

## County-Level FFS Data for Shared Savings Program Benchmark PUF Data Dictionary

Term Name	Variable Name	Definition	Footnotes
Year	YEAR	Calendar year (CY) for which assignable beneficiaries are determined and per capita expenditures, average risk scores, and person years are calculated.	
State name	STATE_NAME	State name.	
County name	COUNTY_NAME	County name.	
State ID	STATE_ID	Social Security Administration (SSA) state code. Note that this code should always include two numeric characters, though leading zeros may be dropped when opening the files in some programs (e.g. a value of "01" may appear as "1").	
County ID	COUNTY_ID	SSA county code. Note that this code should always include three numeric characters, though leading zeros may be dropped when opening the files in some programs (e.g. a value of "001" may appear as "1").	
Per capita ESRD expenditures	PER_CAPITA_EXP_ESRD	Annualized, truncated, weighted mean total expenditures per End Stage Renal Disease (ESRD) assignable beneficiary person year in the county. Refer to parameters and notes for further details.	(.) = Missing (county has no assigned beneficiaries with this enrollment type)  (*) = Suppressed (county has between 1 and 10 assigned beneficiaries with this enrollment type)
Average ESRD HCC risk score	AVG_RISK_SCORE_ESRD	Final mean prospective CMS-Hierarchical Condition Category (HCC) risk score for assignable beneficiaries in ESRD enrollment type in the county, based on the applicable risk adjustment model for that year, renormalized so that the mean national fee-for-service (FFS) risk score for the assignable ESRD population equals 1.0. Refer to parameters sheet for further details.	(.) = Missing (county has no assigned beneficiaries with this enrollment type)  (*) = Suppressed (county has between 1 and 10 assigned beneficiaries with this enrollment type)
ESRD person years	PERSON_YEARS_ESRD	Number of assignable beneficiaries with ESRD enrollment type in the county, adjusted for the total number of months that each beneficiary was classified as ESRD and was enrolled in Part A and Part B and was not enrolled in a Medicare Group Health Plan. Refer to parameters and notes for further details.	(.) = Missing (county has no assigned beneficiaries with this enrollment type)  (*) = Suppressed (county has between 1 and 10 assigned beneficiaries with this enrollment type)
Per capita DISABLED expenditures	PER_CAPITA_EXP_DIS	Annualized, truncated, weighted mean total expenditures per DISABLED assignable beneficiary person year in the county. Refer to parameters and notes for further details.	(.) = Missing (county has no assigned beneficiaries with this enrollment type)  (*) = Suppressed (county has between 1 and 10 assigned beneficiaries with this enrollment type)

Term Name	Variable Name	Definition	Footnotes
Average DISABLED CMS HCC risk score	AVG_RISK_SCORE_DIS	Final mean prospective CMS HCC risk score for assignable beneficiaries in DISABLED enrollment type in the county, based on the applicable risk adjustment model for that year, renormalized so that the mean national FFS risk score for the assignable DISABLED population equals 1.0. Refer to parameters and notes for further details.	(.) = Missing (county has no assigned beneficiaries with this enrollment type)  (*) = Suppressed (county has between 1 and 10 assigned beneficiaries with this enrollment type)
DISABLED person years	PERSON_YEARS_DIS	Number of assignable beneficiaries with DISABLED enrollment type in the county, adjusted for the total number of months that each beneficiary was classified as DISABLED and was enrolled in Part A and Part B and was not enrolled in a Medicare Group Health Plan. Refer to parameters and notes for further details.	(.) = Missing (county has no assigned beneficiaries with this enrollment type)  (*) = Suppressed (county has between 1 and 10 assigned beneficiaries with this enrollment type)
Per capita AGED/DUAL expenditures	PER_CAPITA_EXP_AGDU	Annualized, truncated, weighted mean total expenditures per AGED/DUAL assignable beneficiary person year in the county. Refer to parameters and notes for further details.	(.) = Missing (county has no assigned beneficiaries with this enrollment type)  (*) = Suppressed (county has between 1 and 10 assigned beneficiaries with this enrollment type)
Average AGED/DUAL CMS HCC risk score	AVG_RISK_SCORE_AGDU	Final mean prospective CMS-HCC risk score for assignable beneficiaries in AGED/DUAL enrollment type in the county, based on the applicable risk adjustment model for that year, renormalized so that the mean national FFS risk score for the assignable AGED/DUAL population equals 1.0. Refer to parameters and notes for further details.	(.) = Missing (county has no assigned beneficiaries with this enrollment type)  (*) = Suppressed (county has between 1 and 10 assigned beneficiaries with this enrollment type)
AGED/DUAL person years	PERSON_YEARS_AGDU	Number of assignable beneficiaries with AGED/DUAL enrollment type in the county, adjusted for the total number of months that each beneficiary was classified as AGED/DUAL and was enrolled in Part A and Part B and was not enrolled in a Medicare Group Health Plan. Refer to parameters and notes for further details.	(.) = Missing (county has no assigned beneficiaries with this enrollment type)  (*) = Suppressed (county has between 1 and 10 assigned beneficiaries with this enrollment type)
Per capita AGED/NON-DUAL expenditures	PER_CAPITA_EXP_AGND	Annualized, truncated, weighted mean total expenditures per AGED/NON-DUAL assignable beneficiary person year in the county. Refer to parameters and notes for further details.	(.) = Missing (county has no assigned beneficiaries with this enrollment type)  (*) = Suppressed (county has between 1 and 10 assigned beneficiaries with this enrollment type)

