



# Juno EHR v25 Real World Test Results

CHPL #: 15.04.04.2925.Juno.25.03.1.260224

<https://junohealth.com/certifications>

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Plan Report ID Number: Junov24-2025-01



## GENERAL INFORMATION

Plan Report ID Number:	Junov24-2025-01
Developer Name:	Juno Health
Product Name(s):	Juno EHR
Version Number(s):	V25
Certified Health IT Product List (CHPL) Product Number(s):	CHPL # 15.04.04.2925.Juno.25.03.1.260224
Developer Real World Testing Plan and Results Report Page URL:	<a href="https://junohealth.com/certifications">https://junohealth.com/certifications</a>
Withdrawn Products:	Juno EHR v24

## SUMMARY OF TESTING METHODS AND KEY FINDINGS

Juno EHR v24 test plan includes test scenarios for the adult inpatient setting. All data exchange and communications are secured and follow both HIPAA privacy and compliance rules. ONC technical standards have been carefully reviewed and implemented for testing.

Given that no current customers are utilizing JunoEHR for the criteria included in the Real World Testing, no customer PROD environment was available for use and a TEST environment that mirrored a typical customer environment was utilized. Test scripts based on the typical clinical workflow and the software functionality were created to capture measure data for the following criteria:

### Care Coordination

- §170.315(b)(1) - Transitions of Care
- §170.315(b)(2) - Clinical Information and Reconciliation and Incorporation
- §170.315(b)(10) – Electronic Health Information Export



## Clinical Quality Measures (CQMs)

- § 170.315(c)(1) - Clinical Quality Measures (CQMs) — Record and Export
- § 170.315(c)(2) - Clinical Quality Measures (CQMs) — Import and Calculate §170.315(c)(3) – Clinical Quality Measures (CQMs) – Report (Cures Update)

## Public Health Reporting

- § 170.315(f)(2) – Transmission to Public Health Agency – Syndromic Surveillance

## Application Programming Interfaces

- § 170.315(g)(10) – Standardized API for Patient and Population Services

## Electronic Exchange

- § 170.315(h)(1) – Direct Project



CDAs with allergies, problems and medications were imported for reconciliation and CCDA documents were generated after reconciliation to validate the content. Discharge Summary CDAs that were automatically generated upon patient discharge were reviewed for content.

Reports were generated using Power BI and Juno CQMSolution to validate the eCQM results.

### Summary of Data for v24

Measurement /Metric	Q1	Q2	Q3	Q4	2025 Total
b1a/h1 % C-CDAs received that can be viewed in human readable format	100%	100%	100%	100%	100%
b1/h1b % discharges that include creation of the data for Discharge Summary document type	100%	100%	100%	100%	100%
b1/h1c % discharges that include creation of the data for Discharge Summary document type that can be viewed in human readable format	100%	100%	100%	100%	100%
b1/h1d % scenarios that include creation and transmission of the data for Continuity of Care Document and Discharge Summary document types through SMTP protocol to an appropriate direct address	100%	100%	100%	100%	100%
b2a % scenarios that include receipt of the Continuity of Care Document, Referral Note, and/or Discharge Summary document templates that allow the user to view the data in a format that allows comparison of each set of data, creation of a reconciled list and updating the list in the EHR based on the final reconciled list for each data set	100%	100%	100%	100%	100%
b2b % Continuity of Care documents created after the incorporation that contains the final list of reconciled data for each data set	100%	100%	100%	100%	100%
b10 % reviewed files that were created where valid content was confirmed by a visual inspection	80%	80%	80%	80%	80%
c1a % patients who are discharged that are	100%	100%	100%	100%	100%



included in the Measure 108 report					
c1b % reports viewed that include the accurate data calculated for the measure and for each of the patients detailed on the report	89%	100%	89%	89%	92%
c1c % valid QRDA I files generated using CQMSolution® for consumption by Joint Commission or CMS systems, including for Hospital Quality Reporting (HQR)	100%	100%	100%	100%	100%
c2 % reports viewed that include the accurate data calculated for the measure and for each of the patients	100%	100%	100%	100%	100%
f2 % files created in DHIT for transmission to PHAs that contain the expected content based on the information provided by a specific trigger event, i.e., admission to a hospital, updating of demographic information and discharge from an inpatient setting	83%	100%	67%	67%	79%
g10 % patients evaluated that are validated/do not generate any errors	0%	0%	0%	0%	0%

