)(1)
☐ (a)(4)	☐ (a)(12)	☐ (b)(2)	☐ (e)(2)
☐ (a)(5)	☐ (a)(13)	☐ (b)(3)	☐ (e)(3)
☐ (a)(6)	☐ (a)(14)	☐ (b)(4)	
☐ (a)(7)	☐ (a)(15)	☐ (b)(5)	

☒ Automated Numerator Recording was not tested

3.2.8.2 Automated Measure Calculation

Automated Measure Calculation Successfully Tested			
☐ (a)(1)	☐ (a)(9)	☐ (a)(16)	☐ (b)(6)
☒ (a)(3)	☒ (a)(11)	☐ (a)(17)	☐ (e)(1)
☐ (a)(4)	☐ (a)(12)	☐ (b)(2)	☐ (e)(2)
☐ (a)(5)	☐ (a)(13)	☐ (b)(3)	☐ (e)(3)
☐ (a)(6)	☐ (a)(14)	☐ (b)(4)	
☐ (a)(7)	☐ (a)(15)	☐ (b)(5)	

☐ Automated Measure Calculation was not tested

3.2.9 Attestation

Attestation Forms (as applicable)	Appendix
☐ Safety-Enhanced Design*	A
☒ Quality Management System**	B
☒ 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 Change History

Test Report ID	Description of Change	Date

2014 Edition Test Report Summary

APPENDIX B – QUALITY MANAGEMENT SYSTEM

Gary Engle
VP R&D
Cedaron Medical
POB 2100
Davis, CA 95617
(530) 758-7007

For public release:

Cedaron Medical, Inc. (Cedaron), attests to the following regarding the Quality Management System (QMS) used for the development and maintenance of the Connect EHR system (the EHR) as pertaining to ONC 170.414.g.4.

1. Cedaron uses a self developed QMS for developing, testing, deploying and maintaing the EHR.

2. The QMS was created specifically to allow Cedaron to deliver a quality EHR to customers and is documented in a proprietary controled document detailing the the procedure for Enhancements, Bug Fixes, and Patch Releases. The main documentation tool is Microsoft Team Foundation. The QMS document is reviewed regularly, updated and processes changed as required.

3. Enhancements are tracked and documented through these steps: **Request, Requirement Planning, Requirement Review, Design, Design Review, Active, Resolved, Tested on Nightly Build, Tested on Release Build, User Acceptance, Complete/Rolled Out.**

4. Bug Fixes are tracked and documented through these steps: **New Bug, Active, Resolved, Tested on Nightly Build, Tested on Release Build, User Acceptance, Complete/Rolled Out.**

5. Software patches follow the same procedure documented for developing and testing of full version general releases in that the same statuses and transitions are followed as noted above for bugs in a full general release as they are in a patch

I hereby attest that all above statements are true, as an authorized signing authority on behalf of my organization.

Gary Engle
VP R&D
Cedaron Medical, Inc.
10/15/2014

APPENDIX C – PRIVACY AND SECURITY

Gary Engle
VP R&D
Cedaron Medical
POB 2100
Davis, CA 95617
(530) 758-7007

For public release:

Cedaron Medical, Inc. (Cedaron), attests to the following regarding the audit log and electronic data storage on end user devices (170.314.d.2 & 170.314.d.7) for the Connect product version 2.5 (the EHR).

1. The EHR does not allow the audit log to be disable by any user or administrator.

2. Since the EHR does not allow for disabling of the audit log, the audit log status is not recorded.

3. The EHR does not store electronic health information on the end-user device.

4. Deletion of electronic health information is a permission that can be granted to users, but is controlled administrative function in the security module.

5. The EHR audits additions, deletions, and changes to electronic helath information at the field level. Queries and Copy are audited via implied access to records. I.E. if a record is accessed (which is audited) it can be assumed that the record was queried, and may have been copied using operating system functions. Printing is done via third party software (Microsoft Office), and record access implies that electronic health information may have been printed during an access session.

6. Only Read access to the audit log is available via the EHR. No deletion, overwriting, or changing can be done by any level of user to the audit log with EHR functions. No part of the audit log is stored on the end-user system, further preventing any alteration.

7. The EHR utilizes proprietary obfuscated checksum calculations on granular components of the audit log to detect tampering. An Audit Trail Tampering report can be run to detect if the log has been tampered. Since the EHR does not allow tampering, any tampering would come from outside the EHR (e.g. hacking, manual tampering, other software besides the EHR) and will be detected and visible in the report.

I hereby attest that all above statements are true, as an authorized signing authority on behalf of my organization.

Gary Engle
VP R&D
Cedaron Medical, Inc.
10/15/2014