

April 9, 2010

David Blumenthal, MD  
National Coordinator  
Health Information Technology  
Office of the National Coordinator for Health Information Technology  
Hubert H. Humphrey Building, Suite 729D  
200 Independence Avenue, SW  
Washington, DC 20201

**RE: 45 CFR Part 170; RIN 0991-AB59; Proposed Establishment of Certification Programs for Health Information Technology**

**Public stakeholder comments specific to the establishment of a temporary certification program**

Dear Dr. Blumenthal:

The Council for Affordable Quality Healthcare (CAQH) appreciates the opportunity to comment on the notice of proposed rulemaking (NPRM) published on March 10, 2010 detailing the proposed processes for certification of electronic health record (EHR) technology (*Federal Register*, Vol 75, No 46).

CAQH supports the development of robust and efficient certification processes for EHR technologies to ensure that such technology provides the technical and functional requirements necessary to support meaningful use. We commend the Office of the National Coordinator for Health Information Technology's (ONC) thoughtful work toward this end.

Our comments focus on ONC oversight of the temporary certification program for meaningful use and provide:

- A. An overview of CAQH
  - Including the significant expertise CAQH has with regard to developing and overseeing a certification and testing program for health information technologies.
- B. A set of recommendations, comments and requests for clarification regarding provisions of the proposed temporary certification program that focus on:
  - Accelerating the launch of the temporary program in the face of an extremely short timeline;
  - Assuring the quality of testing and certification in such an "accelerated" environment;
  - Establishing transparent processes to encourage shared-learning and minimize system-wide costs; and
  - Leveraging specialized expertise and critical mass.

## **A. OVERVIEW OF CAQH**

CAQH is a nonprofit alliance of health plans and trade associations that serves as a catalyst for industry collaboration on initiatives that simplify healthcare administration. CAQH solutions promote quality interactions between plans, providers, vendors, and other stakeholders, reduce costs and frustrations associated with healthcare administration, facilitate administrative healthcare information exchange and encourage administrative and clinical data integration. The recommendations in this letter have been informed by the CAQH role in deploying multi-stakeholder, national, health information technology (HIT) initiatives, and tracking their impact across a range of stakeholders; as well as by our extensive experience establishing and operating a successful certification program.

Two notable examples of CAQH initiatives include:

- Universal Provider Datasource<sup>®</sup> (UPD) has streamlined the country's provider data collection process associated with credentialing healthcare providers, directory maintenance, claims administration and quality assurance. It is used by over 800,000 providers and over 500 private/public organizations, ranging from state Medicaid plans and large integrated hospitals to private national and regional health plans.
- Committee on Operating Rules for Information Exchange<sup>®</sup> (CORE) has brought together over 100 organizations to implement the exchange of administrative data through a set of phased requirements. CORE is a national, vendor-neutral initiative that makes it possible for any provider to access consistent and reliable insurance coverage and payment information from any health plan electronically, using the technology of the provider's choice. To quantify the impact of CORE, a study conducted by IBM Global Services tracked outcomes affecting over 33 million lives in various provider settings with a range of HIT tools. Results show that providers are saving millions of dollars due to increased efficiency and relying upon CORE-certified vendors to ensure expected benefits occur. Moreover, there has been a 33% increase in HIT adoption by these providers.

### ***CAQH Experience in Testing and Certification of Health Information Technologies***

The CORE Certification process was established to validate voluntary implementation of CORE operating rules by marketplace adopters. To achieve successful certification, entities follow a thorough testing process that requires completion of stakeholder-specific test scripts for health plans, vendors, clearinghouses/electronic health networks, and providers, using a uniform test suite with test data developed and approved by CORE participants. CORE testing is conducted by CORE-authorized, third-party testing vendors that are approved by CAQH via comprehensive alpha and beta testing.

#### ***Components of CORE Certification and Testing***

The primary components of CORE testing include: transactional-based, simulated testing of data exchange, testing of system functionality (i.e., electronic) and manual uploading of specified documentation (e.g., system logs) to assist with verifying rule requirements. Key steps to certification include:

- Entities submit a report that demonstrates the successful completion of testing based on their stakeholder-type, along with supporting documentation that is required by the CORE Certification Policy and Seal application.

- CAQH staff review completed applications within a 30-day time period for rule applicability, successful test script completion, other required documentation such as HIPAA attestations, and any other statements that demonstrate an entity's appropriate implementation of CORE operating rules.
- If successful, the entity will earn a CORE Certification Seal for the CORE Phase for which they applied. As CORE represents a phased approach to operating rule adoption, an entity must complete the phases in order, or simultaneously.

