



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: [PHYSIC](#)
Product Version: [4.0](#)
Domain: [Ambulatory](#)
Test Type: [Complete EHR](#)

1.2 Developer/Vendor Information

Developer/Vendor Name: [Florida Heart & Vascular Multi Specialty Group](#)
Address: [511 Medical Plaza Drive Leesburg FL 34748](#)
Website: [Flheartcenter.com](#)
Email: garyb@flheartcenter.com
Phone: [\(352\)255-5306](tel:(352)255-5306)
Developer/Vendor Contact: [Gary Blakely](#)



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


12/5/2014
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 checked="" 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



2.3 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 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 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: [SG-12032014-2529](#)

Test Date(s): [4/11/2014](#), [10/1/2014](#), [11/13/2014](#), [12/3/2014](#)

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:

[Sonia Galvan](#)

ATL Authorized Representative

12/5/2014

Signature and Date

Test Proctor

Function/Title

[Houston, TX](#)

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 |
|---------------------|-----------------------------------|---|
| OASite | 170.314.a.1, 2, 6; 170.314.b.3 | e-Prescribing |
| Pepid Knowledgebase | 170.314.a.8 | CDS content provider |
| AccessPoint | 170.314.a.12 | Image viewer |
| MS Excel | 170.314.a.14 | View and sort patient list |
| | | |

No additional software required



3.2.2 Test Tools

| Test Tool | Version |
|--|---------|
| <input checked="" type="checkbox"/> Cypress | 2.4.1 |
| <input checked="" type="checkbox"/> ePrescribing Validation Tool | 1.0.4 |
| <input type="checkbox"/> HL7 CDA Cancer Registry Reporting Validation Tool | 1.0.3 |
| <input type="checkbox"/> HL7 v2 Electronic Laboratory Reporting (ELR) Validation Tool | 1.8 |
| <input checked="" type="checkbox"/> HL7 v2 Immunization Information System (IIS) Reporting Validation Tool | 1.8 |
| <input checked="" type="checkbox"/> HL7 v2 Laboratory Results Interface (LRI) Validation Tool | 1.7 |
| <input checked="" type="checkbox"/> HL7 v2 Syndromic Surveillance Reporting Validation Tool | 1.7 |
| <input checked="" type="checkbox"/> Transport Testing Tool | 179 |
| <input checked="" type="checkbox"/> 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) | <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)(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 |

| Criterion # | Standard Successfully Tested | |
|-------------------------|--|--|
| (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 [list encryption and hashing algorithms] AES SHA-256 | |
| (e)(1)(ii)(A)(2) | <input type="checkbox"/> §170.210(g) Network Time Protocol Version 3 (RFC 1305) | <input checked="" type="checkbox"/> §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] AES SHA-256 | |
| 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) |

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) | 1.5 | |
| <input checked="" type="checkbox"/> (a)(4) | 1.4 | 1.3 | <input checked="" type="checkbox"/> (d)(3) | 1.3 | |
| <input checked="" type="checkbox"/> (a)(5) | 1.4 | 1.3 | <input checked="" type="checkbox"/> (d)(4) | 1.3 | |
| <input checked="" 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 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) | 1.3 | | <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 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 & Amb. only</i> | 1.2 | 1.2 |
| <input checked="" type="checkbox"/> (b)(2) | 1.4 | 1.6 | <input type="checkbox"/> (f)(6) <i>Optional & 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 type="checkbox"/> 2 | | <input type="checkbox"/> 90 | | <input type="checkbox"/> 136 | | <input checked="" type="checkbox"/> 155 | v3 |
| <input type="checkbox"/> 22 | | <input type="checkbox"/> 117 | | <input type="checkbox"/> 137 | | <input checked="" type="checkbox"/> 156 | v3 |
| <input type="checkbox"/> 50 | | <input checked="" type="checkbox"/> 122 | v3 | <input checked="" type="checkbox"/> 138 | v3 | <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 checked="" type="checkbox"/> 163 | v3 |
| <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 | v3 |
| <input type="checkbox"/> 68 | | <input type="checkbox"/> 130 | | <input type="checkbox"/> 146 | | <input checked="" type="checkbox"/> 166 | v4 |
| <input checked="" type="checkbox"/> 69 | v3 | <input checked="" type="checkbox"/> 131 | v3 | <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 checked="" type="checkbox"/> 179 | v3 |
| <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)(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 Change History

| Test Report ID | Description of Change | Date |
|----------------|-----------------------|------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

2014 Edition Test Report Summary