
42 C.F.R. § 425.702

Aggregate reports.

CMS shares aggregate reports with ACOs as follows:

- (a) Aggregate reports are shared at the start of the agreement period based on beneficiary claims data used to calculate the benchmark, and each quarter thereafter during the agreement period.
- (b) These aggregate reports include, when available, the following information, deidentified in accordance with 45 CFR 164.514(b):
 - (1) Aggregated metrics on the assigned beneficiary population.
 - (2) Utilization and expenditure data at the start of the agreement period based on historical beneficiaries used to calculate the benchmark.
- (c)
 - (1)
 - (i) For performance years 2012 through 2015, at the beginning of the agreement period, during each quarter (and in conjunction with the annual reconciliation), and at the beginning of each performance year, CMS, upon the ACO's request for the data for purposes of population-based activities relating to improving health or reducing growth in health care costs, process development, case management, and care coordination, will provide the ACO with information regarding preliminarily prospectively assigned beneficiaries whose data was used to generate the aggregate data reports under paragraphs (a) and (b) of this section. The information includes the following:

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