

How to Calculate Your Primary Service Areas

DATA FOR ACO APPLICANT SHARE CALCULATIONS

The following data is available to applicants to the Medicare Shared Savings Program (Shared Savings Program) to allow them to calculate their share of services in each applicable Primary Service Area (PSA), as described in the Federal Trade Commission/Department of Justice (FTC/DOJ) final [Statement of Antitrust Enforcement Policy Regarding Accountable Care Organizations Participating in the Medicare Shared Savings Program \(the Policy Statement\)](#).

Each file contains an aggregate dollar amount, reflecting total Medicare payments or allowed charges including deductibles and co-insurance, for each zip code and each service category. For physicians, a service is defined as the physician's primary specialty, as designated on the physician's Medicare enrollment application. If the physician's primary specialty is General Practice, Family Practice, Internal Medicine, or Geriatric Medicine, the service is defined as "Primary Care." For inpatient facilities, a service is a Major Diagnostic Category (MDC), and for outpatient facilities, a service is an outpatient category. Treatment codes for inpatient and outpatient services are assigned to the applicable categories in the following crosswalk files:

- Crosswalk from Ambulatory Surgical Center (ASC) Healthcare
- Healthcare Common Procedure Coding System (HCPCS) codes to outpatient categories
- Crosswalk from Ambulatory Payment Classifications (APCs) to outpatient categories
- Crosswalk from diagnosis-related groups (DRGs) to MDCs

For detailed instructions on using this data to calculate PSA shares, applicants should refer to the [Final Antitrust Enforcement Policy Statement](#).

Please submit any questions to: aco_psa_questions@ftc.gov.

The data is organized into the following files:

AMBULATORY SURGICAL CENTERS

This data set includes ASC data that is based on final action fee-for-service (FFS) claims incurred in Calendar Year¹ 2021 (CY 2021). The data set displays the sum of allowed charge amounts per ASC category for each beneficiary zip code.

PHYSICIAN FILE

This data set includes all physician FFS claims for CY 2021. Claims are final action and the line allowed charges are aggregated by the beneficiary zip code on the claim and summarized by specialty category. Please note the General Practice, Family Practice, Internal Medicine, and Geriatric Medicine specialties are defined as "Primary Care" and the summed line allowed charges under this category represent all of these specialties.

INPATIENT FACILITY FILE

This data set includes all inpatient FFS claims for CY 2021 and covers:

- Facilities paid under the Inpatient Prospective Payment System (IPPS),

¹A year that begins January 1 and ends December 31.

- Critical Access Hospitals (CAHs),
- Inpatient Rehabilitation Facility Prospective Payment System (IRF),
- Inpatient Psychiatric Prospective Payment System (IPS),
- Long Term Care Hospital Prospective Payment System (LTCH),
- Indian Health Service Hospitals (IHS),
- Children's Hospitals (to extent for which CMS has data available), and
- Cancer Hospitals and Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA) Hospitals.

Claims are final action and total payments include the Medicare Claim payment amount, the Beneficiary Inpatient Deductible Amount, the Beneficiary Part A Coinsurance Liability Amount, and the Beneficiary Blood Deductible Liability Amount. Payments are aggregated by the beneficiary zip code on the claim and are summarized for each MDC.

OUTPATIENT FACILITY FILE

This data set includes all outpatient FFS claims for CY 2021 for facilities that include:

- ASCs,
- Outpatient Prospective Payment Systems (OPPS) facilities,
- CAHs,
- Comprehensive Outpatient Rehabilitation Facilities (CORFs),
- Community Mental Health Centers (CMHCs),
- End-Stage Renal Disease facilities (ESRD),
- Federally Qualified Health Centers (FQHCs),
- Outpatient Rehabilitation Facilities (ORFs), and
- Rural Health Clinics (RHCs).

Claims are final action and include any copayments and/or deductibles that apply. Medicare Payments are aggregated by the beneficiary zip code on the claim and are summarized for each Outpatient Category.

DOWNLOADS

Current Data

[Medicare Data to Calculate Your Primary Service Areas \(CY 2021\) \[ZIP, 35MB\]](#)

Historical Data²

[Medicare Data to Calculate Your Primary Service Areas \(CY 2020\) \[ZIP, 35MB\]](#)

[Medicare Data to Calculate Your Primary Service Areas \(CY 2019\) \[ZIP, 36MB\]](#)

[Medicare Data to Calculate Your Primary Service Areas \(CY 2018\) \[ZIP, 39MB\]](#)

[Medicare Data to Calculate Your Primary Service Areas \(CY 2017\) \[ZIP, 60MB\]](#)

[Medicare Data to Calculate Your Primary Service Areas \(CY 2016\) \[ZIP, 39MB\]](#)

[Medicare Data to Calculate Your Primary Service Areas \(CY 2015\) \[ZIP, 30MB\]](#)

[Medicare Data to Calculate Your Primary Service Areas \(CY 2012\) \[ZIP, 38MB\]](#)

[Medicare Data to Calculate Your Primary Service Areas \(CY 2011\) \[ZIP, 38MB\]](#)

²The claims periods for historical data match those listed above for the most recent data (CY 2021), except for the Inpatient Facility File for 2010, which covers a fiscal year range of 10/1/2009 - 9/30/2010.

[Medicare Data to Calculate Your Primary Service Areas \(CY 2010\) \[ZIP, 50MB\]](#)

RELATED LINKS

[Antitrust Enforcement Policy Statement](#)