



TouchWorks® EHR Regulatory Rally Series September 2025

Bringing next-level healthcare within reach

TouchWorks Regulatory Team

Housekeeping



Recorded session, listening-only mode, lines are muted by default



Ask questions via Q&A panel or **'Raise your hand'** option to ask questions live



Switch to full screen to maximize your view and optimize your virtual experience



Watch for a follow-up email containing the webinar recording or visit our webinar page

First, a word

The information contained within this presentation is intended for informational purposes only. While the information and recommendations presented in this presentation are good-faith interpretations made by Altera Digital Health based on the publicly available information referenced within, it does not constitute legal advice or guidance. Thus, any decisions, and associated risks, made by the client pertaining to the information within this presentation are solely the responsibility and liability of the client. Clients are strongly advised that such decisions be made in consultation with their legal representatives.

The information presented within this presentation (1) should not be considered complete, exhaustive, or customized to an individual client's needs; and (2) is subject to change due to new laws, regulations, or Department of Health and Human Services policies.

This presentation neither modifies any signed agreements Altera has with the client nor creates any Altera attestations, representations, warranties, guarantees or covenants related to ONC and CMS regulations whether Altera EHR software will meet new or modified requirements for certified EHR technology, or for any other matter.

Agenda

Sept 11, 2025

01

Regulatory Landscape Update

HTI-4 Final Rule

2026 QPP Proposed Rule Highlights

Let Your Voice be Heard

02

Quick Reminders

Altera Separation from Veradigm

CHPL Update & Version Compliance

FHIR Endpoint Monitoring & eCR

03

VCRS Regulatory Reporting

MVP Estimator Dashboard Update

QRDA File Export Highlights

04

Live Q&A and Survey

Regulatory Landscape Update

TouchWorks EHR

HTI-4 Final Rule Highlights

1. Updates electronic prescribing certified criteria 170.315(b)(3) to require NCPDP SCRIPT standard version 2023011, which aligns with Medicare Part D by Jan 1, 2028.
2. Adds new certified criteria 170.315(b)(4) Real-time Prescription Benefit which will be included in the Base EHR Definition:
 - ASTP/ONC criteria deadline beginning on Jan 1, 2028.
 - CMS Part D sponsored deadline is Jan 1, 2027.
3. Adds new certified criteria (Health IT and Payer) to support electronic prior authorization. Adopts new API standards based on FHIR and HL7 Da Vinci project. Deadline dates pending.



Finalizes limited subset of the HTI-2 Proposed Rule on July 31, 2025

1. Electronic Prescribing
2. Real-time Prescription Benefits
3. Electronic prior authorization

MIPS/MVP 2026 Proposed Rule Highlights

1. Neutral payment scoring threshold remains at 75 points for 2026, 2027 and 2028 performance years.
2. No change to eligible clinician types or minimum performance periods.
3. Emphasis on requests for information (RFI) related to:
 - Transition to digital quality measures (dQMs)
 - FHIR-based electronic clinical quality measures (eCQMs)
 - Well-being and nutrition measures and activities
 - Tools and measures that assess overall health, happiness and satisfaction in life
 - Transition Query of PDMP measure from attestation-based to performance-based and expand the types of drugs that apply to include Schedule II drugs.
 - Add MVP “Core Elements” - participant would be required to report on key quality measures within the selected MVP that would represent the foundation and focus of the MVP and would better enable comparison of clinician performance.



Make Your
Voice Heard:
Public
commenting
period closes
9/12/25

[Learn More: 2026 PFS|QPP Proposed Rule Fact Sheet and Policy Comparison](#)

MIPS 2026 **Proposed** Rule Category Highlights

Quality

- No change to scoring rules
- Amend the definition of the term “high priority” to remove references to health equity.
- (3) new eCQMs
- No eCQMs proposed for removal

Improvement Activities

- No change to scoring rules
- Addition of new subcategory “Advancing Health and Wellness”
- Removal of subcategory “Achieving Health Equity”
- Adds 3 activities
- Removes 8 activities

New eCQMs Proposed for 2026

eCQM (NEW)	ID	Subcategory
Diagnostic Delay of Venous Thromboembolism in Primary Care	#tbd	Intermediate Outcome High Priority
Screening for Abnormal Glucose Metabolism in Patients at Risk of Developing Diabetes	#tbd	Process measure (Not high-priority)
Hepatitis C Virus (HCV): Sustained Virological Response (SVR)	#tbd	Outcome High Priority

