I’m Kara Gainer, APTA’s director of regulatory affairs.

- Under the Medicare Access and CHIP Reauthorization Act’s Quality Payment Program, or QPP, clinicians who participate in Advanced Alternative Payment Models, known as Advanced APMs, may earn incentive payments and be exempted from the QPP’s Merit-based Incentive Payment System, or MIPS.
- There are 3 criteria for a health delivery model to be an Advanced APM. The model must:
  1. Require participants to use certified electronic health records, or EHR, technology;
  2. Tie payment to quality; and
  3. Require downside financial risk.
- The first requirement, certified EHR technology, is at the core of the QPP for both MIPS and APMs. EHR is needed for the exchange of information across providers and with patients to support improved care delivery, including patient engagement and care coordination.
- For 2018, an Advanced APM must require at least 50% of Medicare-enrolled clinicians participating in the model (or in each hospital if the hospital is the APM participant) to use certified EHR functions to document and communicate clinical care with patients and other health care professionals.
- This means the Advanced APM must require the use of certified EHR technology in its legal vehicles, such as terms and conditions, that hold the APM entities accountable.
- Depending on the Advanced APM, clinicians can use EHR technology that was certified in either 2014 or 2015 to satisfy this requirement. Clinicians will need to check with the APM entity as to which year’s edition they are required to use.
- That said, EHRs used by physical therapists are not 2014 or 2015 certified. While physical therapists will still be eligible to participate in some APM entities, as long as the APM entity can verify that at least 50% of the clinicians, including PTs, within the entity are using certified EHRs, this threshold is only going to increase.
- APTA recommends that you ask your EHR vendor if your EHR system is certified or planning to become certified.
- APTA is actively working with the Centers for Medicare and Medicaid Services, and the National Office of the Coordinator for Health Information Technology, to develop certification criteria for EHRs used by physical therapists to ensure that physical therapists are adequately equipped for participation in APMs in the future.
• Beginning in 2019, entities may be able to qualify as an Advanced APM based on participation in APMs with payers other than Medicare. Other payers include Medicare Advantage, Medicaid, and private payers.
• These arrangements with other payers will need to incorporate the same certified EHR technology requirements as for Medicare Advanced APMs, as CMS will apply equivalent criteria to them in terms of EHR, quality measurement, and financial risk.

This has been Episode 19 of the podcast series on value-based care. To find all episodes of this series, go to www.apta.org/MACRA/. You also can find these and all APTA podcasts on iTunes by searching APTA Podcasts or by going to www.apta.org/Podcasts. Thanks for listening.

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