Term Name	Variable Name	Definition	Footnotes
Average AGED/NON-DUAL CMS HCC risk score	AVG_RISK_SCORE_AGND	Final mean prospective CMS-HCC risk score for assignable beneficiaries in AGED/NON-DUAL enrollment type in the county, based on the applicable risk adjustment model for that year, renormalized so that the mean national FFS risk score for the assignable AGED/NON-DUAL population equals 1.0. Refer to parameters and notes for further details.	(.) = Missing (county has no assigned beneficiaries with this enrollment type)  (*) = Suppressed (county has between 1 and 10 assigned beneficiaries with this enrollment type)
AGED/NON-DUAL person years	PERSON_YEARS_AGND	Number of assignable beneficiaries with AGED/NON-DUAL enrollment type in the county, adjusted for the total number of months that each beneficiary was classified as AGED/DUAL and was enrolled in Part A and Part B and was not enrolled in a Medicare Group Health Plan. Refer to parameters and notes for further details.	(.) = Missing (county has no assigned beneficiaries with this enrollment type)  (*) = Suppressed (county has between 1 and 10 assigned beneficiaries with this enrollment type)

## Parameters

File year	Performance Year Assignment Methodology	File Name	Assignment Window (period over which assignable beneficiaries identified and expenditures calculated)	Claims Run-Out	Completion Factor
2021	PY 2022	County_Level FFS_Data_for_Shared_Savings_Program_Benchmark_PUF_2021_01_01	January 1, 2021-December 31, 2021	3 months	1.013
2020	PY 2021/PY 2022	County_Level FFS_Data_for_Shared_Savings_Program_Benchmark_PUF_2020_01_01	January 1, 2020-December 31, 2020	3 months	1.013
2019	PY 2021/PY 2022	County_Level FFS_Data_for_Shared_Savings_Program_Benchmark_PUF_2019_01_01	January 1, 2019-December 31, 2019	3 months	1.013
2018	PY 2021/PY 2022	County_Level FFS_Data_for_Shared_Savings_Program_Benchmark_PUF_2018_01_01	January 1, 2018-December 31, 2018	3 months	1.013
2017	PY 2021/PY 2022	County_Level FFS_Data_for_Shared_Savings_Program_Benchmark_PUF_2017_01_01	January 1, 2017-December 31, 2017	3 months	1.013
2016	PY 2021/PY 2022	County_Level FFS_Data_for_Shared_Savings_Program_Benchmark_PUF_2016_01_01	January 1, 2016-December 31, 2016	3 months	1.013

## Expenditure Truncation Thresholds

File year	Performance year assignment methodology	ESRD	DISABLED	AGED/DUAL	AGED/NON-DUAL
2021	PY 2022	\$463,728.53	\$157,918.99	\$208,937.31	\$132,063.56
2020	PY 2021/PY 2022	\$436,782.96	\$152,996.98	\$205,783.75	\$132,413.22
2019	PY 2021/PY 2022	\$430,634.88	\$148,364.88	\$201,073.29	\$133,340.05
2018	PY 2021/PY 2022	\$426,476.04	\$140,147.02	\$191,857.92	\$128,926.74
2017	PY 2021/PY 2022	\$424,340.52	\$135,101.15	\$186,499.26	\$125,084.76
2016	PY 2021/PY 2022	\$440,444.84	\$131,727.75	\$184,793.40	\$121,596.64

**National Assignable FFS Mean CMS-HCC Risk Scores Used to Renormalize CMS-HCC Risk Scores**

<b>File year</b>	<b>Performance year assignment methodology</b>	<b>ESRD</b>	<b>DISABLED</b>	<b>AGED/DUAL</b>	<b>AGED/NON-DUAL</b>
2021	PY 2022	1.02055	1.20606	1.70441	1.00441
2020	PY 2021/PY 2022	1.04803	1.27488	1.81883	1.06392
2019	PY 2021/PY 2022	1.06498	1.28268	1.82560	1.06370
2018	PY 2021/PY 2022	1.10718	1.28769	1.81619	1.06046
2017	PY 2021/PY 2022	1.11486	1.28220	1.80410	1.05494
2016	PY 2021/PY 2022	1.10686	1.23836	1.76034	1.06391

## Notes

1. For definition of assignable beneficiary, refer to:  
[Medicare Shared Savings Program Statutes & Regulations](#)
2. For definitions of primary care services, refer to:  
[Medicare Shared Savings Program Statutes & Regulations](#)
3. For definitions of providers, refer to:  
[Medicare Shared Savings Program Statutes & Regulations](#)
4. For information on computing expenditures, refer to:  
[Medicare Shared Savings Program Statutes & Regulations](#)
5. For information on prospective CMS-HCC risk scores and renormalization, refer to:  
[Medicare Shared Savings Program Statutes & Regulations](#)
6. For information on computing person years, refer to:  
[Medicare Shared Savings Program Statutes & Regulations](#)
7. Per capita expenditure, average risk score, and person year variables for the applicable file years have been adjusted to exclude months associated with episodes of care for treatment of COVID-19. For more information on these adjustments, refer to:  
[Medicare Shared Savings Program Statutes & Regulations](#)