New Improvement Activities Proposed for 2026

Activity (NEW)	Subcategory	
Improving Detection of Cognitive Impairment in Primary Care	TBD	Population Management
Integrating Oral Health Care in Primary Care	TBD	Population Management
Patient Safety in Use of Artificial Intelligence (AI)	TBD	Population Management

Removed Activities **Proposed** for 2026

Activity	Subcategory	
MIPS Eligible Clinician Leadership in Clinical Trials or CBPR	IA_AHE_5	Achieving Health Equity
Create and Implement an Anti-Racism Plan	IA_AHE_8	Achieving Health Equity
Implement Food Insecurity and Nutrition Risk Identification and Treatment Protocols	IA_AHIE_9	Achieving Health Equity
Create and Implement a Plan to Improve Care for Lesbian, Gay, Bisexual, Transgender, and Queer Patients	IA_AHE_11	Achieving Health Equity
Practice Improvements that Engage Community Resources to Address Drivers of Health	IA_AHE-12	Achieving Health Equity
Vaccine Achievement for Practice Staff: COVID-19, Influenza, and Hepatitis B	IA_PM_26	Population Management
Use of Toolsets or Other Resources to Close Health and Health Care Inequities Across Communities	IA_PM_6	Population Management
COVID-19 Clinical Data Reporting with or without Clinical Trial	IA_ERP_3	Emergency Response and Preparedness

Promoting Interoperability Category 2026 Proposed Highlights

1. Adopt a measure suppression policy and suppress the Electronic Case Reporting measure for the 2025 performance year (Note: data submission response of No, Yes or claiming an exclusion is still required.)
2. Security Risk Analysis – to include a second attestation component that requires a “yes” or “no” to having conducted security risk management as required under the risk management component of the HPIAA Security Rule in addition to the existing measure requirement.
3. High Priority Practices SAFER Guide – require use of the 2025 version SAFER Guides (updated from the 2016 version).
4. Adopt a new “Public Health Reporting Using the TEFCA” bonus measure – adds a fourth bonus registry measure.

MVP 2026 Proposed Highlights

➤ Modify MVP Participant definitions:

1. Multispecialty Group – a group that consists of 2 or more specialty types or clinicians involved in **multiple focus of care**.
2. Single specialty group – consists of one specialty type or consists of clinicians involved in a **single focus of care**.
3. Subgroup - subset of a multispecialty or single specialty group that contains **at least one MIPS eligible clinician**, identified by a combination of the group TIN, subgroup identifier and each eligible clinician's NPI.
4. **Specialty type and group, subgroup composition will no longer be determined by CMS using Medicare Part B claims.**

MVP Summary of 2026 **Proposed** Highlights

1. Multi-specialty groups that are small practices (15 or fewer eligible clinicians) would still be able to register to report an MVP as a group.
2. Multi-specialty groups that are small practices would not be required to register as subgroups if they do not want to report as individuals.
3. Groups would attest to their specialty composition during the MVP registration process (whether they are a single specialty or multispecialty group that meets the requirements of a small practice.)

MVP Inventory Additions

1. Diagnostic Radiology
2. Interventional Radiology
3. Neuropsychology
4. Pathology Podiatry
5. Vascular Surgery

Ambulatory Specialty Model (ASM) Proposed Highlights

1. Initial model timeframe 5 performance years (2027 through 2031).
2. Report as individuals with a TIN/NPI combo only (no groups).
3. Specialties: Cardiologists, Anesthesiology, Pain Management, Neurosurgery, Orthopedic surgery, Physical Medicine and Rehab.
4. Randomly selected geographic areas will determine mandatory clinician participation.
5. Impacted clinicians will be notified by CMS in July 2026 to give time to prepare for a 1/1/2027 start date.
6. ASM participants that do not meet the ASM eligibility requirements for a performance year must then report for the MIPS program.

