

2025 Current Fiscal Year Report: Physician-Focused Payment Model Technical Advisory Committee

Report Run Date: 04/24/2026 09:06:40 PM

1. Department or Agency	2. Fiscal Year
Department of Health and Human Services	2025

3. Committee or Subcommittee	3b. GSA Committee No.
Physician-Focused Payment Model Technical Advisory Committee	2559

4. Is this New During Fiscal Year?	5. Current Charter	6. Expected Renewal Date	7. Expected Term Date
No	01/05/2016		

8a. Was Terminated During Fiscal Year?	8b. Specific Termination Authority	8c. Actual Term Date
No		

9. Agency Recommendation for Next Fiscal Year	10a. Legislation Req to Terminate?	10b. Legislation Pending?
Continue	Not Applicable	Not Applicable

11. Establishment Authority Statutory (Congress Created)

12. Specific Establishment Authority	13. Effective Date	14. Committee Type	14c. Presidential?
42 U.S.C. §1395ee(c)(1)	04/16/2015	Continuing	No

15. Description of Committee National Policy Issue Advisory Board

16a. Total Number of Reports No Reports for this Fiscal Year

17a. Open 1 **17b. Closed** 0 **17c. Partially Closed** 0 **Other Activities** 0 **17d. Total** 1

Meetings and Dates

Purpose	Start	End
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To gain perspectives on using data and health information technology to transparently empower consumers and support providers

09/08/2025 - 09/09/2025

Number of Committee Meetings Listed: 1

	Current FY	Next FY
18a(1). Personnel Pmts to Non-Federal Members	\$0.00	\$0.00
18a(2). Personnel Pmts to Federal Members	\$0.00	\$0.00
18a(3). Personnel Pmts to Federal Staff	\$1,043,407.00	\$1,278,800.00
18a(4). Personnel Pmts to Non-Member Consultants	\$0.00	\$2,951,200.00
18b(1). Travel and Per Diem to Non-Federal Members	\$23,172.76	\$45,000.00
18b(2). Travel and Per Diem to Federal Members	\$0.00	\$0.00
18b(3). Travel and Per Diem to Federal Staff	\$0.00	\$0.00
18b(4). Travel and Per Diem to Non-member Consultants	\$5,153.10	\$12,000.00
18c. Administrative Costs (FRNs, contractor support, In-person/hybrid/virtual meetings)	\$0.00	\$0.00
18d. Other (all other funds not captured by any other cost category)	\$19,893.22	\$400,000.00
18e. Total Costs	\$1,091,626.08	\$4,687,000.00
19. Federal Staff Support Years (FTE)	4.50	6.00

20a. How does the Committee accomplish its purpose?

The establishing statute requires the Physician-Focused Payment Model Technical Advisory Committee (PTAC) to review physician-focused payment model (PFPM) proposals submitted by individuals and stakeholder entities and make comments and recommendations to the Secretary of Health and Human Services (HHS) regarding the extent to which such models meet criteria established by the Secretary.

20b. How does the Committee balance its membership?

The establishing statute requires that the Comptroller General of the United States appoint PTAC members. The membership of the Committee shall include individuals with national recognition for their expertise in physician-focused payment models and related delivery of care under the Medicare program. No more than five members of the Committee shall be providers of services or suppliers, or representatives of providers of services or suppliers. The Secretary, or designee, shall appoint two members to serve as Co-Chairpersons. A member of the Committee shall not be an employee of the Federal Government.

20c. How frequent and relevant are the Committee Meetings?

The number of PTAC meetings per year are influenced by the number of proposals that PTAC receives from individual and stakeholder entities or by the topics related to the submitted proposals. PTAC aims and is scheduled to meet quarterly.

20d. Why can't the advice or information this

committee provides be obtained elsewhere?

The establishing statute requires PTAC, whose membership must include individuals with national recognition for their expertise in PFPs and related delivery of care, to review PFP proposals submitted by individuals and stakeholder entities and make comments and recommendations to the Secretary regarding the extent to which such models meet criteria established by the Secretary.

20e. Why is it necessary to close and/or partially closed committee meetings?

Not Applicable/All meetings are open to the public.