### Key Findings

Data for v24 for 2025 showed a total of documents generated/reviewed, with an overall compliance rate of 95% (669/703) across the various measures. Two specific issues were identified: First, regarding f.2, the A03 messages for Q3 and Q4 failed to produce Final diagnoses despite this information being present in the patient data. After further investigation, it was determined to be an issue that was only in the testing environment. Second, for measure g.10, the submitted patient data was incomplete, missing several required FHIR sections. However, the data that was properly entered successfully passed the validation tests.

## STANDARDS UPDATES (INCLUDING STANDARDS VERSION ADVANCEMENT PROCESS (SVAP) AND UNITED STATES CORE DATA FOR INTEROPERABILITY (USCDI))

Yes, I have products certified with voluntary SVAP or USCDI standards. (If yes, please complete the table below.

No, none of my products include these voluntary standards.



## Care Setting(s)

Adult inpatient (encounters where a patient is admitted and assigned a bed)

## Metrics and Outcomes

Measurement /Metric	Associated Criterion(a)	Relied Upon Software (if applicable)	Outcomes	Challenges Encountered (if applicable)
<p><b>b1a/h1a</b> % C-CDAs received that can be viewed in human readable format as detailed in § 170.205(a)(3), (4), and (5) using the using the Continuity of Care Document, Referral Note, and Discharge Summary document templates that allow the user to view a specific section, set the # of sections to display and rearrange the order of the display</p> <p>Numerator # C-CDAs and/or Discharge Summaries with expected results</p> <p>Denominator: # C-CDAs and/or Discharge Summaries received &amp; viewed</p>	<p>§170.315(b)(1) Transitions of Care and §170.315(h)(1) Direct Project</p>	<p>Juno ConnectEHR®</p> <p>Surescripts Admin Console</p>	<p>Q1 5/5 = 100%</p> <p>Q2 13/13 = 100%</p> <p>Q3 19/19 = 100%</p> <p>Q4 13/13 = 100%</p>	
<p><b>b1b/h1b</b> % discharges that include creation of the data for Discharge Summary document type</p> <p>Numerator # Discharge Summaries created for discharges in designated period</p> <p>Denominator: # discharges in designated</p>	<p>§170.315(b)(1) Transitions of Care and §170.315(h)(1) Direct Project</p>	<p>Juno ConnectEHR®</p>	<p>Q1 26/26 = 100%</p> <p>Q2 30/30 = 100%</p> <p>Q3 29/29 = 100%</p> <p>Q4 23/23 = 100%</p>	



period				
<p><b>b1c/h1c</b> % discharges that include creation of the data for Discharge Summary document type that can be viewed in human readable format as detailed in § 170.205(a)(3), (4), and (5) using the Discharge Summary document templates that allow the user to view a specific section, set the # of sections to display and rearrange the order of the display</p> <p>Numerator = # discharges reviewed in designated period</p> <p>Denominator: # discharges in designated period</p>	<p>§170.315(b)(1) Transitions of Care and §170.315(h)(1) Direct Project</p>	<p>Juno ConnectEHR®</p>	<p>Q1 26/26 = 100%</p> <p>Q2 30/30 = 100%</p> <p>Q3 29/29 = 100%</p> <p>Q4 23/23 = 100%</p>	
<p><b>b1d/h1d</b> % scenarios that include creation and transmission of the data for Continuity of Care Document and Discharge Summary document types through SMTP protocol to an appropriate direct address in accordance with § 170.202(d) based on the date/time specified and that leads to such summaries being processed by a service that has implemented the standard specified in § 170.202(a)</p> <p>Numerator # C-CDAs and/or Discharge Summaries transmitted without errors</p> <p>Denominator: # C-CDAs and/or Discharge Summaries created and transmitted</p>	<p>§170.315(b)(1) Transitions of Care and §170.315(h)(1) Direct Project</p>	<p>Juno ConnectEHR®  Surescripts Admin Console</p>	<p>Q1 5/5 = 100%</p> <p>Q2 13/13 = 100%</p> <p>Q3 19/19 = 100%</p> <p>Q4 13/13 = 100%</p>	