#### *Impact of CORE Certification*

CORE operating rules were deliberately introduced to the market in phases. Each CORE phase represents significant collaborative activity to set policy, technical specifications, and testing/certification requirements, and builds the foundation for varied forms of information exchange. Established in 2007 as a vehicle for facilitating the implementation of CORE Phase I rules, the CORE Certification process now extends to CORE Phase II (2009), and is anticipated to support market adoption of CORE Phase III in 2010. To-date over fifty organizations – a mix of large vendors, plans, providers - have earned the CORE Phase I Seal, and more than half of these entities have already achieved or are committed to achieving Phase II Certification by mid-2010. CORE Phase I certified entities are providing and exchanging robust and consistent data for over 85 million health plan members.

CORE Certification provides entities with useful tools, like the CORE Seal, that enable them to demonstrate the achievement of streamlined information exchange for all entities with whom they communicate. CORE-certified vendors, in particular, have used the CORE Certification process to improve their time-to-market with new products, streamline their data handling and connectivity processes, and deliver added value to their provider clients. Providers can look to their vendor, or certify directly, to ensure there is robust administrative data in their Emergency, Admitting/Registration, and Patient Financial Services departments.

#### *Coordination with Other Industry Efforts*

CORE Certification has been recognized as complementary to accreditation and certification programs offered by organizations such as Electronic Healthcare Network Accreditation Commission (EHNAC) and working to outline future requirements with entities such as Certification Commission for Healthcare Information Technology (CCHIT). CAQH involvement with these types of organizations has enabled stakeholders to achieve key milestones and meet complementary requirements within a larger industry framework – understanding that certifications will not be overlapping. In just four years CAQH has established a proven testing methodology that has enabled stakeholders to take necessary steps towards true interoperability. Demonstrations that included CORE certification by the Medicaid Infrastructure Technology Architecture (MITA) and the NHIN CONNECT Gateway at industry events like the HIMSS IHE Interoperability Showcase, illustrate the capability for CORE Certification to contribute to the transformation of the marketplace.

## **B. CAQH COMMENTS AND RECOMMENDATIONS**

**Accelerate the launch of the temporary program in the face of an extremely short timeline.**

***Recommendation #1: Maintain the ONC proposal for Authorized Testing and Certification Bodies (ONC-ATCBs) to support both certification and testing during the temporary process (Section I.C of the proposed rule) given the required timeframe.***

**Rationale:** Certification provides a mechanism for providers to have a degree of assurance that the vendor products they invest in will perform as required, and provide the technical and functional requirements to support meaningful use. The ONC meaningful use certification process should support providers, as consumers and end users of EHR technology products, but not place unnecessary, additional burden on the adoption of EHR technology.

- ***The certification process timelines as suggested in the NPRM are extremely ambitious.*** ONC expects certified EHR technologies to be available by Fall 2010. Beginning in March 2010:
  - 1) The NPRM must undergo the 30 day comment period (for the temporary process),
  - 2) ONC must process comments and publish the final rule,
  - 3) ONC must accept and approve applicants to be ONC-ATCBs, and
  - 4) ONC-ATCBs must certify the technology of vendors.

With this timeline it will be challenging for the first certified EHR offerings to be available before September 2010. Based on our experience, the testing process will be challenged to take less than three to four weeks, as implied by the timeline above, given the amount of functionality involved and the degree of necessary rigor. Further, in our experience some vendors do not achieve certification on the first attempt, which likely means that vendors will re-test their technology at least once. Therefore, it should be expected that the overall process will be iterative.

- ***Given the short turnaround, success will be dependent on allowing ONC-ATCBs to build upon existing, integrated certifying and testing processes.*** This rationale acknowledges that organizations that currently provide such services will most likely need to modify parts of their processes based on the final ONC rule for temporary certification programs.

