TouchWorks® EHR Regulatory Rally Series
June 2025 Key Takeaways

At Altera, one of our core values is to *Communicate and Share Knowledge*. To that end, we are committed to keeping our clients informed of all TouchWorks EHR updates, including all things regulatory. If you missed our June 2025 Regulatory Rally webinar, you can access the recording **here**.

Our regulatory webinars aim to enhance our communication and provide essential information for your planning needs. We hope the recent session was insightful and addressed your questions. **We are in this together!**

To ensure full benefit from the session, we have prepared a concise summary of key takeaways and actionable steps. Reviewing these insights will help you stay ahead in using our solutions for your success.

Thank you for your continued partnership and commitment to excellence.

Make your voice heard!

- **Speak up – your comments on proposed rules matter!**

- Deadline: June 10, 2025 (still open for comments) – [Request for Information: Unleashing Prosperity Through Deregulation of the Medicare Program](#).

- Deadline: July 13, 2025 – [HHS, FDA Issue RFI on deregulatory plan to lower costs and empower providers | HHS.gov](#).

- Let us know when you hear about State regulations affecting you and TouchWorks EHR.

Quick reminders

- **2025 compliance readiness:**
  - TouchWorks v2024.3 is certified to the new Decision Support Intervention certified criteria, replacing the Clinical Decision Support criteria.

  - **Performing for Promoting Interoperability in 2025?**
    - The TouchWorks EHR upgrade to version 2024.3 or higher (with FHIR R4 version 24.5 or higher) must be in production by the first day of your 180-day performance period or no later than July 4, 2025.

  - **Reporting eCQMs but not Promoting Interoperability in 2025?**
    - The TouchWorks upgrade to version 2024.3 or higher (with FHIR R4 version 24.5 or higher) must be in production by the last day of the performance period or no later than Dec. 31, 2025.

- o **ACO or Medicare shared savings programs participants**
    - Verify your CEHRT requirement deadlines with ACO Administrators.

- o **CHPL EHR certification number** – TouchWorks 2025 options are not yet available on the CHPL website. These will be published and available for client selection in the upcoming weeks. TouchWorks EHR is moving to a single-version publication strategy to make it easier for clients to locate and select their certified version. "TouchWorks 2025" will be the single option to select which will cover all dot versions. We will continue to communicate what the minimum CEHRT version is each year, but clients will only need to select the primary version to place in their "cart" to obtain their EHR Certification ID number.

- **Continue to monitor your FHIR R4 "Patient Endpoints":**
    - o ASTP (ONC) expectations are that FHIR R4 endpoints are always accessible.
    - o We need to keep all information updated and continually monitor FHIR R4 "Patient" endpoints to verify they remain accessible.
    - o TouchWorks Regulatory Team has implemented a monthly monitoring process of all TouchWorks client endpoints – proactive support cases are being created when a client is observed down or inaccessible to ensure these are fixed as quickly as possible.
    - o Client Teams should also create and maintain a monitoring process to fix issues with endpoints quickly or submit a Support case if assistance is needed.

- **Altera's separation from Veradigm continues:**
    - o The separation of Altera from Veradigm requires a change to configuration for many common components, including FHIR (and the License Management Portal or LMP), Unity and ACDM or Direct Messaging. Starting now through the upcoming weeks, clients should look for proactive Support cases and respond quickly to move through the change process with your assigned technician. Typically, changes can be made during business hours, and no downtime is required. For FHIR a new LMP URL will be provided for clients as part of the transition.

- **Looking forward to 2026, reporting version reminders:**
    - o TouchWorks v2025.3 will be the required CEHRT version for the 2026 performance year.
        - FHIR R4 required version TBD
        - Will contain updates for USCDI v3, Social Determinants of Health (SDOH) and Insight Measures.
    - o Schedule Your Upgrade Now – work with your Altera Client Success Executive (CSE) to schedule your upgrade now!
        - o **Performing for Promoting Interoperability in 2026?**
            - TouchWorks upgrade to version 2025.3 or higher (with FHIR R4 version TBD) must be in production by the first day of your 180-day performance period or no later than July 4, 2026.