ASM proposed to be a new mandatory test model for management of defined high-volume and high-cost chronic conditions

- **Heart Failure**
- **Low Back Pain**

Ambulatory Specialty Model (ASM) Proposed Highlights

1. Scoring model aligned with traditional MIPS performance categories but with variations in scoring determinations.
 - Quality – Report on all measures in applicable measure set using one of the collection types specified
 - Cost – MVP cost measures to be utilized with the same case minimums
 - Improvement Activities (IA) 2 required activities applicable to both chronic conditions
 - Promoting Interoperability (PI) Mostly the same, but no bonus points for optional Public Health measures and not required to attest to Information Blocking.
2. Final score primarily based on Quality and Cost with score subtractions if IA and PI requirements not met.
3. Payment adjustments will be made based on the final score and could be neutral, an increase or a decrease (2 years after the ASM performance year same as MIPS).

Composite Score 0 to 100 points

Quality – 50 percent

Cost – 50 percent

IA & PI - negative scoring adjustment of zero

-10 or

-20 points

ASM Proposed Quality Category

Report on all measures in applicable measure set using one of the collection types specified

TABLE 39: Proposed ASM Measure Sets for the ASM Quality Performance Category

Domain	Prevention Category	Measure	Collection Type(s)
Heart Failure			
Excess Utilization	Adverse events and acute care utilization	Risk-Standardized Acute Unplanned Cardiovascular-Related Admission Rates for Patients with HF (MIPS Q492)	Claims
Evidence-based Care and Outcomes	Reduction of disease progression	HF: Beta-Blocker Therapy for LVSD (MIPS Q008)	eCQM MIPS CQM
Evidence-based Care and Outcomes	Reduction of disease progression	HF: ACE Inhibitor or ARB or ARNI Therapy for LVSD (MIPS Q005)	eCQM MIPS CQM
Evidence-based Care and Outcomes	Reduction of disease progression	Controlling High Blood Pressure (MIPS Q236)	eCQM MIPS CQM
Patient Reported Outcomes and Experience	Function/health status/wellbeing	Functional Status Assessments for Heart Failure (MIPS Q377)	eCQM
Low Back Pain			
Excess Utilization	Risk reduction/absence of disease	MRI Lumbar Spine for LBP (measure in development)	Claims
Evidence-based Care and Outcomes	Adverse events and acute utilization	Use of High-Risk Medications in Older Adults (MIPS Q238)	eCQM MIPS CQM
Evidence-based Care and Outcomes	Risk reduction/absence of disease	Preventive Care and Screening: Screening for Depression and Follow-Up Plan (MIPS Q134)	eCQM MIPS CQM
Evidence-based Care and Outcomes	Risk reduction/absence of disease	Preventive Care and Screening: BMI Screening and Follow-Up Plan (MIPS Q128)	eCQM MIPS CQM
Patient Reported Outcomes and Experience	Function/health status/wellbeing	Functional Status Change for Patients with Low Back Impairments (MIPS Q220)	MIPS CQM

Subset from Advancing Care for Heart Disease MVP



ASM Quality Measure (RFI)

- Seeking comments on inclusion of all listed measures in Table 39, AND
 - Developing a PRO-PM – patient-reported outcome-based performance measure for the heart failure measure set for future performance years.
 - Adding Patient Activation Measure (PAM – MIPS Q503) to both the heart failure and low back pain measure sets.
 - Adding Advance Care Plan (MIPS Q047) measure to the heart failure measure set.
 - Adding Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions (MIPS Q484) measure to the heart failure measure set.
 - Adding Cardiac Rehabilitation Patient Referral from an Outpatient Setting measure to the heart failure measure set.
 - Adding Falls: Plan of Care measure (MIPS CQM) to the low back pain measure set.



ASM **Proposed** Improvement Activities Category

IA-1: Connecting to Primary Care and Ensuring Completion of Health-Related Social Needs Screening (10 points)

IA-2: Establishing Communication and Collaboration Expectations with Primary Care Practices using Collaborative Care Arrangements (10 points)

- ASM Participants that achieve 100% score for the IA category would not receive a category scoring adjustment to their final score .
- ASM participants that achieve 50% score for the IA category would receive a -10 point adjustment to their final score.
- ASM participants that achieve 0% score for the IA category would receive a -20 point adjustment to their final score (maximum negative adjustment).

ASM Proposed Promoting Interoperability Category

- Perform same as MIPS except no bonus points for optional public health registry measures.
- Formula created to determine total PI score and associated negative final score adjustment when PI score is less than 100% (maximum negative adjustment is up to -10 points).
- MIPS automatic reweighting policies would not apply to ASM.