**Recommendation #2:** *Encourage the establishment of coalitions or partnerships for testing and certification that leverage specialized expertise, and implement the infrastructure necessary for ONC-ATCBs to support such coalitions/partnerships.*

Informed by our experience, we recommend a range of partnership models be encouraged, such as:

- **Disaggregated Partnerships: Two primary entities, non-combined paperwork.** Under this model, testing and certification is conducted by two different organizations for various EHR Modules.<sup>1</sup> Applicants seeking certification would work with these two organizations with the understanding that they offer a combined testing and certification process that fulfills the needs for a Complete EHR<sup>2</sup> testing and certification. In this case, two separate, but complementary testing and certification procedures would be undertaken by the applicant. Applications (vendors or self-certifying providers) would submit results from both organizations.
- **Cross-recognition Partnerships: One primary certifier that has incorporated a second entity via recognition of their testing.** With this approach, an EHR vendor/provider would work with one organization to achieve Complete EHR certification, however, the primary certifier would aggregate testing and certification so that the applicant would need to submit only one compiled result document to one ONC-ATCB.

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<sup>1</sup> *EHR Module* means any service, component, or combination thereof that can meet the requirements of at least one meaningful use certification criterion (Section I.A of the proposed rule).

<sup>2</sup> *Complete EHR* means EHR technology that has been developed to meet all applicable certification criteria adopted by the Secretary (Section I.A of the proposed rule).

**Rationale:** The proposed Stage 1 meaningful use requirements are multifaceted. Designing a temporary testing and certification process that supports coalition or partnership models, and allows for flexibility as to how those partnerships are structured, can help provide a transition from meeting immediate needs to working towards the permanent program.

- ***No one entity is currently able to test and certify alone.*** New capabilities will have to be developed by ONC-ATCBs. Partnership will speed this process. Moreover, even if requirements can be achieved by building, lessons learned among current entities should be encouraged to permit the most cost effective transition and support for rapid implementation.
- ***A collaboration of subject matter experts is a more efficient way to assure quality and precision against an aggressive timeline.*** The option of allowing organizations that offer highly specialized expertise in testing and/or certification to form coalitions or partnerships, such as those that currently offer industry-recognized certification for specific functionalities, should be supported for this temporary transition process. ONC should strongly encourage all ONC-ATCBs to collaborate or form coalitions wherever feasible in order to achieve Complete EHR certification testing with deliberate speed. Collaboration is a key principle to achieving quality-based success for the temporary program.
- ***An ONC resource to help enable partnership development will enable stronger alliances to be formed and thus support ONC's goals.*** To avoid confusion, potential unnecessary duplication or programmatic delay, ONC should consider establishing a mechanism for potential ACTBs to identify each other and co-develop applications for the temporary program. For instance, a web-based resource could facilitate more efficient partnership before, during, or after the application process to most effectively serve the ONC end goal of rapid selection.

**Recommendation #3: *Establish a limited “Grandfather Clause” that is specific to EHR Module certifications and testing requirements.***

**Rationale:** CAQH recommends that existing, industry-recognized certification and testing processes that support the required certification criteria for Stage 1 meaningful use (e.g., CORE certification for administrative transactions or CCHIT certification for demographic data collection), qualify as grandfathered “meaningful use” criteria under the temporary program. This would essentially grandfather some criteria, while still requiring testing for other criteria. Significant industry vetting and resources have contributed to the current programs, and potentially duplicative testing steps should be avoided.

- ***Limited grandfathering provisions support the end goal – broader adoption of EHRs.*** Meaningful use is a nascent concept that warrants a practical approach. The concept of a government-approved definition of a national set of technical functionality requirements for EHR technology is new, first introduced with the passage of the Health Information Technology for Economic and Clinical Health Act (HITECH) in 2009. Though a definition of meaningful use requirements has been proposed, the final rules specifying meaningful use and corresponding certification criteria have yet to be published. Once finalized, providers and vendors will face an incredibly quick ramp-up to meet program requirements. Allowing for a limited grandfathering process would support both providers and technology vendors preparing for meaningful use incentives in Federal fiscal year 2011 (October 2010), as well as reduce the pressures faced by the



newly-recognized ONC-ATCBs during the ramp-up period. Grandfathering would thus help eliminate the burden of unnecessary costs for re-testing and re-certification, especially given the ONC proposal that all EHR technologies would need to be recertified during the permanent process.

**Recommendation #4:** *Establish a “Grandfather Clause” for those organizations that have existing testing/certification processes that are not changed in the temporary program.*

**Rationale:** In those cases where existing, recognized certification and testing processes are in place for individual - or multiple - Stage 1 meaningful use criteria and where neither the testing process nor the criteria for certification have changed, these existing organizations should be allowed to be grandfathered into the temporary program as ONC-ATCBs and/or as independent organizations that could join a coalition/partnership to offer testing and certification for those criteria.

