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Metropolitan and Nonmetropolitan Medicare Shared Savings Program Assigned Beneficiaries among Original Medicare Enrollees

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Purpose

This document reports on trends of Medicare beneficiaries assigned to Medicare Shared Savings Program (SSP) Accountable Care Organizations (ACOs). Assigned beneficiaries are shown as raw counts and as the proportion of beneficiaries that have not enrolled in a Medicare Advantage (MA) plan. Results are presented overall and separately by metropolitan and nonmetropolitan county of residence.

Background

ACOs participating in SSP have numbered as few as 220 in the first year (2012/2013) to as many as 561 in 2018. As of January 1, 2025, there are 476 ACOs participating in SSP. Since 2018, though, the number of Medicare beneficiaries assigned to an SSP ACO has been relatively stable. Public reports show that there were 10.5 million beneficiaries assigned to an ACO in January 2018 compared to 10.8 million beneficiaries in 2024. However, there was a slight increase in 2025 when 11.2 million beneficiaries were assigned to an SSP ACO.¹ Although the number of beneficiaries assigned to an ACO has changed little, it must be noted that the number of beneficiaries available for assignment has shrunk significantly over the same time period. Medicare beneficiaries that have enrolled in an MA plan cannot be assigned to an ACO and the increasing number of MA enrollees means that the pool of ACO-assignable beneficiaries has gotten smaller. While there are other circumstances that may preclude a Medicare beneficiary from assignment to an SSP ACO (e.g. assignment to another Medicare shared savings initiative, insufficient enrollment in Part A and Part B), those beneficiaries account for less than 10 percent of the total Medicare pool and that percent has been relatively constant since 2018.

Data

CMS data on SSP assigned beneficiaries² from 2018-2024 (latest available at time of this report) and Medicare enrollment³ were used in this report. County enrollment percentages were calculated using the number of SSP-assigned beneficiaries and the number of MA enrollees and dividing both by the number of beneficiaries enrolled in both Medicare Part A ("Hospital Insurance") and Part B ("Supplementary Medical Insurance"). Note that annual ACO assignment data provided by CMS are reported for January of the calendar year. Correspondingly, total Medicare and MA enrollment data from January of each year are used. Urban Influence Code (UIC) data⁴ from 2024 were then used to classify counties as metropolitan (UIC: 1,4) and nonmetropolitan (UIC: 2,3,5-9).



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Findings

Analysis of public ACO assignment data and Medicare enrollment data is shown in Tables 1a-c. Overall, and for both metropolitan and nonmetropolitan counties, the total number of Medicare beneficiaries, as well as the proportion enrolled in MA, has increased over time. Despite nearly flat growth in the number of beneficiaries assigned to an ACO, the proportion of Original Medicare beneficiaries (i.e., those not enrolled in an MA plan) assigned to an ACO has steadily increased.

Table 1a. Overall SSP ACO Assignment and Medicare Advantage Enrollment*, 2018-2024

Year	Total** Medicare Beneficiaries	Pct MA Enrollees	Remaining Original Medicare	Assigned to ACO	Pct. Orig. Medicare in ACO
2018	53,132,864	38.5%	32,679,025	9,861,219	30.2%
2019	54,389,248	40.4%	32,435,673	9,780,134	30.2%
2020	55,741,837	43.1%	31,697,915	10,372,580	32.7%
2021	56,868,266	46.4%	30,465,258	9,891,511	32.5%
2022	57,943,683	49.5%	29,241,611	10,048,553	34.4%
2023	59,051,207	52.3%	28,159,648	9,887,823	35.1%
2024	60,295,214	54.6%	27,369,530	9,990,318	36.5%

Data source: CMS data on ACO assigned beneficiaries by county² and Medicare Enrollment³

* CMS does not provide county counts where enrollment is less than 11. The figures represented here are slight undercounts.

