



## 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:** [gGastro Cloud](#)  
**Product Version:** [Version 4.55](#)  
**Domain:** [Ambulatory](#)  
**Test Type:** [Complete EHR](#)

#### 1.2 Developer/Vendor Information

**Developer/Vendor Name:** [gMed, Inc.](#)  
**Address:** [2125 North Commerce Parkway Weston FL 33327](#)  
**Website:** [www.gmed.com](#)  
**Email:** [marinas@gmail.com](mailto:marinas@gmail.com)  
**Phone:** [\(954\)659-9310](#)  
**Developer/Vendor Contact:** [Marina Simonian](#)



## 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**

  
10/10/2014  
**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 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 checked="" type="checkbox"/> (a)(1)	<input checked="" type="checkbox"/> (a)(14)	<input checked="" type="checkbox"/> (c)(3)	<input checked="" type="checkbox"/> (f)(1)
<input checked="" type="checkbox"/> (a)(2)	<input checked="" type="checkbox"/> (a)(15)	<input checked="" type="checkbox"/> (d)(1)	<input checked="" type="checkbox"/> (f)(2)
<input checked="" type="checkbox"/> (a)(3)	<input type="checkbox"/> (a)(16) <i>Inpt. only</i>	<input checked="" type="checkbox"/> (d)(2)	<input checked="" type="checkbox"/> (f)(3)
<input checked="" type="checkbox"/> (a)(4)	<input type="checkbox"/> (a)(17) <i>Inpt. only</i>	<input checked="" type="checkbox"/> (d)(3)	<input type="checkbox"/> (f)(4) <i>Inpt. only</i>
<input checked="" type="checkbox"/> (a)(5)	<input checked="" type="checkbox"/> (b)(1)	<input checked="" type="checkbox"/> (d)(4)	<input type="checkbox"/> (f)(5) <i>Optional &amp; Amb. only</i>
<input checked="" type="checkbox"/> (a)(6)	<input checked="" type="checkbox"/> (b)(2)	<input checked="" type="checkbox"/> (d)(5)	
<input checked="" type="checkbox"/> (a)(7)	<input checked="" type="checkbox"/> (b)(3)	<input checked="" type="checkbox"/> (d)(6)	<input type="checkbox"/> (f)(6) <i>Optional &amp; Amb. only</i>
<input checked="" type="checkbox"/> (a)(8)	<input checked="" type="checkbox"/> (b)(4)	<input checked="" type="checkbox"/> (d)(7)	
<input checked="" type="checkbox"/> (a)(9)	<input checked="" type="checkbox"/> (b)(5)	<input checked="" type="checkbox"/> (d)(8)	<input type="checkbox"/> (g)(1)
<input checked="" type="checkbox"/> (a)(10)	<input type="checkbox"/> (b)(6) <i>Inpt. only</i>	<input type="checkbox"/> (d)(9) <i>Optional</i>	<input checked="" type="checkbox"/> (g)(2)
<input checked="" type="checkbox"/> (a)(11)	<input checked="" type="checkbox"/> (b)(7)	<input checked="" type="checkbox"/> (e)(1)	<input checked="" type="checkbox"/> (g)(3)
<input checked="" type="checkbox"/> (a)(12)	<input checked="" type="checkbox"/> (c)(1)	<input checked="" type="checkbox"/> (e)(2) <i>Amb. only</i>	<input checked="" type="checkbox"/> (g)(4)
<input checked="" type="checkbox"/> (a)(13)	<input checked="" type="checkbox"/> (c)(2)	<input checked="" type="checkbox"/> (e)(3) <i>Amb. only</i>	

No inherited certification



### Part 3: NVLAP-Accredited Testing Laboratory Information

Report Number: [SG-10092014-6827](#)

Test Date(s): [N/A](#)

#### 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:** 512-335-5606  
**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**

10/10/2014

**Signature and Date**

Test Proctor

**Function/Title**

[N/A](#)

**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
Secure Exchange Solutions	170.314.b.1, 2; 170.314.e.1	HISP
DrFirst Rcopia	170.314.b.3	E-prescribing vendor
Health Language	170.314.a.13; 170.314.b.5	Medical Content Provider
LDM Group	170.314.a.15	Patient Education Provider

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 <i>[list encryption and hashing algorithms]</i> AES-256 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 <i>[list encryption and hashing algorithms]</i> AES-256 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 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)	1.2	1.5	<input type="checkbox"/> (c)(3)	1.6	1.6
<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)	1.5	
<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)	1.2		<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 type="checkbox"/> (e)(1)	1.8	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	1.7.1
<input type="checkbox"/> (a)(16) <i>Inpt. only</i>	1.3	1.2	<input 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 type="checkbox"/> (b)(1)	1.7	1.4	<input type="checkbox"/> (f)(5) <i>Optional &amp; Amb. only</i>	1.2	1.2
<input 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 type="checkbox"/> (b)(3)	1.4	1.2	<input type="checkbox"/> (g)(1)	1.7	1.9
<input type="checkbox"/> (b)(4)	1.3	1.4	<input type="checkbox"/> (g)(2)	1.7	1.9
<input type="checkbox"/> (b)(5)	1.4	1.7	<input type="checkbox"/> (g)(3)	1.3	
<input type="checkbox"/> (b)(6) <i>Inpt. only</i>	1.3	1.7	<input type="checkbox"/> (g)(4)	1.2	
<input type="checkbox"/> (b)(7)	1.4	1.6			
<input type="checkbox"/> (c)(1)	1.6	1.6			
<input 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 type="checkbox"/> 155	
<input type="checkbox"/> 22		<input type="checkbox"/> 117		<input type="checkbox"/> 137		<input checked="" type="checkbox"/> 156	v2
<input checked="" type="checkbox"/> 50	v2	<input checked="" type="checkbox"/> 122	v2	<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 checked="" type="checkbox"/> 62	v2	<input checked="" type="checkbox"/> 126	v2	<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	v2
<input type="checkbox"/> 65		<input type="checkbox"/> 128		<input type="checkbox"/> 144		<input checked="" type="checkbox"/> 164	v2
<input type="checkbox"/> 66		<input type="checkbox"/> 129		<input type="checkbox"/> 145		<input checked="" type="checkbox"/> 165	v2
<input checked="" type="checkbox"/> 68	v3	<input checked="" type="checkbox"/> 130	v2	<input type="checkbox"/> 146		<input type="checkbox"/> 166	
<input checked="" type="checkbox"/> 69	v2	<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)(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