TABLE 41: PROPOSED PROMOTING INTEROPERABILITY MEASURES

Objectives	Measures	Available Points (based on performance)	Redistribution if exclusion is claimed
e-Prescribing	e-Prescribing	1-10 points	10 points to HIE objective
	Query of PDMP	10 points	10 points to the e-Prescribing measure
Health Information Exchange (HIE)	Option 1	Support Electronic Referral Loops by Sending Health Information	15 points to Provide Patients Electronic Access to Their Health Information measure
		Support Electronic Referral Loops by Receiving and Reconciling Health Information	15 points to the Support Electronic Referral Loops by Sending Health Information measure
	Option 2	HIE Bi-Directional Exchange	No exclusion
	Option 3	Enabling Exchange under TECFA	No exclusion
Provider to Patient Exchange	Provide Patients Electronic Access to Their Health Information	1-25 points	No exclusion
Public Health and Clinical Data Exchange	Report to the following public health or clinical data registries: 1. Immunization Registry Reporting 2. Electronic Case Reporting	25 points for the objective	25 points to the Provide Patients Electronic Access to their Health Information measure if an exclusion is claimed for both measures.
	Option to report one of the following public health agency or clinical data registry measures: <ul style="list-style-type: none"> • Public Health Registry Reporting, OR • Clinical Data Registry Reporting, OR • Syndromic Surveillance Reporting 	No bonus points	Not applicable

ASM Proposed Final Score Calculation



How to be heard

Deadline is tomorrow! Sept 12 @ 5:00PM

Speak up — your comments on proposed rules matter!

[2026 Medicare PFS and QPP Proposed Rule](#)



Quick Reminders

TouchWorks EHR

Veradigm Separation Continues

COMPLETE!



CDS/ Subscription Manager (SM)

- “CDS Console” single sign on goes to Altera SM now (recommended access method)
- Rebranded to Altera
- Do not access SM through VCRS Reporting Solution
- No changes in Veradigm SM



COMPLETE!



FHIRr4 Reinstall

- FHIR Downtime
- Like4Like Test/Prod
- All During Business Hours
- FHIRr2 Deprecated
- New LMP URL
- No 3rd Party Changes
- Completion ETA: 8/31/2025

Veradigm separation continues

In Progress



Unity Reinstall

- Unity downtime
- Like4Like Test/Prod
- Test during business hours
- Production after hours
- No third-party changes
- Proactive support case



ACDM Update

- TW IIS restarts
- Like4Like Test/Prod
- Test during business hours
- Production after hours
- MedAllies endpoint update
- Proactive support case

CHPL Update

- **Single version starting with TouchWorks v2025**
- **Minimum dot version will be communicated to clients for each reporting year**

• [Certified HealthIT Product List](#)

The screenshot displays the Certified HealthIT Product List interface. At the top, there is a navigation bar with the logo and links for Home, Search CHPL, CMS ID Creator, Compare Products, CHPL Resources, and Shortcuts. A search bar contains the text "TouchWorks". Below the search bar, filters are applied: Certification Status (Active, Suspended by ONC, Suspended by ONC-ACB, ONC-ACB, Drummond Group, Leidos, SLI Compliance). The search results show two entries for TouchWorks EHR, with the version numbers 2024.3 and 2025 highlighted in red boxes. The 2025 version is listed with a certification date of Jul 23, 2025.

CHPL ID	Developer	Product	Version	Certification Date	Status	Actions
15.04.04.3123Touc24.11.1.241101	Altera Digital Health Inc.	TouchWorks EHR	2024.3	Nov 1, 2024	Active	COMPARE → CERT ID →
15.04.04.3123Touc25.12.1.250723	Altera Digital Health Inc.	TouchWorks EHR	2025	Jul 23, 2025	Active	COMPARE → CERT ID →

2025 Regulatory Update

The screenshot shows the Client Portal interface. At the top, there is a dark blue navigation bar with the 'Client Portal' logo on the left, a search bar labeled 'Search All Content' in the center, and navigation links for 'Support >', 'My Products >', 'Product Documentation >', and 'Training >' on the right. A notification badge with '125' is visible in the top right corner. Below the navigation bar, a 'PRODUCT ALERT' banner is displayed with a lightning bolt icon and a 'Subscribe' button. The main content area features a post titled '2025 Reporting Period - Potential Action Needed' by David Guay, an 'ENTHUSIAST', created on 08/12/2025. The post text addresses TouchWorks clients regarding a CCD (CCDA) issue in versions 2024.3 and above, stating that a hotfix is available in version 2025.3 and later. A section titled 'What This Means for You' provides compliance instructions for two reporting periods: before July 4, 2025, and from July 4 to December 31, 2025. A right-hand sidebar contains sections for 'My Forums' (with a 'View All Forums' link) and 'Featured Content' (listing three related articles).