Exclusions: Error due to inappropriate direct addresses				
<p><b>b2a</b> % scenarios that include receipt of the Continuity of Care Document, Referral Note, and/or Discharge Summary document templates that allow the user to view the data in a format that allows comparison of each set of data, creation of a reconciled list and updating the list in the EHR based on the final reconciled list for each data set</p> <p>Numerator # data sets with expected results</p> <p>Denominator # data sets reviewed and reconciled</p> <p>Data sets=active meds, allergies and intolerances, problem list</p>	§ 170.315 (b)(2) Clinical information and reconciliation and incorporation	Juno ConnectEHR®  Surescripts Admin Console	<p>Q1 33/33 = 100%</p> <p>Q2 33/33 = 100%</p> <p>Q3 36/36 = 100%</p> <p>Q4 33/33 = 100%</p>	
<p><b>b2b</b> % Continuity of Care documents created after the incorporation that contains the final list of reconciled data for each data set</p> <p>Numerator # CCD created with expected results for each of the three data sets</p> <p>Denominator # CCDs generated</p> <p>Data sets=active meds, allergies and intolerances, problem list</p>	§ 170.315 (b)(2) Clinical information and reconciliation and incorporation	Juno ConnectEHR®	<p>Q1 13/13 = 100%</p> <p>Q2 13/13 = 100%</p> <p>Q3 13/13 = 100%</p> <p>Q4 13/13 = 100%</p>	
<p><b>b10</b> % reviewed files that were created where valid content was confirmed by a visual inspection</p> <p>Numerator= #</p>	§170.315(b)(10) Electronic Health Information export		<p>Q1 8/10 = 80%</p> <p>Q2 8/10 = 80%</p> <p>Q3 8/10 = 80%</p>	



<p>files reviewed with expected data based on comparison with content in Juno EHR</p> <p>Denominator = # files reviewed in extract folder Files reviewed should include (at a minimum): Problems, Meds, Allergies, Diagnoses</p>			Q4 8/10 = 80%	
<p><b>c1a</b> % patients who are discharged that are included in the Measure 108 report</p> <p>Numerator # patients included on the Measure 108 report with data evaluated (1) Initial Patient Population (2) Numerator (3) Denominator (4) Denominator Exclusion</p> <p>Denominator # patients included on the Measure 108 report with data evaluated</p>	<p>§170.315(c)(1) Clinical quality measures (CQMs) – record and export And §170.315(c)(3) Clinical quality measures (CQMs) – report</p>	<p>Juno CQMSolution®</p>	<p>Q1 9/9 = 100% Q2 9/9 = 100% Q3 9/9 = 100% Q4 9/9 = 100%</p>	
<p><b>c1b</b> % reports viewed that include the accurate data calculated for the measure and for each of the patients on the report</p> <p>Numerator # patients with expected results based on data entry for the specific patient (1) Initial Patient Population (2) Numerator (3) Denominator (4) Denominator Exclusion</p> <p>Denominator # patients reviewed prior to transmission/uploading</p>	<p>§170.315(c)(1) Clinical quality measures (CQMs) – record and export And §170.315(c)(3) Clinical quality measures (CQMs) – report</p>	<p>Juno CQMSolution®</p>	<p>Q1 8/9 = 89% Q2 9/9 = 100% Q3 8/9 = 89% Q4 8/9 = 89%</p>	
<p><b>c1c</b> % valid QRDA I files</p>	<p>§170.315(c)(1)</p>	<p>Juno</p>	<p>Q1 2/2 = 100%</p>	



