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Medicare Shared Savings Program Accountable Care Organizations Updated Performance Year 2024 Financial and Quality Results

Medicare Shared Savings Program (Shared Savings Program) Accountable Care Organizations (ACOs) are critical in helping Make America Healthy Again – by supporting high-quality, coordinated care that addresses prevention, chronic illness and the root causes of disease. The Shared Savings Program’s unique design means ACOs are held accountable for saving money and improving health care quality, delivering a win for both patients and the Medicare Trust Funds. The Shared Savings Program is one of the largest programs in the country that aims to reduce overall costs of care while ensuring Medicare beneficiaries receive high quality care.

For Performance Year (PY) 2024, ACOs in the Shared Savings Program achieved the highest rates of shared savings since the inception of the program. Out of 476 ACOs, 75% of ACOs, representing 80% of the 10.3 million assigned beneficiaries, are earning performance payments totaling \$4.1 billion, and Medicare saved \$2.5 billion relative to benchmarks. PY 2024 had the highest share of ACOs receiving performance payments and the highest amount of savings for ACOs and Medicare since the inception of the Shared Savings Program.

Financial Results

- ACOs had higher savings per capita in PY 2024 compared to PY 2023, \$245 vs \$207 in net per capita savings and \$651 vs \$515 in gross per capita savings, respectively. Net per capita savings represent the savings for Medicare, whereas gross per capita savings are the savings shared by ACOs and Medicare.
- Low revenue ACOs continue to outperform high revenue ACOs, generating \$319 vs \$180 net per capita savings. Low revenue ACOs are typically physician-led ACOs or are comprised of FQHC/RHCs, while high revenue ACOs are typically hospital-led. ACOs composed predominantly of primary care clinicians performed better compared to ACOs with fewer primary care clinicians, with \$403 vs \$224 in net per capita savings.
- ACOs that achieved shared savings had lower utilization compared to their benchmark across many categories of utilization including hospital discharges, Emergency Department visits and Skilled Nursing Facility stays.
- 16 ACOs owed shared losses totaling \$20.0 million.

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Quality Results

- Nearly all ACOs continued to meet quality reporting requirements, and adoption of all-payer digital quality measures (electronic clinical quality measures (eCQMs) and Merit-based Incentive Payment System (MIPS) clinical quality measures (CQMs)) increased from PY 2023. CMS continues to encourage ACOs to move toward reporting digital quality measures using electronically stored and transmitted health information, leveraging interoperability, reducing burden and improving efficiency.
- Shared Savings Program ACOs helped more patients improve markers of good health, such as controlled blood pressure, hemoglobin A1c control (an indicator for diabetes), and depression screening with a follow-up plan, compared to 2023.
 - Among ACOs that reported quality measures via the CMS Web Interface, the mean percentage of beneficiaries with adequately controlled high blood pressure increased significantly from PY 2023 to PY 2024 (from 77.80% to 79.49%).
 - Among ACOs that reported CMS Web Interface measures, the mean percentage of beneficiaries with poor hemoglobin A1c control also declined significantly from PY 2023 to PY 2024 (from 9.84% to 9.44%).
 - Among ACOs that moved towards reporting digital quality measures, and reported all-payer MIPS CQMs, significant improvements were seen from PY 2023 to PY 2024:
 - The mean percentage of patients with adequately controlled high blood pressure increased (from 69.63% to 73.65%).
 - The mean percentage of patients with poor hemoglobin A1c control declined (from 35.18% to 23.52%).
 - The mean percentage of patients screened for depression and for whom a follow-up plan was documented increased (from 43.70% to 55.36%).
- Nearly all ACOs outperformed similar types of physician groups on quality measures
 - ACOs performed significantly better than comparable physician groups for Screening for Depression and Follow-up Plan (53.53% among ACOs versus 44.42% among comparable MIPS groups,) and Controlling High Blood Pressure (71.21% among ACOs versus 67.82% among comparable MIPS groups).
 - ACOs have performed consistently better than comparable physician groups on the patient experience survey measure, Getting Timely Care, Appointments, and Information, for every year that the survey has been fielded since 2019.

The Trump Administration is committed to ensuring that ACOs' participation in the Shared Savings Program will promote better chronic disease management and prevention, more efficient use of resources, promotes innovation, and drives increased savings for the Medicare Trust Funds. To advance these goals, in the CY 2026 Physician Fee Schedule Proposed Rule released in July, CMS is proposing to reduce the length of time an ACO can participate in a one-sided

model of the BASIC track to a maximum of 5 performance years, the length of the ACO's first agreement period in the BASIC track's glide path (if eligible), instead of a maximum of 7 performance years. CMS is proposing modifications to the eligibility requirements that ACOs have at least 5,000 assigned Medicare fee-for-service beneficiaries, to increase flexibility regarding the minimum number of assigned beneficiaries required in benchmark years, while establishing safeguards to protect the Medicare Trust Funds and ACOs from normal variation in expenditures. Additionally, CMS is proposing changes to the quality reporting requirements intended to reduce reporting burden, align with CMS quality programs, and to expand the application of eligibility for the Shared Savings Program quality and finance extreme and uncontrollable circumstances (EUC) policies to ACOs affected by an EUC due to a cyberattack.

For more information on the Medicare Shared Savings Program, visit:

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram>

To view the CY 2026 PFS proposed rule, visit:

<https://www.federalregister.gov/documents/2025/07/16/2025-13271/medicare-and-medicaid-programs-cy-2026-payment-policies-under-the-physician-fee-schedule-and-other>

To view the CY 2026 PFS proposed rule Medicare Shared Savings Program Fact Sheet, visit:

<https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2026-medicare-physician-fee-schedule-proposed-rule-cms-1832-p-medicare-shared>

To view the 2024 Medicare Shared Savings Program Financial and Quality performance results, visit: <https://data.cms.gov/medicare-shared-savings-program/performance-year-financial-and-quality-results>