

Insights Condition Information Session

December 18, 2025

Disclaimers and Public Comment Guidance

The materials contained in this presentation are based on the provisions contained in 45 C.F.R. Parts 170 and 171. While every effort has been made to ensure the accuracy of this restatement of those provisions, this presentation is not a legal document. The official program requirements are contained in the relevant laws and regulations. Please note that other Federal, state and local laws may also apply.

This communication is produced and disseminated at U.S. taxpayer expense.

Enforcement Discretion Notices

2025 Attestations Condition and Maintenance of Certification Requirements

HTI-1 Final Rule Certification Criteria Compliance Dates

2025 Attestations Condition and Maintenance of Certification Requirements Enforcement Discretion

The “Attestations” Condition and Maintenance of Certification requirements at [45 CFR 170.406](#) require that a health IT developer, or its authorized representative that is capable of binding the health IT developer, must provide to the Secretary of Health and Human Services (HHS) an attestation of compliance with several Conditions and Maintenance of Certification requirements in 45 CFR part 170, subpart D.

- Health IT developers’ attestations were due by **October 31, 2025**. This deadline, however, was impacted by the lapse in appropriations.
- [Enforcement discretion](#) is in effect until January 1, 2026, which gives health IT developers and ONC-ACBs through **December 31, 2025**, to ensure submission of attestations for the period covering April 2025 through September 2025.
- The deadline for the April 2026 attestation submission, covering the period from October 2025 through March 2026, will remain the same (April 30, 2026).

HTI-1 Final Rule Certification Criteria Compliance Dates Enforcement Discretion

Several ONC Health IT Certification Criteria were revised by the HTI-1 Final Rule. HTI-1 established that to maintain certification to these criteria a developer needs to update their Health IT Module(s) and provide such updated technology by **December 31, 2025**.

Due to the laps in appropriations, health IT developers' ability to certify their Health IT Modules to these revised criteria was substantially impacted. [Enforcement discretion](#) extends the compliance date to March 1, 2026, in effect giving developers through **February 28, 2026**, to complete the required updates and provide customers with the updated Module(s).

Impacted Criteria include:

- The “patient demographics and observations” criterion in § 170.315(a)(5);
- The “family health history” criterion in § 170.315(a)(12);
- The “social, psychological, and behavioral data” criterion in § 170.315(a)(15);
- The “transitions of care” criterion in § 170.315(b)(1);
- The “clinical information reconciliation and incorporation” criterion in § 170.315(b)(2);
- The “care plan” criterion in § 170.315(b)(9);
- The “decision support interventions” criterion in § 170.315(b)(11);
- The “clinical quality measures (CQM) - filter” criterion in § 170.315(c)(4);
- The “view, download, and transmit to 3rd party” criterion in § 170.315(e)(1);
- The “transmission to immunization registries” criterion in § 170.315(f)(1);
- The “transmission to public health agencies – reportable laboratory tests and values/results” criterion in § 170.315(f)(3);
- The “transmission to cancer registries” criterion in § 170.315(f)(4);
- The “consolidated CDA creation performance” criterion in § 170.315(g)(6);
- The “application access – all data request” criterion in § 170.315(g)(9); and
- The “standardized application programming interface (API) for patient and population services” criterion in § 170.315(g)(10).

Agenda

- Welcome and Purpose
- Quick Recap on Insights Condition and Eligibility
- Quick Recap of What Developers Must Report
 - Attestation and Reporting
- Choosing a Customer Definition and Calculating Percentages
- What is new since September:
 - Quick Start Guide and Documentation
 - Templates (JSON schema and CSV template)
- End-to-End Reporting Workflow
- Next Steps, Resources, and Support

Goals for this Developer-Focused Session

To support Certified Health IT developers preparing for the upcoming Insights Condition and Maintenance of Certification requirements (Insights Condition).

- Today, we will:
 - Clarify timelines, response options, and annual obligations
 - Provide guidance on what must be submitted for the applicable measure and metrics
 - Walk through the updated templates (JSON schema and CSV) and supporting documentation
 - Explain expectations for data, methodology, and customer representation

Insights Condition Website: <https://www.healthit.gov/topic/certification-health-it/insights-condition>

Quick Recap of Insights Condition Reporting and Eligibility

Insights Condition and Maintenance of Certification



The Cures Act laid the foundation for transparent reporting:

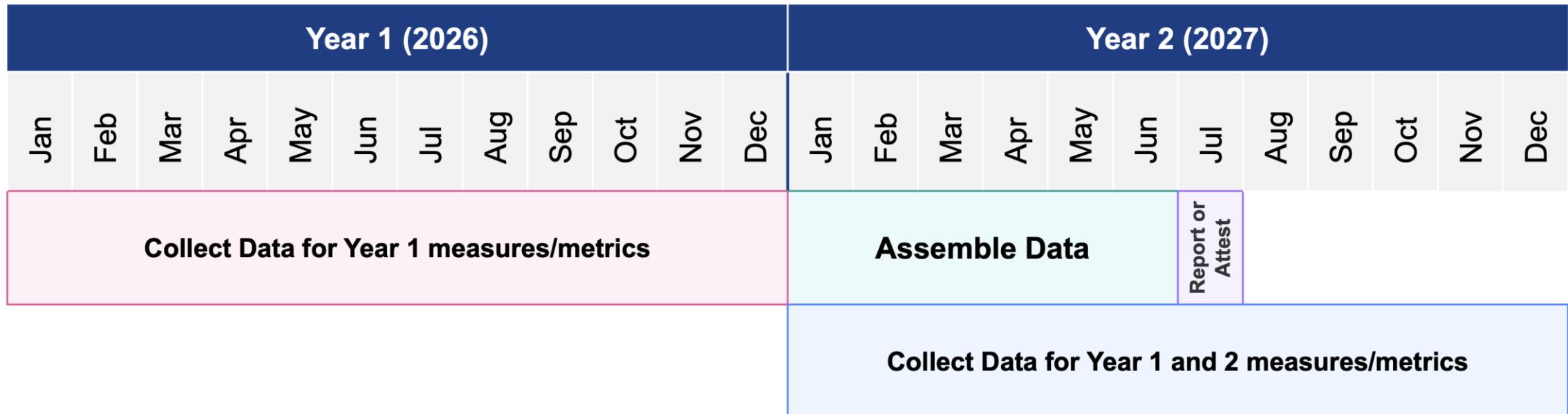
- Established the requirement to create an Electronic Health Record (EHR) Reporting Program to provide transparent reporting to measure the performance of Certified Health IT
- Specified its implementation as part of the Condition and Maintenance of Certification requirements for developers of Certified Health IT

