AAFP Response
Since the AAFP opposes total per capita cost and MSPB measures within MIPS, AAFP will not respond to how to attribute patients for those measures.

The AAFP's position regarding any attribution model is that patients must be attributed based on who can control those specific costs. The model must include a reconciliation process for clinicians to review, add, or remove patients from the list received by CMS. The AAFP has heard from many of its members that there is little recourse or opportunity to make corrections to their list of attributed patients. The AAFP feels that inclusion of a reconciliation process would help alleviate this problem.

(ii) Reliability (Value Modifier Cost Measures Proposed for the MIPS Resource Use Performance Category)

In the 2013 final Medicare physician fee schedule, in the discussion of reliability for the cost and quality measures being selected for the physician value-based payment modifier, CMS stated:

> *We believe it is crucial that the value-based payment modifier be based on quality of care and cost composites that reliably measure performance. Statistical reliability is defined as the extent to which variation in the measure's performance rate is due to variation in the quality (or cost) furnished by the physicians (or group of physicians) rather than random variation due to the sample of cases observed. Potential reliability values range from zero to one, where one (highest possible reliability) signifies that all variation in the measure's rate is the result of variation in differences in performance across physicians (or groups of physicians). Generally, reliabilities in the 0.40–0.70 range are often considered moderate and values greater than 0.70 high.*

In the MACRA proposed rule, CMS proposes to use a 0.4 reliability threshold for evaluating the inclusion of a Resource Use measure in the MIPS composite performance score.

AAFP Response
This proposal seems inconsistent with what commercial health plans and professional statisticians consider to be the minimum reliability threshold for a physician cost profiling measure: 0.7 as published in the *New England Journal of Medicine*. Two studies, "The Reliability of Physician Cost Profiling in Medicare," a study conducted by staff from Thomson Reuters for the Medicare Payment Advisory Commission, and "Benchmarking Physician Performance: Reliability of Individual and Composite Measures" published in the *American Journal of Managed Care* indicated that composite measures are only reliable and valid at the 0.7 confidence level. The AAFP urges CMS to use a 0.7 reliability threshold instead of the proposed 0.4 threshold. Using a 0.4 threshold effectively means that, on average, a clinician's observed Resource Use performance is more likely to be the result of statistical error (or random variation) in the measurement of performance, rather than an accurate measurement of actual Resource Use. Implementing the proposed reliability threshold would severely undermine clinicians' confidence in the MIPS Resource Use measures and could limit the usefulness of Resource Use feedback reports from CMS to providers, because they will, correctly, doubt how accurate they are.

The AAFP agrees with CMS that specialty adjustment for Resource Use measures is not needed, particularly if total per capita cost and MSPB measures are eliminated and patients are attributed to episode groups based on highest Part B allowable costs. Since episode groups are