- ***ONC-ATCBs are better positioned for success by leveraging existing infrastructure.*** Creating this grandfathering process will help move potential ONC-ATCB organizations through the temporary authorization process more quickly, as entities may not need to go through the accreditation process for certain requirements. This would shorten the time it takes to make certified EHR technologies available in the market, a critical need due to the aggressive meaningful use implementation timeline. This recommendation would apply only to organizations currently performing testing and/or certification where the certification criteria and the testing and certification process have not changed.

**Recommendation #5:** *Develop an expeditious internal review and approval process for ONC-ATCB applications. Further, ONC should ensure a fast-tracked reprocessing system, as necessary, allowing eligible ONC-ATCB applicants to swiftly correct initial errors or deficiencies.*

**Rationale:** Establishing a testing and certification program around a new set of standards and implementation specifications can be a lengthy and complicated undertaking, even when it can mean modifying existing testing processes. Based on CAQH’s experience, reviewing the readiness of the certification and/or the testing organization(s) to perform to the new specifications can be a multi-month process, particularly if there are significant changes and/or if the specifications for certification and testing are not precise enough to be interpreted consistently by every applicant. For the temporary program to support Stage 1 meaningful use implementation timeframes, the ONC-ATCB development process must take place rapidly for most or all certification and testing entities in the temporary program.

**Recommendation #6:** *Delay ISO compliance requirements until the permanent process. CAQH is supportive of the quality and efficiency improvement objectives behind International Organization for Standardization (ISO) 65 and ISO 17025 requirements, but recommends ONC recognize that these requirements may be new to many existing certification and testing organizations. Given the short timeframe for the temporary certification program to become operational, CAQH respectfully requests that ONC require ISO compliance for the permanent certification and testing program and encourage organizations to move toward, but not require, ISO compliance for the temporary program (Section II.D.1.c.iii of the proposed rule).*

**Rationale:** CAQH strongly supports building on existing infrastructure to rapidly deploy the temporary program. Because the ISO standards are new to some existing certification and testing health care organizations in the United States, CAQH recommends that ONC base the temporary program certification and testing processes on ISO 65 and ISO 17025 frameworks, but not require strict adherence to them during this transition period. It is extremely important that ONC build on what exists, and not create new barriers to organizations to accommodate changes for the temporary program.

- ***Process redesign for quality and efficiency is a worthy goal that deserves adequate implementation time.*** Most credible established testing organizations should be able to meet the principles of ISO 65, however documentation may pose an administrative burden. ISO standards may require process or workflow redesign and ONC-ATCB candidate organizations should be provided time to effectively implement necessary changes. The ISO 10725 requirements are a sound guide for most organizations already conducting testing or both testing and certification. We urge ONC to embrace a glide path that allows qualified organizations to move toward ISO compliance in a systematic way while, at the same time, not precluding organizations from becoming an ONC-ATCB because they are willing but have not yet adopted the suggested ISO standards.

**Assure quality of testing and certification in such an "accelerated" environment.**

**Recommendation #7:** *Maintain the proposal to allow for an alternative testing and certification path that permits direct health care provider certification, specifically in the case of self-developed platforms and integrated systems comprised of multiple technology vendors (Section E.3 of the proposed rule).*

**Rationale:**

- ***Many providers have developed customized solutions.*** Based on the CAQH CORE testing and certification experience, many large provider organizations use tools and software modules from a variety of vendors. Even those hospitals that install a single vendor enterprise system routinely supplement it with other products to achieve specific needs, such as department-specific systems, billing and coding systems or business intelligence tools around infection control or bed management. CORE certification includes a methodology for providers to apply directly for certification.
- ***Testing and certification must account for the needs of the end-user.*** Testing and certification processes should take into account the provider's combination of these multiple modules into a Complete EHR that meets the criteria for certification. Providers preferring this methodology may have self-developed systems or have organized a combination of modules from vendors (who may be certified) to create their own Complete EHR. CAQH currently provides for direct provider testing for CORE Operating Rule certification (as well as vendor testing). As noted in our cost recommendation below, the cost to providers requiring this alternative must be taken into consideration.