Client Portal Search All Content

Support > My Products > Product Documentation > Training > 125

PRODUCT ALERT Subscribe

2025 Reporting Period - Potential Action Needed

by **David Guay** ENTHUSIAST
created 08/12/2025 02:07 PM in TouchWorks

TouchWorks Clients,

During our recent ONC certification review, we identified a CCD (CCDA) issue in versions 2024.3 and above. CCDs generated via API were missing required sections: Assessment Narrative, Plan Narrative, and Clinical Notes. We have developed a fix for this issue, which is included in version 2025.3 and later, and available as a hotfix starting with version 2024.3.

What This Means for You

To be compliant, you must be on a certified version of TouchWorks during your 180-day reporting period.

- If your original reporting period began before July 4, 2025, and you were using version 2024.3, you must take the CCD hotfix and select a new continuous 180-day period to be compliant
- If your reporting period is July 4 to December 31, 2025, and you are using version 2024.3, you must take the CCD

My Forums
TouchWorks
View All Forums

Featured Content

- Stay connected TouchWorks
Posted in TouchWorks
- Prepare for 2025.3 Upgrade Smooth Transition
Posted in TouchWorks
- 2025 TouchWorks Feedback & Survey
Posted in TouchWorks

Regulatory Compliance Reminders

2024.3+	2025.3	2025.4	Key Compliance Takeaways
<p>2025 Reporting <i>Hotfix Required</i> 2024.3.4 2025.1.4 2025.2.2</p>	<p>2025 Reporting <i>Hotfix Required</i> 2025.3.1</p>	<p>2025 Reporting <i>Included</i></p>	<p>2025 Reporting If on a version prior to 2025.4, HF is required by 12/31/2025 or by end of your reporting period.</p>
	<p>2026 Reporting <i>Requires</i> Supplemental FHIR Update</p>	<p>2026 Reporting <i>Requires</i> Supplemental FHIR Update</p>	<p>2026 Reporting Upgrade to 2025.3.1 + Supplemental FHIR Update is required before the first day of your 2026 reporting period.</p>

2025 reporting year reminders

eCR – Electronic Case Reporting



- Waiting on CDC confirmation when vendor certification beta testing and general onboarding will restart with new process.
- CMS proposes to suppress eCR measure for 2025 reporting year.
- Caution! You will still need to submit data for 2025 for this measure with a valid response to earn a score (yes, no, exclusion).

Reminders



!! FHIR R4 Oversight Program !!

- Monitor FHIR R4 endpoints!
- R4 “Patient” Endpoint Publicly Available at all times
- HHS announces crackdown on health data blocking
- Need help? Support to the rescue!



Windows 10 End of Life Oct. 14, 2025

HIPAA Compliance Reminder: using outdated or unsupported systems may be a violation.

VCRS Regulatory Reporting

TouchWorks EHR

2025 MVP dashboard updates

VCRS 25.3 release, General Availability 8/18/25

MVPs Currently Available

1. Value in Primary Care
2. Focusing on Women's Health
3. Advancing Care for Heart Disease
4. Optimal Care for Kidney Health
5. Prevention and Treatment of Infectious Disorders
6. Quality Care in Mental Health

NEW MVPs have arrived with VCRS 25.3!

7. Complete Ophthalmologic Care
8. Advancing Cancer Care
9. Gastroenterology

How do I get MVP Dashboards?

- Clients with an existing “MIPS Estimator Licenses” will get access to MVP dashboards at no additional cost, enabling **self-submission**
- Submit a Support case to request dashboard activation or request quote for MIPS/MVP Licenses

How can I Report Quality Measures?

- VCRS solution supports eQMs
- All available MIPS Pathways support at least 4 eQMs

Quality Reporting Document Architecture (QRDA)

What is QRDA?