Insights Condition provides transparent reporting that:

- Addresses information gaps in the health IT marketplace
- Provides insights on the use of specific Certified Health IT functionalities
- Provides information about end users' experience with certified health IT

What is the Reporting Frequency?

- The reporting period is one calendar year with developers having 6 months to collate the responses. These responses are due annually, each July.
- If not providing a data response, attest that do not meet the minimum reporting qualifications and provide reason why they do not meet the criteria for reporting.



How Will This Measure Be Reported?

- Responses will be **aggregated and reported at the product level** (across versions) in the format specified by the measure.
 - Certified Health IT developers with **integrated Certified Health IT products** will only have to report **one response** for each metric for those products (rather than two or more individual responses)
 - Certified Health IT developers using **relied upon software** to meet the certification requirements are responsible to report on Insights Condition measure
 - Developers may work with their relied upon software vendor, if necessary, to report on the metrics
- Certified Health IT developers shall make the required and optional documentation available via a **publicly accessible hyperlink** that allows any person to directly access the information **without any preconditions or additional steps**
- Responses will be made **publicly available** via an [ASTP/ONC website](#)
- **Note:** Insights Condition responses may also be used for **Real World Testing**

Insights Measure Reporting Enforcement Discretion

- At this time, Certified Health IT developers will not be required to comply with data collection and reporting beyond the “use of FHIR in apps through certified health IT” measure
- ASTP/ONC only expects Certified Health IT developers to report on, if applicable:
 - “Use of FHIR in apps through certified health IT” measure
 - 45 CFR 170.407(a)(3)(iv)(A) and (B): beginning July 1, 2027 (Year 1)
 - 45 CFR 170.407(a)(3)(iv)(C): beginning July 1, 2028 (Year 2)
- For all other measures under 45 CFR 170.407, ASTP/ONC is demonstrating enforcement discretion

Enforcement Discretion

Required under Enforcement Discretion	Domain	Measure	Related Criteria
✗	Individuals' Access to EHI	Individuals' Access to Electronic Health Information Through Certified Health IT	§§ 170.315(e)(1) and (g)(10)
✗	Clinical Care Information Exchange	C-CDA Problems, Medications, and Allergies Reconciliation and Incorporation Through Certified Health IT	§ 170.315(b)(2)
✗	Standards Adoption & Conformance	Applications Supported Through Certified Health IT	§ 170.315(g)(10)
✓	Standards Adoption & Conformance	Use of FHIR® in Apps Through Certified Health IT	§ 170.315(g)(10)
✗	Standards Adoption & Conformance	Use of FHIR Bulk Data Access Through Certified Health IT	§ 170.315(g)(10)
✗	Public Health Information Exchange	Immunization Administrations Electronically Submitted to Immunization Information Systems Through Certified Health IT	§ 170.315(f)(1)
✗	Public Health Information Exchange	Immunization History and Forecasts Through Certified Health IT	§ 170.315(f)(1)

Note: Metrics associated with the measures are described in the measure specification sheets published on ASTP/ONC's website.

Insights Submission Response/Attestation Requirements

Certified Health IT developers must submit one of the following *each year for every applicable measure for each certified product*:

Submit Measure/Metrics Response:

- Product-level aggregated data
- Data sources and methodology
- Percentage of customers represented

OR

Submit an Attestation indicating product not eligible for Insights reporting:

- Developer does not have a certified technology for the measure
- Developer does not have at least 50 hospital sites or 500 clinician users across their certified health IT
- Certified health IT product does not have users for the certified functionality associated with the measure

Measure Reporting Requirements for Insights Year 1



Measure: Use of FHIR® in Apps Through Certified Health IT

Year
1

Year
2

Year
3

Year 1 Metrics	Year 2 Metric
Number of distinct Certified Health IT deployments (across clients) associated with at least one FHIR resource returned, overall and by user type	
Number of requests made to distinct Certified Health IT deployments (across clients) that returned at least one FHIR resource by FHIR resource type	Number of distinct Certified Health IT deployments (across clients) associated with at least one FHIR resource returned by US Core Implementation Guide version
Number of distinct Certified Health IT deployments (across clients) active at any time during the reporting period, overall and by user type	

Refer to the Measure Specification Sheets ([v2](#),[v4](#)) for definitions, supplemental reporting information, and implementation information