        - o **Reporting eCQMs but not promoting interoperability in 2026?**
            - The TouchWorks EHR upgrade to version 2025.3 or higher (with FHIR R4 version TBD) must be in production by the last day of the performance period or no later than Dec. 31, 2026.

- o **ACO or Medicare Shared Savings Programs Participants**
  - ▪ Verify your CEHRT requirement deadlines with ACO Administrators.

- **Electronic case reporting (eCR) update**
  - o TouchWorks EHR is currently in Phase 4 (client Beta testing) of the CDC Certification testing with the CDC. Slow testing response from the CDC has been escalated to CMS, CDC and the ONC.
  - o CMS released 2025 performance period exclusion guidance on Apr. 8. 2025:

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Quality Payment
PROGRAM

CY 2025 performance period/2027 MIPS payment year Exclusion Guidance for the Electronic Case Reporting (eCR) Measure

The Centers for Medicare & Medicaid Services (CMS) is providing guidance to clarify language in exclusion 2 for the Electronic Case Reporting (eCR) measure for the Promoting Interoperability performance category of the Merit-based Incentive Payment System (MIPS).

eCR measure details can be found in TABLE 77: Objectives and Measures for the MIPS Promoting Interoperability performance category in the CY 2025 Physician Fee Schedule (PFS) final rule.

For your convenience, the eCR measure's specifications are reproduced below:

Measure: The MIPS eligible clinician is in active engagement with a public health agency (PHA) to submit electronic case reporting of reportable conditions.

Exclusion: Any MIPS eligible clinician meeting one or more of the following criteria may be excluded from the electronic case reporting measure if the MIPS eligible clinician:

(1) Does not treat or diagnose any reportable diseases for which data are collected by its jurisdiction's reportable disease system during the performance period;

(2) Operates in a jurisdiction for which no public health agency (PHA) is **capable of receiving eCR data in the specific standards required** to meet the certified electronic health record technology (CEHRT) definition at the start of the performance period; or

(3) Operates in a jurisdiction where no PHA has declared readiness to receive eCR data as of 6 months prior to the start of the performance period.

For MIPS, the CEHRT definition is set forth in 42 C.F.R. 414.1305.

In the CY 2023 PFS final rule (87 FR 70071 – 70074), CMS finalized that, beginning with the CY 2024 performance period, MIPS eligible clinicians may spend only one performance period at the Pre-production and Validation (Option 1) level of active engagement, and that they must progress to the Validated Data Production (Option 2) level of active engagement in the next performance period for which they report the eCR measure. In the CY 2023 PFS final rule, CMS finalized its definition of the Validated Data Production (Option 2) level of active engagement as the MIPS eligible clinician having completed testing and validation of the electronic submission and is electronically submitting production data for the eCR measure to the PHA or clinical data registry (CDR).

Based on these finalized requirements, CMS interprets **"capable of receiving eCR data in the specific standards required"** in Exclusion (2) to mean no PHA in the MIPS eligible clinician's jurisdiction has the ability to advance, and has advanced, the MIPS eligible clinician registered with the PHA to Active Engagement Option 2: Validated Data Production in the timeframe required for the MIPS eligible clinician to achieve Validated Data Production under the MIPS Promoting Interoperability performance category.