21. Remarks

Cost calculations vary from prior years. Contracts are included under payments to consultants if the contract included technical support. Performance measures also vary from prior years. Committee members who do not reside in the District of Columbia locality are reimbursed for travel and per diem expenses to attend Committee meeting held in the DC area. Committee members who do reside locally, as per federal travel regulations, are only reimbursed local travel expenses (e.g., mileage and parking). They do not receive a per diem reimbursement.

Designated Federal Officer

Marsha Clarke DFO

Committee Members	Start	End	Occupation	Member Designation
Bhansali, Henish	10/24/2024	10/24/2027	INDEPENDENT CONSULTANT	Ex Officio Member
Botsford, Lindsay	10/24/2022	10/23/2025	Market Medical Director Philadelphia College of Osteopathic Medicine	Ex Officio Member
Feldstein, Jay	10/12/2023	10/12/2026	College of Osteopathic Medicine	Ex Officio Member
Hardin, Lauren	10/12/2023	10/12/2026	HC2 Strategies	Ex Officio Member

Kosinski, Lawrence	10/18/2021	10/17/2024	Chief Medical Officer of SonarMD	Ex Officio Member
Liao, Joshua	10/12/2023	10/12/2026	Ascension	Ex Officio Member
Lin, Walter	10/12/2023	10/12/2026	Generation Clinical Partners	Ex Officio Member
Mills, Lee	10/12/2023	10/12/2026	Aetna Better Health of Oklahoma	Ex Officio Member
Pulluru, Soujanya	10/18/2021	10/17/2024	Senior Director II, Clinical Transformation, Natl Health and Wellness Walmart Inc.	Ex Officio Member
Ramachadran, Krishna	10/24/2024	10/24/2027	United Health Group	Ex Officio Member
Tyson, David	11/25/2025	11/25/2027	Novant Health	Ex Officio Member
Walton, James	10/24/2022	10/23/2025	President & CEO	Ex Officio Member

Number of Committee Members Listed: 12

Narrative Description

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), which established PTAC, changed the way that Medicare pays physicians and other clinicians and created incentives for them to participate in alternative payment models (APMs). PTAC provides an opportunity for stakeholders to have a role in APM development. PTAC’s comments and recommendations on stakeholder-submitted proposals assist HHS as it considers new models.

What are the most significant program outcomes associated with this committee?

Checked if Applies

- Improvements to health or safety
- Trust in government
- Major policy changes
- Advance in scientific research
- Effective grant making
- Improved service delivery

- Increased customer satisfaction
- Implementation of laws or regulatory requirements
- Other

Outcome Comments

N/A

What are the cost savings associated with this committee?

Checked if Applies

- None
- Unable to Determine
- Under \$100,000
- \$100,000 - \$500,000
- \$500,001 - \$1,000,000
- \$1,000,001 - \$5,000,000
- \$5,000,001 - \$10,000,000
- Over \$10,000,000
- Cost Savings Other

Cost Savings Comments

Cost savings may depend upon how many PFPM proposals PTAC reviews, how many proposal related meetings they have, and how many public meetings they have in a fiscal year. Since PTAC's annual allotment has stayed the same from 2016 and has not increased with inflation, cost savings are more difficult at this time.

What is the approximate Number of recommendations produced by this committee for the life of the committee?

35

Number of Recommendations Comments

In FY 25, PTAC’s September 2025 public meeting focused on using data and health information technology to transparently empower consumers and support providers. The information that PTAC gleaned from a review of previous PFPM proposals, other literature that addressed the topic, as well as input received from the subject matter experts who participated in the public, informed the Committee members 5 chosen topics: 1) Promoting Patient Access to and Use of Their Data; 2) Leveraging Data from Patient Wearables and Other Digital Health Tools; 3) Supporting Shared Decision-Making

Between Providers and Patients; 4) Optimizing Use of Artificial Intelligence (AI); and 5) Using Alternative Payment Models and Other Incentives to Empower Patients and Support Providers. In FY 24, PTAC delivered comments and recommendations to the secretary on 2 topics related to prior proposals: Improving Management of Care Transitions in Population-based Total Cost of Care Models; Encouraging Rural Participation in Population-based Total Cost of Care Models In FY 23, PTAC delivered comments and recommendations to the secretary on 2 topics related to prior proposals: Optimizing Population-Based Total Cost of Care Models in the Context of APMs & PFPMs; Improving Care Delivery & Integrating Specialty Care in Population-based Models. In FY 22, PTAC delivered comments and recommendations to the secretary on 1 topic related to prior proposals: Social Determinants of Health & Equity. In FY 21, PTAC delivered comments and recommendations to the Secretary on 2 PFPM proposals and 2 topics related to prior proposals: Telehealth and Care Coordination. In FY 20, PTAC delivered comments and recommendations to the Secretary on 3 PFPM proposals. In FY 19, PTAC delivered comments and recommendations to the Secretary on 8 PFPM proposals. In FY 18, PTAC delivered comments and recommendations to the Secretary on 12 PFPM proposals. In FY 17, PTAC delivered comments and recommendations to the Secretary on 3 PFPM proposals.