- Quality Reporting Document Architecture (QRDA): Standard format for electronic quality measure reporting.
- Types:
 - QRDA 1 – patient-level quality data (single patient, multiple measures). Very large zip files with PHI.
 - QRDA 3 – aggregated provider/group-level quality data. Smaller files with no PHI.

Why It Matters

- Required for programs like MIPS and state-level incentive reporting.
- Used for submissions to registries and external entities.
- Ensures standardized, accurate quality reporting across systems.

Exporting QRDA Data

- Exports requests are performed from the applicable reporting dashboard.
- Tax ID and CMS EHR certification number are both required for QRDA exports.
- **Steps:**
 - Access PI Quality or MIPS/MVP Estimator: Quality
 - Select Action > Generate QRDA 1 or QRDA 3
 - Define filters (provider, group, location, measure, date range)
 - Submit export request

We are Here to Help

TouchWorks EHR

Altera MIPS/MVP submission consulting services

Supports Your Self-Submission to the Quality Payment Program

Let our **regulatory experts** guide your team through the full QPP self-submission process.

- Submission readiness checklist and review
- Regulatory expertise for MIPS and MVP programs
- Guidance and oversight of VCRS dashboards for QRDA-3 file generation
- Real-time consulting support during client QPP self-submission
- Data review to help identify and resolve submission issues
- Supplemental VCRS Reporting and QRDA Administration training services available!

Key takeaways!

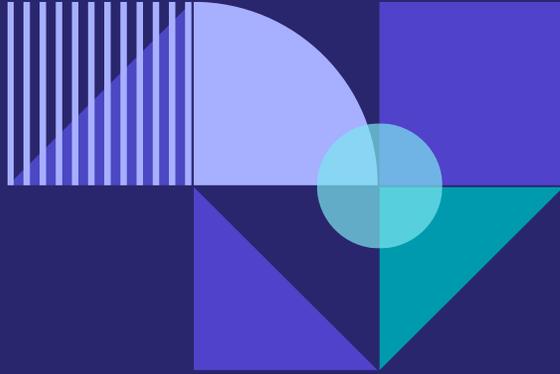
Your Mission, Our Contributions

- **The Rollercoaster Continues...**
 - HHS Announces Crack Down on Information Blocking
 - HTI-4 Finalized – Look for ongoing updated related to ePrescribe, formulary benefits and ePA
 - 2026 PFS/QPP Proposed Rule – Submit Your Comments and Make your voice heard!
- **Reporting Reminders...**
 - 2025 Reporting, TouchWorks V 2024.3+ hotfix required and FHIR 24.5.
 - 2026 Reporting Year, TouchWorks V 2025. 3.1+ FHIR Supplemental Update.
 - Continue ongoing monitoring your FHIR Patient R4 endpoints!
- **Altera and Veradigm's Separation**
 - Look for your proactive support cases where services are transitioning to Altera.
 - TouchWorks Support here to help, provide assistance.
- **MIPS and MVP**
 - Consider your participation options.
 - Submit Support case to activate MVP Dashboards or request a quote!
 - Getting Assistance, TouchWorks MIPS/MVP Submission Consulting and Training Services.
- **Read Key Points Document**

Next Rally in 2025...
We are in this TOGETHER!

**TouchWorks
Regulatory Rally
Webinar**

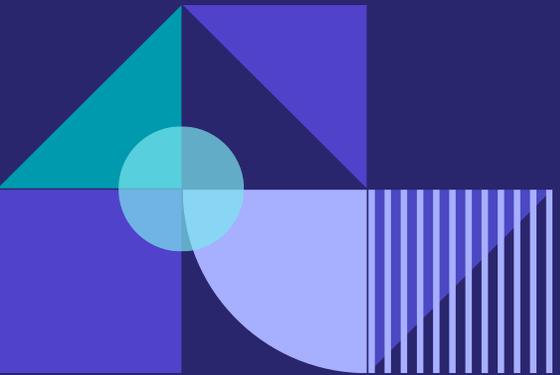
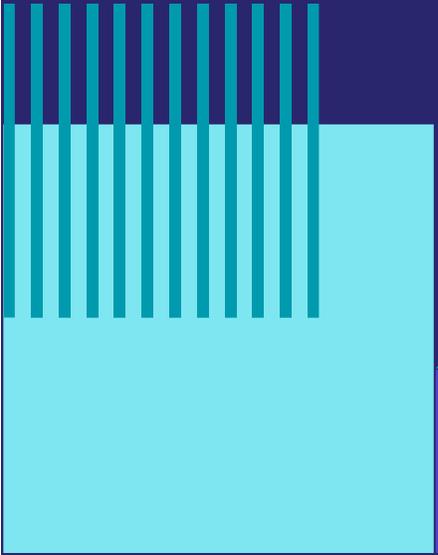
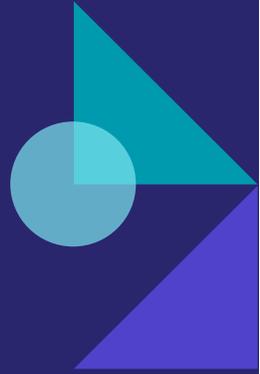
December 11, 2025