**Recommendation #8:** *Require remote testing capabilities for the temporary program. CAQH recommends that, in order to promote rapid access to the testing process and to encourage lower cost approaches, ONC require remote testing as an offering by all ONC-ATCBs to all applicants during the temporary process.*

**Rationale:** Many organizations today that offer certification and testing conduct the testing portion remotely. In some cases, this is an approach that is effectively utilized to test software interoperability and correct data flows through remote testing (e.g., CAQH CORE Operating Rules testing is conducted by an external vendor through the use of a web portal process, complemented by paperwork review and interviews if needed). This approach also promotes an efficient retesting process for those portions that do not pass the initial test and require secondary testing.

- ***The market needs to move in the direction of remote testing – and the temporary program should support the transition.*** Our experience demonstrates that vendors are using automated remote testing – and are very capable of such work. ONC-ATCBs should be expected to help support this movement. Remote testing provides a low cost, convenient approach for both vendors and ONC-ATCBs and, when carefully constructed, there are minimal or no connectivity issues.
- ***Remote testing is entirely feasible and provides greater objectivity.*** Today's technology capabilities, including more pervasive access to connectivity, make remote testing quite feasible for both ATCBs, and vendors. Remote testing assumes a computerized interaction designed specifically to testing specifications and it results in a numerical designation as compared to a non-automated approach that relies on human experts evaluating to a set of criteria which, although structured, introduces a level of subjectivity into the process.

**Recommendation #9:** *Establish ONC safeguards to ensure ONC-ATCBs do not define the certification criteria; instead, the certification criteria - based on business needs - should drive the testing specifications.*

**Rationale:**

- ***Some of the proposed Stage 1 meaningful use criteria do not provide sufficient specificity to fully describe what should be tested.*** For example, the eligibility benefits transaction proposed by the CMS meaningful use requirement could be interpreted very differently – unless there is ONC specification to support the criteria. Without the specifications, presumably each ONC-ATCB could develop its own interpretation of what should be tested. Some would test for only the minimum requirements of the HIPAA transaction standard, while others will test for a set of specifications which are more than the minimum required. Further, others will apply their own interpretation, where there is room for interpretation in the standards. Should such approaches be taken, the result will be EHR technologies that are certified based on inconsistent testing standards. This inconsistency could potentially cause confusion in the marketplace and perhaps raise expectations of purchasers that are unwarranted. It is vital that ONC define the testing criteria for each meaningful use criteria to support the end-user needs of the industry, and the intended impact of Stage 1 meaningful use.

**Establish transparent processes to encourage shared-learning and minimize system wide costs**

**Recommendation #10:** *Factor cost considerations into ONC decision-making. As with any major process redesign, it is critical to consider cost burdens on both end-users and the system.*

**Rationale:** In today's marketplace, some aspects of certification and testing are available for free, often online, and/or combinations of online with onsite approaches. ONC should be sensitive to the total cost for certification and testing. This goes beyond the unavoidable cost of modifying and



enhancing software to meet the criteria, and includes the fees related to certification, testing and the overhead and indirect costs associated with preparing for the testing and certification process.

- ***While the NPRM does not address cost considerations, they remain an important factor in achieving success of the temporary (and permanent) program.*** CAQH urges ONC to consider cost as an important factor when detailing the parameters of the temporary program, especially as the program is temporary and could be changed significantly in a relatively short period of time. Cost issues of concern include:
  - Fees for vendors/providers to test with ONC-ATCBs,
  - Fees for vendor/provider certification, and
  - Changes in software and administrative procedures to meet meaningful use.

The cost of testing, certification, and preparation for both must be a discussion point for the industry in order to assure a successful roll-out.

**Recommendation #11:** *Encourage the National Institute of Standards and Technology (NIST) to embrace an open and transparent process, draw from existing tools and procedures currently adopted in the market, and develop opportunities for stakeholder input.*

**Recommendation #11a – clarification needed:** *ONC should clarify the definition of “functional equivalent testing tools and procedures published by another entity” and the role of NIST for the larger certification and testing programs, including the process through which it will develop testing tools/criteria (Section II.D.1 of the proposed rule).*

**Recommendation #11b – clarification needed on Open Source:** *ONC should clarify how NIST will approach developing testing methodologies for open source solutions and how ONC will ensure those applications result in consistent testing for entities that undergo testing at different times. By definition, open-source software is software in which the source code is open, and can be modified or changed by the public writ large. ONC has publicly supported open source solutions for meaningful use.*

**Rationale:** ONC proposes that ONC-ATCB applicants be required to “use testing tools and procedures published by NIST (e.g., published on its website or through a notice in the *Federal Register*) or functional equivalent testing tools and procedures published by another entity for the purposes of assessing Complete EHRs and/or module compliance with the certification criteria adopted by the Secretary” (*Section II.D1c of the proposed rule*). CMS also proposes to require that ONC-ATCB applicants demonstrate their ability to “correctly identify and use test tools published by ONC for Complete EHRs and EHR Modules,” and states that these “test tools and functional testing techniques [...] have been or will be developed by NIST” (*Section II.D1d of the proposed rule*). CAQH believes that these requirements lack clarity, and requests that CMS provide additional guidance in the final rule regarding the NIST role in the temporary certification process.