Insights Measure Specifications: v2/v4 Flexibility

- Certified Health IT developers must submit data using at least the version of the Insights measure specifications finalized in the HTI-1 Final Rule (Version 2)
- Developers may submit data using either:
 - Version 2 (HTI-1 Final Rule), or
 - Version 4 (effective January 17, 2025)
 - **Updated definition of “user type” to include one additional category (patient-facing AND non-patient facing).**
- Applies only to the “**use of FHIR in apps through certified health IT**” measure (45 CFR 170.407(a)(3)(iv)), which is the only measure currently subject to reporting under enforcement discretion

Insights Measure Specifications Version 4: Clarifications Fact Sheet

https://www.healthit.gov/sites/default/files/2025-04/Insights_Measure_Spec_Sheet_4_Fact_Sheet.pdf

Year 1: Use of FHIR in apps through certified health IT V2 versus V4

Metrics	Version
Number of distinct Certified Health IT deployments (across clients) associated with at least one FHIR resource returned, overall	v2 or v4
Number of distinct Certified Health IT deployments (across clients) associated with at least one FHIR resource returned, patient-facing	v2 or v4
Number of distinct Certified Health IT deployments (across clients) associated with at least one FHIR resource returned, non-patient facing	v2 or v4
Number of distinct Certified Health IT deployments (across clients) associated with at least one FHIR resource returned, both patient-facing and non-patient facing	v4 only (optional)
Number of distinct Certified Health IT deployments (across clients) active at any time during the reporting period, overall	v2 or v4
Number of distinct Certified Health IT deployments (across clients) active at any time during the reporting period, patient-facing	v2 or v4
Number of distinct Certified Health IT deployments (across clients) active at any time during the reporting period, non-patient facing	v2 or v4
Number of distinct Certified Health IT deployments (across clients) active at any time during the reporting period, both patient-facing and non-patient facing	v4 only (optional)

Metric: Number of distinct certified health IT deployments (across clients) associated with at least one FHIR® resource returned, overall and by user type

Number of distinct Certified Health IT deployments associated with at least one FHIR resource returned (overall and by user type)

- **Definition:** Counts the number of Certified Health IT deployments (across clients) that successfully return at least one FHIR resource
- **Reported as:**
 - Overall (total across user types)
 - By user type
- **User type breakout:**
 - 1. Patient-facing (apps used by patients to access their EHI)
 - 2. Non patient-facing (apps used by providers, payers, researchers, etc.)
 - 3. *Optional:* Both patient-facing and non patient-facing (apps that serve both groups)

Note: User type breakout categories are not mutually exclusive. Developers may classify an app in more than one category if appropriate.

Metric: Number of distinct certified health IT deployments (across clients) active at any time during the reporting period, overall and by user type

Number of FHIR Resource Requests (by Type) Metric

- Definition: Counts the number of Certified Health IT deployments that were active (had a functioning § 170.315(g)(10) FHIR endpoint) at any point during the measurement year.
- Reported as:
 - Overall (total across user types)
 - By user type
- User type breakout:
 - 1. Patient-facing (apps used by patients to access their EHI)
 - 2. Non patient-facing (apps used by providers, payers, researchers, etc.)
 - 3. *Optional:* Both patient-facing and non patient-facing (apps that serve both groups)

Metric: Number of requests made to distinct certified health IT deployments (across clients) that returned at least one FHIR® resource by resource type

Number of FHIR Resource Requests (by Type) Metric

- **Definition:** Counts the total number of API requests to Certified Health IT deployments where at least one FHIR resource was returned, broken out by type of resource
- Each request must have returned at least one FHIR resource
- Data are reported by FHIR resource type
 - Provides insights into how frequently different resource types are accessed across deployments

Notes:

This metric is reported by FHIR resource type only (e.g., AllergyIntolerance, CarePlan, Observation). User type breakout does not apply.

In most cases, the percentage of customers represented in the data will be consistent across resources.

Required Resource Types	Optional Resource Types
AllergyIntolerance	Endpoint
CarePlan	Location
CareTeam	Organization
Condition	Practitioner
Coverage	PractitionerRole
Device	HealthcareService
DiagnosticReport	Media
DocumentReference	ValueSet
Encounter	Questionnaire
Goal	
Immunization	
Medication	
MedicationDispense	
MedicationRequest	
Observation	
Patient	
Procedure	
Provenance	
QuestionnaireResponse	
RelatedPerson	
ServiceRequest	
Specimen	

Choosing a Customer Definition and Calculating Percentages

Certification Companion Guide (CCG): Insights

Reporting Requirements for Certified Health IT Developers: September Updates

- CCG Version 1.3 was published to clarify “customer” definition and reporting percentage of customers represented in submitted data
- Developers must:
 - Report the percentage of total customers represented in the data
 - Developers must specify the definition of customer, how it is operationalized in the documentation and reasons for excluding customers.
- Options for customer definition:
 - Provider-based: Hospitals (inpatient) or clinicians (outpatient)
 - Deployment-based: Unique FHIR based URLs or API functionality implementations
 - Encounter-based: Number of encounters during the reporting year
- Documentation must also explain reasons for excluded customers (e.g., functionality not enabled, systems not updated, customers declined to share data)