CMS encourages MIPS eligible clinicians to use the exclusions for the eCR measure, as appropriate, when reporting data for the MIPS Promoting Interoperability performance category for the CY 2025 performance period and subsequent years in the Quality Payment Program (QPP). The system is open for performance category related submissions between January 2, 2025, through March 31, 2025, unless otherwise specified by CMS. A similar announcement will be shared with eligible hospitals and Critical Access Hospitals (CAHs) participating in the Medicare Promoting Interoperability Program.
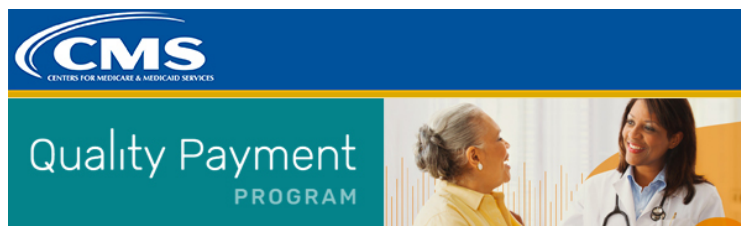
For More Information

For more information on the Promoting Interoperability performance category, visit the QPP website.

For more information on electronic case reporting, visit www.cdc.gov/ecr.

CONTACT US

📞 1-866-288-8292 ✉ QPP@cms.hhs.gov

♿ People who are deaf or hard of hearing can dial 711 for TRS Communications Assistant.

🎫 Create or Track a QPP Service Center Ticket

HOURS

Monday - Friday
8 a.m - 8 p.m ET

Non-peak hours are before 10 a.m and after 2 p.m ET

Quality Payment
PROGRAM

- CDC Pauses eCR Onboarding of new Healthcare Organizations on June 6, 2025:

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Quality Payment
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2025 MIPS Promoting Interoperability Performance Category: Response to the CDC's Temporary Pause in Electronic Case Reporting (eCR) Onboarding

Summary:

- The U.S. Centers for Disease Control and Prevention (CDC) has announced a temporary pause in onboarding new Healthcare Organizations (HCOs), which includes Merit-based Incentive Payment System (MIPS) eligible clinicians.
- CMS is announcing its intent to propose a response to this announcement in the CY 2026 Physician Fee Schedule (PFS) proposed rule.
- Availability and utilization of Electronic Case Reporting (eCR) measure exclusions.

Please refer to the 2025 MIPS Promoting Interoperability Measure Specifications (ZIP, 4MB) for additional measure-specific information.

We understand that the CDC's announcement may impact clinicians' ability to complete and report on the eCR measure under the Promoting Interoperability performance category for MIPS. MIPS eligible clinicians are required to report on the eCR measure to earn a score for the Public Health and Clinical Data Exchange objective or claim an applicable exclusion. For more information regarding the eCR measure's specifications and scoring, please review Tables 77 through 79 in the CY 2025 Physician Fee Schedule (PFS) final rule (89 FR 98418 through 98425).

Further, as finalized in the CY 2023 PFS final rule (87 FR 70071 through 70074), beginning with the CY 2024 performance period/2026 MIPS payment year, MIPS eligible clinicians may spend only one performance period at the Pre-production and Validation (Option 1) level of active engagement for the eCR measure, then must progress to Validated Data Production (Option 2) level in the next performance period with their chosen Public Health Agency (PHA) for which they report the eCR measure or claim an applicable exclusion. In the CY 2023 PFS final rule, we also finalized a definition for the Validated Data Production (Option 2) level of active engagement, meaning that the MIPS eligible clinician has completed testing and validation of the electronic submission and is electronically submitting production data for the eCR measure to the (PHA) or clinical data registry (CDR).

Recently, the CDC announced a temporary pause in onboarding new HCOs to establish a sustainable long-term path for broadscale adoption and integration of healthcare and eCR data. Over the next couple months, CDC will be focusing on enhancing the integration and use of eCR data by PHAs and evaluating the onboarding process for HCOs. This action likely will result in significant delays in onboarding new HCOs, MIPS eligible clinicians progressing from Option 1 to Option 2, and the ability to report "yes" to the measure through annual reporting.