HCTC
2025

Save the Date!

HCTC 2025



Gaylord Pacific | San Diego, CA
Dec. 2 - 4, 2025



QUESTIONS?

Reference Information, Acronym Soup

ASTP – Assistant Secretary for Technology Policy	
CHERT	Certified Health Electronic Record Technology
CHPL	Certified Health Product List
HTI	Health Data, Technology, and Interoperability
HTI-1	HTI Version 1, [Final Rule, Jan 2024]
HTI-2	HIT Version 2, [Final Rule, Dec 2024]
HTI-3	HIT Version 3, [Final Rule, Dec 2024]
HTI-4	HIT Version 4, [Final rule, July 2025]
eCR	Electronic Case Reporting
DSI	Decision Support Intervention
FHIR	Fast Healthcare Interoperability Resources
USCDI	United States Core Data for Interoperability

CMS - Centers for Medicare & Medicaid Services	
QPP	Quality Payment Program
MIPS	Merit-based Incentive Payment System
eCR	Electronic Case Reporting
SAFER Guides	Safety Assurance Factors for EHR Resilience Guides
eCQI	Electronic Clinical Quality Improvement
eCQMs	Electronic Clinical Quality Measures
MVPs	MIPS Value Pathways
Other Notables	
ACO	Accountable Care Organization
SDOH	Social Determinants of Health
VCRS	Veradigm Compliance Reporting Solution
AAP	Allscripts Analytical Platform

Reference Links

Acronym	Description	Website
ONC	Office of the National Coordinator	https://www.healthit.gov/
CHPL	Certified Health Product List	https://chpl.healthit.gov/#/search
HTI-1	HTI Version 1, [Final Rule, Jan 2024]	https://www.healthit.gov/topic/laws-regulation-and-policy/health-data-technology-and-interoperability-certification-program
HIT-2	HIT Version 2, [Final Rule, Dec 2024]	https://www.healthit.gov/topic/laws-regulation-and-policy/health-data-technology-and-interoperability-trusted-exchange
HTI-3	HIT Version 3, [Final Rule, Dec 2024]	https://www.healthit.gov/topic/laws-regulation-and-policy/health-data-technology-and-interoperability-protecting-care-access
HTI-4	HIT Version 4, [Final rule, July 2025]	https://www.healthit.gov/topic/laws-regulation-and-policy/health-data-technology-and-interoperability-electronic-prescribing
FHIR	Fast Healthcare Interoperability Resources	https://www.hl7.org/fhir/
USCDI	United States Core Data for Interoperability	https://www.healthit.gov/isp/united-states-core-data-interoperability-uscdi

Reference Links

Acronym	Description	Website
QPP	Quality Payment Program	https://qpp.cms.gov/
MIPS	Merit-based Incentive Payment System	https://qpp.cms.gov/mips/mvps/learn-about-mips
eCR	Electronic Case Reporting	https://www.cdc.gov/ecr/php/index.html
SAFER Guides	Safety Assurance Factors for EHR Resilience Guides	https://www.healthit.gov/topic/safety/safer-guides
eCQMs	Electronic Clinical Quality Measures	https://www.cms.gov/medicare/regulations-guidance/promoting-interopability-programs/electronic-clinical-quality-measures-basics
MVPs	MIPS Value Pathways	https://qpp.cms.gov/mips/mvps/learn-about-mvp-reporting-option



Bringing next-level healthcare within reach

alterahealth.com