Insights Condition CCG: <https://www.healthit.gov/condition-ccg/insights>

Calculating Percent of Customers for Each Metric

Steps to Calculate % of Customers

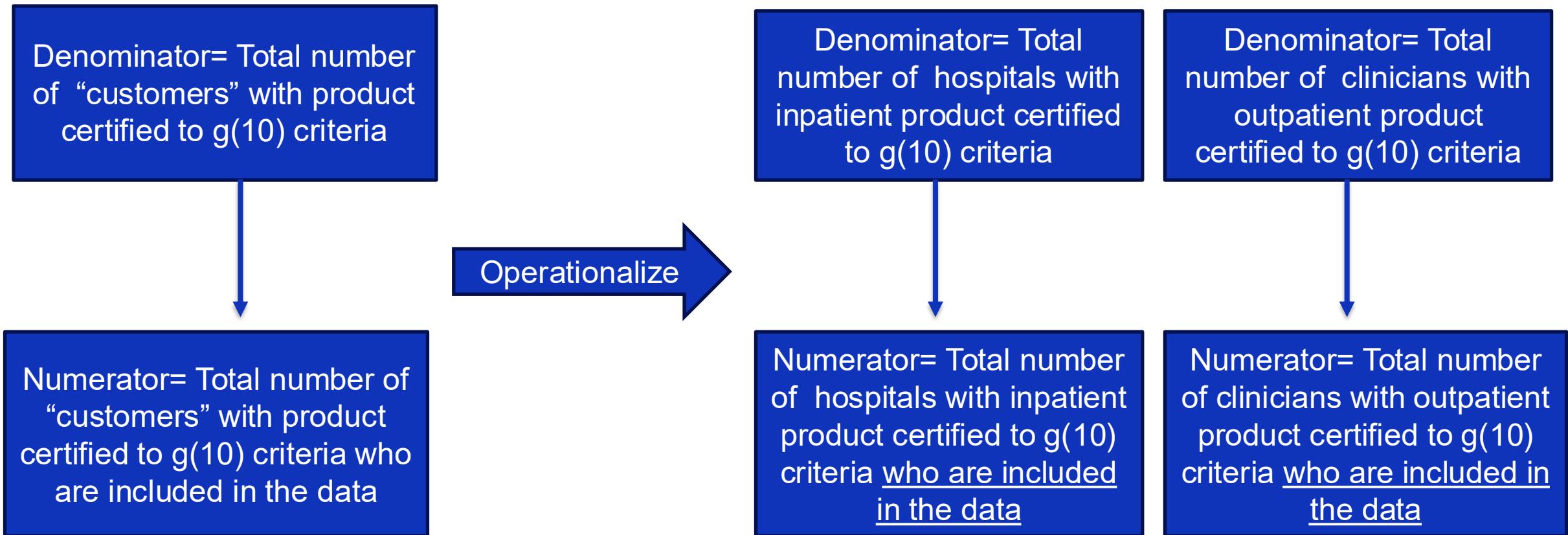
- For a given product during the reporting period, determine definition of customer (either provider-based, deployment-based, or encounter-based) that will most accurately reflect your customer base
- Denominator: All customers with product certified to g(10)
- Numerator: Customers with product certified to g(10) that are included in each metric
- Calculate the % of customers represented using numerator and denominator as specified above

What to Report

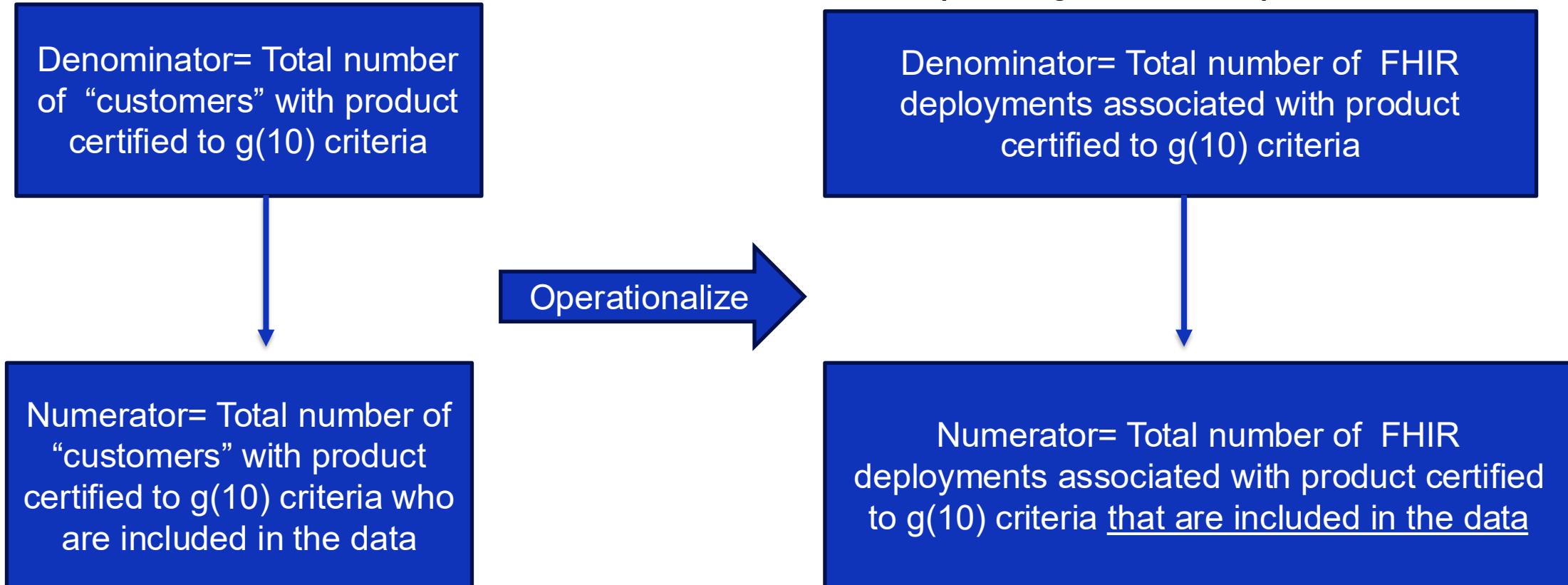
- % of customers included in each metric
- Document:
 - Chosen customer definition and how it was operationalized
 - Reasons for excluded customers:
 - Functionality not enabled
 - Systems not updated
 - Customers declined to share data