** Number of beneficiaries enrolled in both Medicare Part A (“Hospital Insurance”) and Part B (“Supplementary Medical Insurance”)

Table 1b. Metropolitan* SSP ACO Assignment and Medicare Advantage Enrollment, 2018-2024**

Year	Total*** Medicare Beneficiaries	Pct MA Enrollees	Remaining Original Medicare	Assigned to ACO	Pct. Orig. Medicare in ACO
2018	42,852,975	41.1%	25,247,715	7,930,360	31.4%
2019	43,937,988	42.9%	25,099,297	7,744,227	30.9%
2020	45,088,557	45.5%	24,584,528	8,264,275	33.6%
2021	46,062,838	48.5%	23,713,926	7,909,307	33.4%
2022	47,010,616	51.3%	22,884,202	8,126,515	35.5%
2023	47,963,840	53.8%	22,139,356	7,945,813	35.9%
2024	49,031,344	56.0%	21,591,359	7,975,213	36.9%

Data source: CMS data on ACO assigned beneficiaries by county² and Medicare Enrollment³

* Connecticut is not included due to differences in FIPS codes in the CMS ACO assignment files and CMS Medicare Enrollment Data.

** CMS does not provide county counts where enrollment is less than 11. The figures represented here are slight undercounts.

*** Number of beneficiaries enrolled in both Medicare Part A (“Hospital Insurance”) and Part B (“Supplementary Medical Insurance”)

Table 1c. Nonmetropolitan* SSP ACO Assignment and Medicare Advantage Enrollment, 2018-2024**

Year	Total*** Medicare Beneficiaries	Pct MA Enrollees	Remaining Original Medicare	Assigned to ACO	Pct. Orig. Medicare in ACO
2018	9,685,803	27.0%	7,069,813	1,769,958	25.0%
2019	9,846,209	28.9%	7,004,572	1,879,659	26.8%
2020	10,035,587	32.3%	6,798,698	1,967,724	28.9%
2021	10,176,581	36.6%	6,451,893	1,844,267	28.6%
2022	10,313,120	41.0%	6,085,947	1,922,038	31.6%
2023	10,448,052	44.9%	5,761,608	1,942,010	33.7%
2024	10,608,979	47.9%	5,528,582	2,015,105	36.4%

Data source: CMS data on ACO assigned beneficiaries by county² and Medicare Enrollment³

* Connecticut is not included due to differences in FIPS codes in the CMS ACO assignment files and CMS Medicare Enrollment Data.

** CMS does not provide county counts where enrollment is less than 11. The figures represented here are slight undercounts.

*** Number of beneficiaries enrolled in both Medicare Part A (“Hospital Insurance”) and Part B (“Supplementary Medical Insurance”)

Table 2 shows the proportion of original Medicare enrollees (i.e., those enrolled in both Parts A and B but not enrolled in an MA plan) that have been assigned to SSP. Assignment is shown for the state overall and separately for those living in metropolitan and nonmetropolitan counties. At 61.1 percent, Arkansas had the highest proportion of original Medicare enrollees assigned to SSP. Nebraska (67.3 percent) had the highest rate of SSP assignment in metropolitan counties and Arkansas had the highest rate of SSP assignment (57.1 percent) in nonmetropolitan counties. Vermont had the lowest assignment rates overall (8.2 percent) and for metropolitan (0.3 percent) counties. Note that in 2022, 50 percent of eligible Vermonters were assigned to the Vermont All-Payer Model (a CMS Innovation Center model)⁵ and are not eligible for assignment to SSP. Alaska had the lowest assignment rate for nonmetropolitan counties (1.0 percent).