What is the approximate Percentage of these recommendations that have been or will be Fully implemented by the agency?

21%

% of Recommendations Fully Implemented Comments

As of FY 25, PTAC has delivered comments and recommendations to the Secretary on 28 PFPM proposals and 3 topics related to prior PFPM proposals. PTAC did not recommend 6 proposals and determined the Secretary's criteria are not applicable to 2 proposals. PTAC recommended 3 proposals for attention, 8 for limited-scale testing, 3 for testing to inform payment model development, 1 for further development and implementation as a payment model, and 5 for implementation. The Secretary has responded to PTAC's comments and recommendations on 28 of these proposals. The Secretarial responses did not commit to implementation or testing of any of the proposed PFPMs as recommended by PTAC, and development and implementation takes time.

What is the approximate Percentage of these recommendations that have been or will be Partially implemented by the agency?

71%

% of Recommendations Partially Implemented Comments

The Secretarial responses for many of the proposals reflect interest in exploring how proposed ideas might inform model development and/or a desire to continue to engage stakeholders. HHS leaders have also publicly acknowledged that aspects of proposals submitted to and reviewed by PTAC have influenced models put forth by CMMI. In Liz Fowler's remarks to PTAC in March and June 2024, CMMI Director Liz Fowler stated, "Prior PTAC submissions have influenced the design of several of our prior models on Primary Care First, which was influenced by AAFP and the University of Chicago submissions; the Oncology Care Model and its successor, the Enhancing Oncology Model, both influenced by submissions from Hackensack Meridian Health and COA and ASCO, and then our Kidney Care Choices Model, which was heavily influenced by the Renal Physician Associates." In December 2022, Liz Fowler mentioned working with PTAC on a common goal and that they are using PTAC's platform to reach out to physician groups to get input on very specific ideas (specialty strategy and incorporating equity into models). In 2019, HHS announced payment and care delivery models in primary care and kidney care. Specifically, when CMMI unveiled a set of new payment models as part of its Primary Care Initiative in April 2019, the announcement materials acknowledged PTAC for its influence on the models' development, also recognizing the contributions of four proposal submitters. PTAC recommendations can also influence CMS policy beyond affecting new CMMI models. At the September 2021 public meeting, Deputy Secretary, Andrea Palm spoke on HHS' pursuit of health equity and improved health care delivery systems including thoughtfully designed Alternative Payment Models and payment policy. She stated that CMMI is committed to working with physicians and other health care leaders, patient groups, researchers, and other stakeholders, to drive meaningful change and make the health care system better for all people. CMMI Director, Liz Fowler, stated that the PTAC process allows for a unique opportunity to identify strategies and solutions to achieve value-based care in the health system. She hoped to keep PTAC public discussions going as advancing health equity takes off as a national priority, and continue to develop future payment and service delivery models.

Does the agency provide the committee with feedback regarding actions taken to implement recommendations or advice offered?

Yes No Not Applicable

Agency Feedback Comments

The establishing statute requires that the Secretary review the comments and recommendations submitted by PTAC and post a detailed response to such comments and recommendations on the Centers for Medicare & Medicaid Services website.

Secretarial responses are available at <https://innovation.cms.gov/initiatives/pfpms/>

What other actions has the agency taken as a result of the committee's advice or recommendation?

Checked if Applies

- Reorganized Priorities
- Reallocated resources
- Issued new regulation
- Proposed legislation
- Approved grants or other payments
- Other

Action Comments

N/A

Is the Committee engaged in the review of applications for grants?

No

Grant Review Comments

How is access provided to the information for the Committee's documentation?

Checked if Applies

- Contact DFO
- Online Agency Web Site
- Online Committee Web Site
- Online GSA FACA Web Site
- Publications
- Other

Access Comments