Note: Percentages must be aggregated at the product level

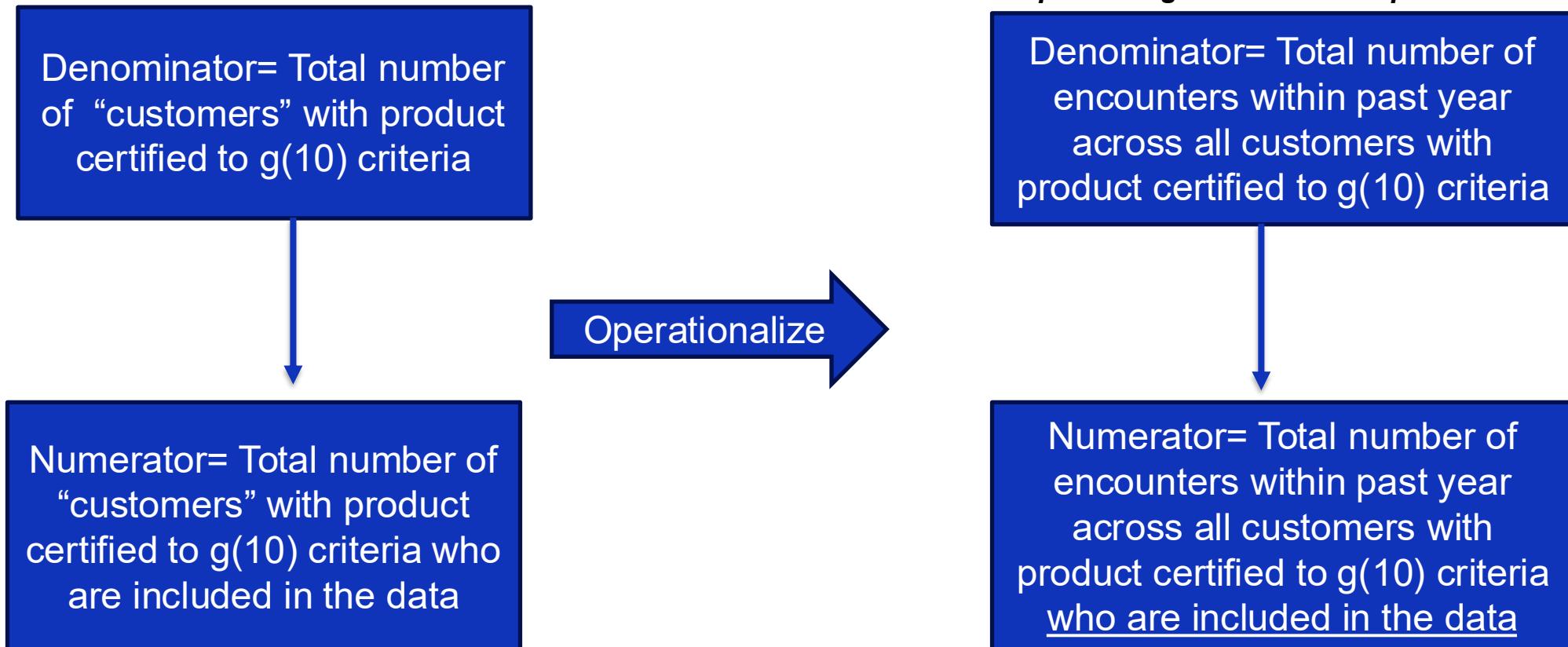
Calculating % of Customers: Provider-based Example



Reporting of percentage of customers using FHIR deployment-based definition



Reporting of percentage of customers using encounter-based definition



What is new since September:
Documentation & Templates for submission

Submission Process

- Submission Process – Year 1 Reporting or Attestation due July 2027
- Developers will access the Insights submission system by logging in through the Certified Health IT Product List (CHPL)
- There are multiple options for submitting results, including:
 - Directly entering results in a web-form
 - Using a CSV template to input results and then load to submission system
 - Using provided JSON template to input results and then load to submission system

Resources to help developers determine reporting eligibility are planned and will be shared when available.

Documentation and Templates

- Developer-facing documentation that accompanies the specifications
 - The documentation explains the intent of the measure, defines each reporting element, and offers clear descriptions of how the data elements fit together.
 - This documentation is meant to support developers in understanding the structure of the measure and how to prepare their reporting packages.
 - Layout to walk developers through reporting requirements
 - Descriptions of each measure component
 - Includes definitions and required data type information
 - Quickstart Guide with at-a-glance overview of reporting workflow
 - Aligned and based upon the measure specifications
 - **Documentation link:** <https://www.healthit.gov/sites/default/files/2025-12/Documentation-Insights-Y1-Reporting.xlsx>
- Templates
 - JSON Schema
 - All required data elements for Year 1 are enumerated in the JSON schema
 - Supports developers in reporting
 - Aligned and based upon the measure specifications
 - **JSON Schema link:** <https://www.healthit.gov/sites/default/files/2025-12/JSON-Schema-for-Y1-Reporting.json>
 - CSV Template
 - All required data elements are enumerated in the csv template
 - Includes formatting guidance to support submission
 - Aligned and based upon the measure specifications
 - **CSV Template link:** <https://www.healthit.gov/sites/default/files/2025-12/CSV-Template-for-Y1-Reporting.csv>

How did we generate the template?