CMS intends to address the CDC's announcement, and its impact on MIPS eligible clinicians completing and reporting on the eCR measure in the CY 2026 PFS proposed rule. The CY 2026 PFS proposed rule will be published in the Summer of 2025, and we welcome feedback and public comment on any proposals that address the CDC's onboarding activities. A listserv announcement will be sent once the proposed rule is published, and the public comment period opens.

In addition, MIPS eligible clinicians may be able to claim one of the three exclusions under the eCR measure and therefore receive full credit for the measure. Any MIPS eligible clinician meeting one or more of the following criteria may be excluded from reporting on the eCR measure if:

(1) Does not treat or diagnose any reportable diseases for which data are collected by its jurisdiction's reportable disease system during the performance period;

(2) Operates in a jurisdiction for which no PHA is capable of receiving eCR data in the specific standards required to meet the certified electronic health record (EHR) technology (CEHRT) definition at the start of the performance period; or

(3) Operates in a jurisdiction where no PHA has declared readiness to receive eCR data as of six months prior to the start of the performance period.

CMS interprets "capable of receiving eCR data in the specific standards required" in exclusion 2 to mean has the ability to advance, and has advanced, a MIPS eligible clinician registered with the PHA to Active Engagement Option 2: Validated Data Production, at the start of the performance period for MIPS eligible clinicians to achieve Validated Data Production under the MIPS Promoting Interoperability performance category.

For the Medicare Promoting Interoperability Program announcement, it is available on the CMS QualityNet Hospital Inpatient Notifications webpage.

Please do not respond directly to this email. If you have any questions regarding the MIPS Promoting Interoperability performance category, please contact the QPP Service Center by email at QPP@cms.hhs.gov, by creating a QPP Service Center ticket, or by phone at 1-866-288-8292 (Monday – Friday, 8 a.m. – 8 p.m. ET). People who are deaf or hard of hearing can dial 711 to be connected to a

MIPS value pathways (MVP) and VCRS 2025 regulatory dashboards

- Reviewed highlights of the MIPS Value Pathways incentive program, including:
  - MVP Framework Highlights:
    - Implementation Timeline, voluntary participation and future of MIPS/MVP programs.
    - MVP Participants and Who Can and Cannot Participate.
    - MVP Content (what is a "pathway") and Scoring.
  - MVP Reporting requirements by MIPS category (Foundational Layer, Quality, Improvement Activities and Cost).
  - MVP Registration with CMS between Apr. 1 and Nov. 30 each year and reporting multiple ways for one MVP, including as an Individual, as part of a Group or as part of a Subgroup.
    - To register, you'll sign in to the QPP website with your HCQIS Access and Roles Profile (HARP) account.

- What is a Subgroup and be sure to make note of your Subgroup ID from registration as it will be required for data submission.

- MVP Data Submission Requirements by Category, removal of EHR Vendors as a Third-Party Intermediary and healthcare organizations' ability to self-submit their own data to QPP.

- Helpful Links:
    - Learn about MVP Registration
    - Understanding MIPS Value Pathways (MVPs)
    - Explore MVPs
    - 2025 MVP Implementation Guide

Coming Soon! VCRS version 25.3, expected August 2025, will be MVP-focused:

- Updates for 2025 changes for the existing six delivered MVPs:
    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 coming with VCRS v25.3:
    7. Complete Ophthalmologic Care
    8. Advancing Cancer Care
    9. Gastroenterology

- Clients with 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.

- **MIPS/MVP Submission Consulting Services:**
    - 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
    - Contact your Client Delivery Executive for additional information.

- We sent you a survey after the webinar to get your feedback to help us improve our communication. The survey focuses on getting your feedback on which topics we should be covering in depth, what content is useful versus not useful and exploring what other ways you would like to hear from us. If you have not yet completed the survey, please take a moment to do so: **TouchWorks EHR Webinar Survey**

Contact

- Please make note of the important dates and actions to ensure you do not miss any crucial updates. If you have questions or need more clarification, please contact your Client Success Team.