<p>generated using CQMSolution® for consumption by Joint Commission or CMS systems, including for Hospital Quality Reporting (HQR)</p> <p>Numerator # valid QRDA I files generated</p> <p>Denominator # QRDA I files requested for subsequent transmission/uploading</p>	<p>Clinical quality measures (CQMs) – record and export And §170.315(c)(3) Clinical quality measures (CQMs) – report</p>	<p>CQMSolution®</p>	<p>Q2 2/2 = 100%</p> <p>Q3 2/2 = 100%</p> <p>Q4 2/2 = 100%</p>	
<p><b>c2</b> % reports viewed that include the accurate data calculated for the measure and for each of the patients</p> <p>Numerator= # patients with expected results based on import from the QRDA I file for the specific patient</p> <p>Denominator= # patients imported from QRDA I files</p>	<p>§170.315(c)(2) Clinical quality measures (CQMs) – Import and Calculate</p>	<p>Juno CQMSolution®</p>	<p>Q1 2/2 = 100%</p> <p>Q2 2/2 = 100%</p> <p>Q3 2/2 = 100%</p> <p>Q4 2/2 = 100%</p>	
<p><b>f2</b> % files created in DHIT for transmission to PHAs that contain the expected content based on the information provided by a specific trigger event, i.e., admission to a hospital, updating of demographic information and discharge from an inpatient setting</p> <p>Numerator= # files with the expected content based on the visual inspection/validation of the content when compared to the source data in Juno EHR <u>or</u> the data in the HL7 messages received</p> <p>Denominator = # files created based on incoming A01, A08 and A03 HL7 messages and</p>	<p>§ 170.315 (f)(2) Transmission to public health agencies – syndromic surveillance</p>	<p>Juno ConnectEHR®</p>	<p>Q1 15/18 = 83%</p> <p>Q2 18/18 = 100%</p> <p>Q3 12/18 = 67%</p> <p>Q4 12/18 = 67%</p>	<p>A03 messages for Q3 and Q4 failed to produce Final diagnoses.</p>



then available for transmission to the appropriate PHA				
<p><b>g10</b> % patients evaluated that are validated/do not generate any errors</p> <p>Numerator= # patients evaluated using the Inferno test tool/external application that passed validation/did not generate any errors</p> <p>Denominator = # patients evaluated using the Inferno test tool/external application</p>	§170.315(g)(10) Standardized API for patient and population services	Juno ConnectEHR®	<p>Q1 0/2 = 0%</p> <p>Q2 0/2 = 0%</p> <p>Q3 0/2 = 0%</p> <p>Q4 0/2 = 0%</p>	Submitted patient data was missing several required FHIR sections, but the data that was properly entered successfully passed.

## KEY MILESTONES

Key Milestone	Care Setting	Date/Timeframe
Release of documentation for the Real World Testing to be provided to authorized representatives and providers running the Juno v24 software. This includes surveys, specific instructions on what to look for, how to record issues encountered, and Customer Agreements.	Inpatient	December 1, 2024-not done as no customer is using this functionality
Begin collection of information as laid out by the plan.	Inpatient	March 1, 2025
Meet with previously identified providers and authorized representatives to ensure that Real World Testing protocols are effective.	Inpatient	March 31, 2025-internal DSS only
Follow-up with providers and authorized representatives to understand any issues arising with the data collection.	Inpatient	Quarterly 2025-internal DSS only
Data collection and review.	Inpatient	Quarterly 2025
End of Real World Testing period/final collection of all data for analysis.	Inpatient	December 2025
Analysis and report creation.	Inpatient	January 26, 2026
Submit Real World Testing report to ACB (per their instructions).	Inpatient	February 6, 2026



Authorized Representative Name and Title:	Eduardo Brito	Authorized Representative Phone:	Director, Portfolio Management Office, Juno Health
Authorized Representative Signature:	<i>Eduardo Brito</i>	Date Signed:	02/05/2026