Table 2. Original Medicare SSP ACO Assignment Penetration by State*, 2024

State	% Original Medicare in ACO		
	Overall	Metro.	Nonmet.
United States	36.8%	36.5%	36.3%
Alabama	38.4%	40.2%	33.5%
Alaska	14.4%	21.7%	1.0%
Arizona	32.1%	32.8%	21.4%
Arkansas	61.1%	64.7%	57.1%
California	26.0%	26.4%	20.3%
Colorado	43.5%	47.9%	29.0%
Delaware	49.3%	56.1%	38.7%
D.C.**	24.3%	24.3%	---
Florida	29.7%	30.1%	19.0%
Georgia	42.6%	44.9%	34.3%
Hawaii	17.3%	16.5%	19.4%
Idaho	33.8%	32.1%	36.8%
Illinois	40.3%	38.6%	47.5%
Indiana	44.1%	46.3%	38.1%
Iowa	49.4%	56.7%	42.5%
Kansas	31.4%	36.4%	24.1%
Kentucky	38.9%	40.8%	36.2%
Louisiana	41.0%	40.7%	42.1%
Maine	40.5%	45.7%	34.3%
Maryland	17.8%	17.7%	19.9%
Massachusetts	59.8%	59.9%	57.0%
Michigan	47.7%	47.3%	49.2%
Minnesota	26.4%	19.9%	40.0%
Mississippi	38.6%	39.3%	38.0%
Missouri	41.7%	39.3%	46.3%

State	% Original Medicare in ACO		
	Overall	Metro.	Nonmet.
Montana	49.9%	51.3%	48.6%
Nebraska	56.1%	67.3%	44.1%
Nevada	23.4%	23.5%	22.9%
New Hampshire	48.7%	49.6%	47.6%
New Jersey**	42.2%	42.2%	---
New Mexico	22.3%	18.8%	27.9%
New York	25.1%	24.5%	31.3%
North Carolina	47.4%	47.3%	47.5%
North Dakota	32.3%	26.0%	39.4%
Ohio	34.4%	36.1%	28.9%
Oklahoma	38.8%	45.8%	29.3%
Oregon	33.4%	33.6%	33.1%
Pennsylvania	48.8%	50.3%	41.0%
Rhode Island**	53.6%	53.6%	---
South Carolina	31.8%	31.9%	31.3%
South Dakota	43.4%	41.7%	44.8%
Tennessee	31.5%	31.6%	31.3%
Texas	31.1%	30.5%	33.8%
Utah	23.7%	24.4%	21.0%
Vermont	8.2%	0.3%	11.1%
Virginia	49.2%	49.3%	48.8%
Washington	44.8%	46.1%	40.2%
West Virginia	47.4%	49.0%	45.1%
Wisconsin	42.7%	48.2%	32.3%
Wyoming	16.5%	25.6%	12.8%

* Connecticut is not included due to differences in FIPS codes in the CMS ACO assignment files and CMS Medicare Enrollment Data.

** D.C., New Jersey, and Rhode Island have no nonmetropolitan counties.

State-specific tables of Original Medicare ACO Assignment Penetration can be found at: https://ruprihealth.org/publications/policybriefs/2026/MSSP_Assigned_Ben_States/State_Tables.html

Notes:

1. CMS. "Shared Savings Program Fast Facts – As of January 1, 2025". Accessed 4/29/2025 <https://www.cms.gov/files/document/2025-shared-savings-program-fast-facts.pdf>
2. CMS. "Number of Accountable Care Organization Assigned Beneficiaries by County". Accessed 4/29/2025 <https://data.cms.gov/medicare-shared-savings-program/number-of-accountable-care-organization-assigned-beneficiaries-by-county>
3. CMS. "Medicare Monthly Enrollment". Accessed 4/29/2025 <https://data.cms.gov/summary-statistics-on-beneficiary-enrollment/medicare-and-medicaid-reports/medicare-monthly-enrollment>
4. USDA Economic Research Service. "Urban Influence Codes". Accessed 4/29/2025 <https://www.ers.usda.gov/data-products/urban-influence-codes>
5. NORC at the University of Chicago. "Evaluation of the Vermont All-Payer Accountable Care Organization Model: 2018–2022". Accessed 7/28/2025 <https://www.cms.gov/priorities/innovation/data-and-reports/2024/vtapm-4th-eval-full-report>

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