Measure specification

Metric

Number of distinct Certified Health IT deployments (across clients) associated with at least one FHIR resource returned, overall

Required: Developers must provide percentage of total customers (e.g., hospital sites, individual clinician users) represented in the provided data for each metric response.



Documentation Guide

Measure Metric	Field Name	Metric Expected Value	Starting Program Year	Measure Specification Version	Required
Metric: Number of distinct certified health IT deployments (across clients) associated with at least one FHIR resource returned, overall and by user type					
The percentage of customers with distinct certified health IT deployments (across clients) associated with at least one FHIR resource returned, overall, relative to the developer's total customer base	interopStandards2DeploymentsAllFhirResourceCustomersPercent	Values from 0-100%, rounded to the whole number percentage	1	v2 or v4	Yes
Number of distinct certified health IT deployments (across clients) associated with at least one FHIR resource returned (overall)	interopStandards2DeploymentsAllFhirResource	<integer>	1	v2 or v4	Yes



Template

Field Name	interopStandards2DeploymentsAllFhirResource	interopStandards2DeploymentsAllFhirResourceCustomersPercent
Value	<integer>	Values from 0-100%, rounded to the whole number percentage

Quick-Start Guide and Documentation

QuickStart Guide

- High-level overview for developers just getting started
- Outlines the key steps in the reporting process
- Helps teams understand the structure before diving into details

Documentation

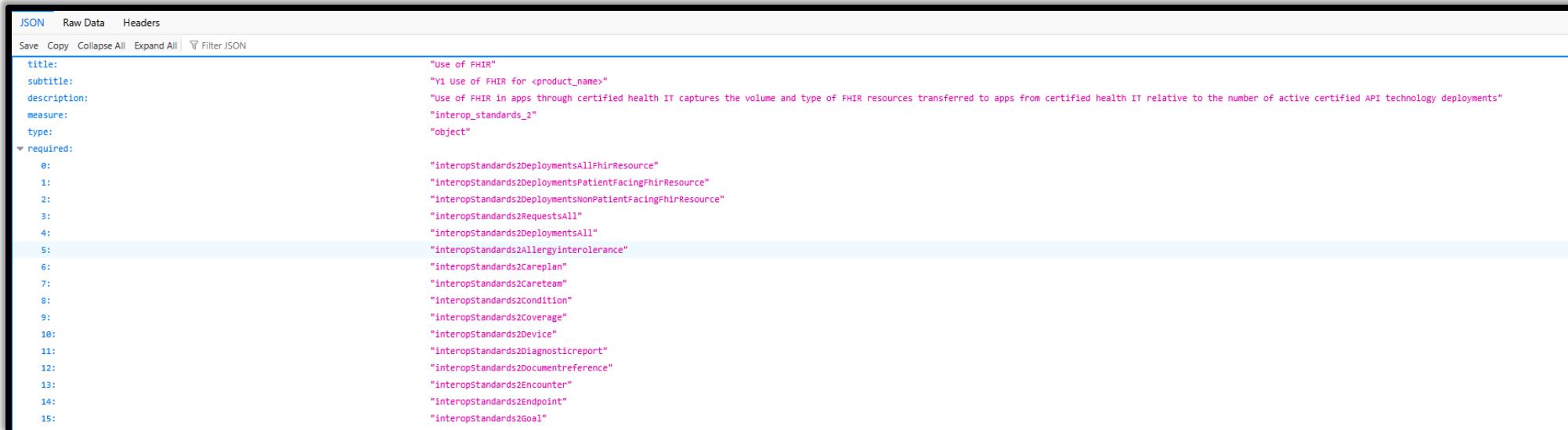
- Explains the measure, reporting elements, and data expectations
 - Measure metric, field name, metric expected value, starting program year, applicable measure specification version, required vs. optional, and notes
- Provides definitions to guide data preparation
- Complements the specifications and technical materials (JSON schema + CSV template)

	A Measure Metric	B Field Name	C Metric Expected Value	D Starting Program Year	E Measure Specification Version	F Required	G Notes
1							
2	Metric: Number of distinct certified health IT deployments (across clients) associated with at least one FHIR resource returned, overall and by user type						
3	The percentage of customers with distinct certified health IT deployments (across clients) associated with at least one FHIR resource returned, overall, relative to the developer's total customer base	interopStandards2DeploymentsAllFhirResourceCustomersPercent	Values from 0-100%, rounded to the whole number percentage	1	v2 and v4	Yes	The percentage of customers with distinct certified health IT deployments (across clients) associated with at least one FHIR resource returned, overall, relative to the developer's total customer base certified to g(10).
4	Number of distinct certified health IT deployments (across clients) associated with at least one FHIR resource returned (overall)	interopStandards2DeploymentsAllFhirResource	<integer>	1	v2 and v4	Yes	all types
5	Percent of Customers resource returned (patient-facing)	interopStandards2DeploymentsPatientFacingFhirResourceCustomersPercent	Values from 0-100%, rounded to the whole number percentage	1	v2 and v4	Yes	The percentage of customers with distinct patient-facing certified health IT deployments (across clients) associated with at least one FHIR resource returned, relative to the developer's total customer base certified to g(10).
6	Number of distinct certified health IT deployments (across clients) associated with at least one FHIR resource returned (patient-facing)	interopStandards2DeploymentsPatientFacingFhirResource	<integer>	1	v2 and v4	Yes	patient-facing
7	Percent of Customers resource returned (non patient-facing)	interopStandards2DeploymentsNonPatientFacingFhirResourceCustomersPercent	Values from 0-100%, rounded to the whole number percentage	1	v2 and v4	Yes	The percentage of customers with distinct non-patient-facing certified health IT deployments (across clients) associated with at least one FHIR resource returned, relative to the developer's total customer base certified to g(10).
8	Number of distinct certified health IT deployments (across clients) associated with at least one FHIR resource returned (non-patient-facing)	interopStandards2DeploymentsNonPatientFacingFhirResource	<integer>	1	v2 and v4	Yes	non-patient-facing
9	Percent of Customers resource returned (both patient-facing and non patient-facing)	interopStandards2DeploymentsBothFacingFhirResourceCustomersPercent	Values from 0-100%, rounded to the whole number percentage	1	v4	No	Optional metric. The percentage of customers with distinct patient-facing AND non-patient-facing certified health IT deployments (across clients) associated with at least one FHIR resource returned, relative to the developer's total customer base certified to g(10).
10	Number of distinct certified health IT deployments (across clients) associated with at least one FHIR resource returned (both patient-facing AND non-patient-facing)	interopStandards2DeploymentsBothFacingFhirResource	<integer>	1	v4	No	Optional metric. patient-facing AND non-patient-facing

