

Advanced APM Entities and eligible clinicians to maintain copies of all records related to the All-Payer Combination Option for at least 10 years. We believe that is an unnecessarily long period to retain such records, and CMS offers no basis for choosing this number. Most states require physicians to retain medical records up to 7 years (or 7 years past the age of majority for pediatric patients). We think 7 years should be equally sufficient for CMS's purposes in this case.

10. Physician-Focused Payment Models

(2) Deadlines for the duties of the Secretary, the PTAC, and CMS

CMS does not propose to set deadlines via regulations for the PTAC's comments and recommendations on proposed PFPs, the Secretary's response to the PTAC's comments and recommendations, and CMS's testing of PFPs. CMS believes that setting a deadline for the PTAC's comments and recommendations would interfere with the PTAC's freedom to govern itself and develop its own process and timeline for reviewing proposed PFPs. CMS's wish to preserve the PTAC's independence and to give it the freedom to determine how and when it would review proposed PFPs without rulemaking. CMS believes that setting a deadline through rulemaking for the Secretary's review of the PTAC's comments and recommendations, publication of a response to them, and CMS's potential testing of a proposed PFP submitted to the PTAC is inappropriate because these tasks would take varying amounts of time depending on factors that we cannot predict.

AAFP Response

The AAFP agrees that it is not CMS's place to set a deadline for the PTAC's comments and recommendations, for the reasons given by CMS in the proposed rule. However, we disagree with CMS that it should not set a deadline for Secretarial review of PTAC comments and recommendations and publication of a response to them. Section 1868(c)(2)(D) requires the Secretary to review PTAC comments and recommendations and post a detailed response to the CMS web site. Without even a self-imposed deadline, CMS could effectively avoid this responsibility. We believe that individuals and entities who submit PFPs to the PTAC using criteria set by CMS should have a reasonable idea when CMS will respond to PTAC comments and recommendations on those PFPs. As we have noted elsewhere in our response to this proposed rule, we and others understand that things do not always go as planned and sometimes the unpredictable happens. It is a point that we hope CMS remembers when dealing with physicians. In such circumstances, CMS may need to extend its deadline. However, such unusual circumstances should not prevent CMS from establishing a deadline that will work for the typical comment and recommendation from the PTAC.

We agree that CMS need not establish a deadline in regulations for potential testing of a proposed PFP. However, when CMS posts its response to PTAC comments and recommendations, it should include a general timeline for testing of those PFPs that it agrees merit testing, so those with an interest in such PFPs have some idea of what to expect in this regard.

Finally, we stress the importance of advanced APM options being available for physicians to move out of MIPS successfully and quickly as negative payment adjustments increase under MIPS. MACRA clearly intended to move physicians from MIPS to the APM track, and we believe that the PTAC is in a position to assist physician groups, stakeholders, and CMS with this effort. We see PTAC an important part of the process of moving physicians from MIPS into APMs and encourage CMS to be responsive to the committee's recommendations.