***NIST should leverage existing testing tools and procedures.*** As stated throughout our comments, CAQH strongly encourages that in “developing test tools and functional testing techniques,” NIST look to adopt existing tools and procedures currently operational and developed via industry consensus. The industry has already invested significant resources in

developing and vetting testing and certification processes and building consensus for practical solutions.

- ***NIST should develop testing tools and procedures through an open and transparent process.*** CAQH emphatically endorses the NIST use of an open and transparent process that acknowledges public input when developing test tools and procedures. Creation of an open process will be a critical component of ensuring that existing knowledge informs testing requirements. In particular, public input will provide NIST with critical information regarding feasibility of proposed approaches for the short duration of the temporary certification program.
- ***NIST should utilize detailed specifications for testing procedures, directed toward productive use of information tested, to avoid multiple interpretations of adopted standards.*** As detailed earlier, several years of industry-wide experience has shown that standards by themselves are not sufficient to achieve benefits - meeting the standards alone will be insufficient to drive value. CAQH urges ONC to provide more precise definitions beyond the standards that will be dictated consistency of test data and test criteria across all testing organizations.

### Leverage Specialized Expertise and Critical Mass

**Recommendation #12:** *If electronic verification of insurance eligibility and electronic submission of claims are included in the final Stage 1 meaningful use requirements for certified EHRs, include the CORE testing process in the temporary ONC Testing and Certification Program.*

**Rationale:** As reflected by the inclusion of administrative transaction requirements in the CMS proposed Stage 1 meaningful use criteria, administrative data are critical to realizing the policy priorities of the HITECH Act. Rather than “reinvent the wheel” and generate unnecessary system costs, ONC should leverage the industry’s significant investment and the proven efficacy of the CORE Operating Rules by incorporating the CORE process into the testing and certification program.

- ***CORE Operating Rules – and its testing – were created through an open, consensus-based process and, as such, are well-vetted and enjoy broad industry support.*** CORE has brought together over 115 health plans, provider and other health care organizations to implement the exchange of administrative data through a set of phased requirements. As detailed in the overview above, CORE publishes a simple, transparent process that all participants have vetted and use to test their technology.
- ***CORE rules enable realization of the financial benefits of standardized administrative data exchange.*** The experience of CAQH in encouraging CORE-certified systems has demonstrated that considerable benefits and cost savings accrue from the adoption of the CORE rules. The 2009 CAQH-sponsored IBM Global Services study showed that such adoption leads to a 10-12% reduction in claim eligibility denials for participating providers, with a 24% increase in the number of patients verified. As meaningful use is aimed at providers – many of whom are CORE-certified, e.g Mayo, Veterans Administration, Montefiore Medical Center – taking advantage of existing processes that are providing value will only add to the impact of meaningful use.

- **CAQH experience and lessons learned should inform the certification process.** There is a growing and broad spectrum of industry experience with regard to implementing specifications. CAQH has garnered extensive insight and practicable knowledge regarding the creation and maintenance of testing and certification processes for administrative transactions, and has learned that sharing these best practices is essential to move adopters through IT transitions as efficiently as possible.

**Recommendation #13: Evaluate future use of certification programs for health information exchange infrastructure after experiencing Stage 1 of meaningful use.**

**Rationale:** CAQH supports ONC’s interpretation of the HITECH Act requirement that it create “certification programs for Health Information Technology”, allowing potential future use of testing and certification processes for health information exchange. However, the lessons learned from meaningful use roll-out will be essential to industry-wide collaboration on other potential arenas of health IT. CAQH leadership offers its extensive experience as a resource and partner to assist ONC’s decision-making regarding the final policies for the Establishment of Certification Programs for Health Information Technology.

We welcome the opportunity to meet with you to further discuss our comments. Should you have questions or require additional information, please contact Gwendolyn Lohse, Deputy Director, at (202) 778-1142.

Sincerely,



Robin Thomashauer  
Executive Director