Link to QuickStart Guide and Documentation: <https://www.healthit.gov/sites/default/files/2025-12/Documentation-Insights-Y1-Reporting.xlsx>

JSON Schema

- Machine and human-readable that defines required the data elements
- Includes variable names, formats, allowable values, and validation rules
- Enables automated validation of submissions before they are sent
- Fully aligned with specifications



The screenshot shows a JSON Schema editor interface with the following details:

- Header: JSON, Raw Data, Headers, Save, Copy, Collapse All, Expand All, Filter JSON
- Schema structure:
 - title: "Use of FHIR"
 - subtitle: "Y1 Use of FHIR for <product_name>"
 - description: "Use of FHIR in apps through certified health IT captures the volume and type of FHIR resources transferred to apps from certified health IT relative to the number of active certified API technology deployments"
 - measure: "interop_standards_2"
 - type: "object"
 - required:
 - 0: "interopStandards2DeploymentsAllFhirResource"
 - 1: "interopStandards2DeploymentsPatientFacingFhirResource"
 - 2: "interopStandards2DeploymentsNonPatientFacingFhirResource"
 - 3: "interopStandards2RequestsAll"
 - 4: "interopStandards2DeploymentsAll"
 - 5: "interopStandards2Allergyintolerance"
 - 6: "interopStandards2Careplan"
 - 7: "interopStandards2Careteam"
 - 8: "interopStandards2Condition"
 - 9: "interopStandards2Coverage"
 - 10: "interopStandards2Device"
 - 11: "interopStandards2Diagnosticreport"
 - 12: "interopStandards2Documentreference"
 - 13: "interopStandards2Encounter"
 - 14: "interopStandards2Endpoint"
 - 15: "interopStandards2Goal"

Link to JSON Schema: <https://www.healthit.gov/sites/default/files/2025-12/JSON-Schema-for-Y1-Reporting.json>

CSV Templates

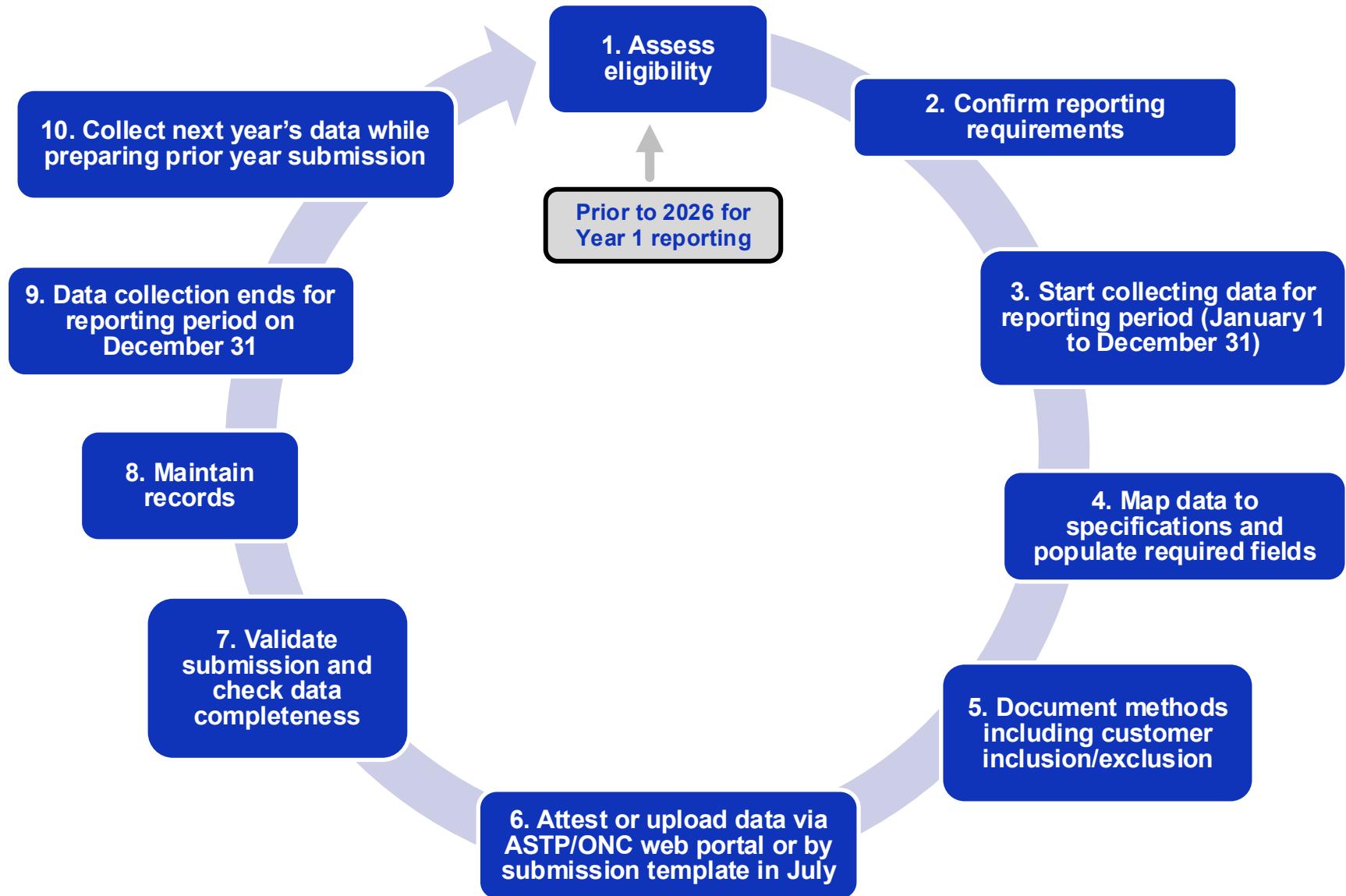
- Human-readable template in a structured format to organize required data elements.
- Includes standardized field names that align with specifications
- Supports developers to populate and review before submission

