

Methodology: Medicare Shared Savings Program County-level Aggregate Expenditure and Risk Score Data on Assignable Beneficiaries PUF

Overview

The Medicare Shared Savings Program (Shared Savings Program) County-level Aggregate Expenditure and Risk Score Data on Assignable Beneficiaries lists aggregate data consisting of per capita Parts A and B fee-for-service (FFS) expenditures, average CMS-Hierarchical Condition Category (HCC) prospective risk scores and total person-years for assignable beneficiaries by Medicare enrollment type (End Stage Renal Disease (ESRD), disabled, aged/dual eligible, aged/non-dual eligible). It is the intent of the Center for Medicare to publish this public use file (PUF) annually in the fall following the conclusion of the calendar year to which it relates and when any file updates are available. The “Definition” field in the “Data Dictionary” provides further information on the data fields.

The methodologies for calculating regional FFS expenditures for the Shared Savings Program and determining assigned beneficiaries and assignable beneficiaries are specified in the program’s regulations at [42 CFR part 425](#), and subject to change through rulemaking. As finalized with the June 2016 final rule (81 FR 37950), CMS initially incorporated factors based on regional FFS expenditures into ACOs’ rebased historical benchmarks for second or subsequent agreement periods beginning in 2017 and onward, and annual updates to these rebased benchmarks. In the Shared Savings Program December 2018 final rule (83 FR 67816), for agreement periods beginning on July 1, 2019, and in subsequent years, CMS revised the benchmarking methodology to also incorporate factors based on regional FFS expenditures in establishing the ACO’s historical benchmark beginning with the ACO’s first agreement period. In the CY 2023 Physician Fee Schedule Final Rule (87 FR 69929), CMS revised the benchmarking methodology for ACOs beginning agreement periods on January 1, 2024, and in subsequent years, to compute risk-adjusted regional expenditures using county-level values computed using an assignment window that is consistent with an ACO’s assignment methodology selection for the performance year. In the CY 2024 Physician Fee Schedule Final Rule (88 FR 79174), CMS further revised the financial reconciliation methodology for ACOs beginning agreement periods on January 1, 2024, and in subsequent years, to set the cap on ACO regional service area risk score growth in part using the growth in ACO regional service area regional demographic risk scores.

Each of these methodological changes resulted in changes to the County-level Aggregate Expenditure and Risk Score Data on Assignable Beneficiaries used in the program. For additional information related regional FFS per capita Parts A and B FFS expenditures, average CMS-HCC prospective risk scores, and total person-years for assignable beneficiaries included

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in the County-level FFS PUFs, please reference the Financial and Beneficiary Assignment Data resources included on the [Shared Savings Program Guidance & Specifications Webpage](#).

ACOs with an agreement period start date of January 1, 2024, or subsequent years: we continue to provide county-level data on the assignable population identified based on the calendar year assignment window and also made available county-level data based on the assignable population identified using the offset assignment window. We have updated the public use files to include a field indicating each ACO's assignment methodology selection for the applicable performance year.

Note: Per capita expenditure, average risk score, and person-year values are suppressed in this file for a given county and enrollment type if the number of assignable beneficiaries in that county with any months of enrollment in that enrollment type is between 1 and 10. Some counties with 11 or more assignable beneficiaries with months of enrollment in a particular enrollment type may have fewer than 11 person years in that enrollment type. Data will not be suppressed in these counties.

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