	interopStandards2DeploymentsAllFhirResourcesCustomersPercent	interopStandards2DeploymentsAllFhirResourcesPercent	interopStandards2DeploymentsPatientFacingFhirResourceCustomersPercent	interopStandards2DeploymentsPatientFacingFhirResource	interopStandards2DeploymentsNonPatientFacingFhirResourceCustomersPercent	interopStandards2DeploymentsNonPatientFacingFhirResource
Product 1						
Product 2						
Product 3						
Product 4						
Product 5						
Product 6						
Product 7						
Product 8						
Product 9						
Product 10						
Product 11						

Link to CSV Template: <https://www.healthit.gov/sites/default/files/2025-12/CSV-Template-for-Y1-Reporting.csv>

End-to-End Reporting Workflow

Year 1 of Insights Condition: Reporting Workflow Overview



Notes:

- Year 1 data collection runs January 1 through December 31.
- Year 1 submissions/attestations occur July 2027.
- Developers will prepare their Year 1 submission during the first half of 2027 while collecting Year 2 data.

Next Steps, Support, and Resources

- What should Certified Health IT developers Do Next?
- FAQs
- Resources

What Should Certified Health IT Developers Do Next?

1. Determine whether you meet the reporting qualifications for Insights Condition “use of FHIR in apps through Certified Health IT” measure
 - Do you have at least 50 hospital sites or 500 clinician users across your Certified Health IT products?
 - Does your product have a Certified API (45 CFR 170.315(g)(10))?
 - Does it have users?
2. Know your options for specifications
 - Report using either Version 2 or Version 4 of the measure specifications
 - Optional Version 4-only metrics are not required
3. Prepare for reporting
 - If applicable, begin collecting data as of **January 1, 2026**
 - Watch for updates on submission format and templates
4. Understand your response obligations
 - All Certified Health IT developers must submit a response annually, beginning **July 1, 2027**
 - Report data if applicable
 - Attest if not applicable

Certified Health IT Developer FAQs

Q: Do I still need to submit something if no measures apply to me?

A: Yes. You must submit an attestation that you do not meet the qualifications for reporting.

Q: Does enforcement discretion mean I still need to collect data but not report it?

A: No. For measures other than the “use of FHIR in apps through Certified Health IT” (45 CFR 170.407(a)(3)(iv)), you do not need to collect or report data while enforcement discretion is in effect.

Q: Can I use Version 4 of the measurement specifications?

A: Yes. You may use either Version 2 (finalized in HTI-1) or Version 4 for the “use of FHIR in apps” measure

Q: When do I need to start collecting data?

A: For required reporting as of July 1, 2027, Certified Health IT developers need to begin collecting applicable data starting January 1, 2026

Insights Condition Resources

- Insights Condition Resources: <https://www.healthit.gov/topic/certification-health-it/insights-condition>
- Insights Condition Certification Companion Guide (CCG): <https://www.healthit.gov/condition-ccg/insights>
- Insights Measure Specifications Version 4 Clarifications Fact Sheet: https://www.healthit.gov/sites/default/files/2025-04/Insights_Measure_Spec_Sheet_4_Fact_Sheet.pdf
- Insights Condition and Maintenance of Certification Enforcement Discretion: <https://www.healthit.gov/topic/insights-condition-and-maintenance-certification-enforcement-discretion>
- Health IT Feedback and Inquiry Portal: <https://www.healthit.gov/feedback> to submit a ticket under “Insights Condition”
- Documentation: <https://www.healthit.gov/sites/default/files/2025-12/Documentation-Insights-Y1-Reporting.xlsx>
- JSON Schema: <https://www.healthit.gov/sites/default/files/2025-12/JSON-Schema-for-Y1-Reporting.json>
- CSV Template: <https://www.healthit.gov/sites/default/files/2025-12/CSV-Template-for-Y1-Reporting.csv>



Please direct further questions to the Health IT Feedback and Inquiry Portal :
<https://www.healthit.gov/feedback>