CBSA Methodology

CBSA Definition

CBSAs are geographical delineations that encompass both metropolitan statistical areas and micropolitan statistical areas. A micropolitan statistical area is an urban cluster of at least 10,000 people but less than 50,000 people, while a metropolitan statistical area is an urban cluster of at least 50,000 people. CBSAs are Census Bureau-defined urban clusters of at least 10,000 people.

In order to better provide appropriate data and services, CMS defines additional custom CBSAs beyond those defined by the US Census Bureau. The US Census Bureau creates a shapefile based on the bureau defined CBSAs. The shapefile is needed to create the CBSA interactive map. CMS-defined CBSAs are not currently included in the shapefile and therefore do not display on the CBSA interactive map. The CMS-defined CBSAs are included in the interactive data set and contribute to the Nation + Territories level totals.

Data and Analysis Population

The analysis is based on paid Medicare Fee-for-Service (FFS) claims data from the CMS Integrated Data Repository (IDR). The IDR contains Medicare FFS claims, beneficiary data, provider data, and plan data. FFS claims data are analyzed for a 12-month reference period. CBSA data is analyzed for a 12-month reference period and currently includes five reference periods:

- January 1, 2015 through December 31, 2015
- January 1, 2016 through December 31, 2016
- January 1, 2017 through December 31, 2017
- January 1, 2018 through December 31, 2018
- January 1, 2019 through December 31, 2019

Provider and Beneficiary Location

The Market Saturation and Utilization methodology is different from other public use data with respect to determining the geographic location of a provider. In this analysis, claims are used to define the geographic area(s) served by a provider rather than the provider's practice address. A provider is defined as "serving a CBSA" if, during the one-year reference period, the provider had paid claims for more than ten beneficiaries located in that CBSA. The CBSA location is an aggregation of county level data.

The Market Saturation and Utilization methodology is also different from other public use data with respect to determining the number of Medicare beneficiaries who are enrolled in a fee-for-service (FFS) program. In this analysis, a FFS beneficiary is defined as being enrolled in Part A and/or Part B with a coverage type code equal to "9" (FFS coverage) for at least one month of the 12-month reference period. Beneficiaries must not have a death date for that month and must have a valid zip code so that they can be assigned to a county. Other public use data may define a FFS beneficiary using different

criteria, such as requiring the beneficiary to be enrolled in the FFS program every month during the reference period.

Exclusionary Criteria

There are four exclusionary criteria imposed on the CBSA data. In particular:

1. If a beneficiary's CBSA of residence cannot be determined, that beneficiary is excluded. This generally represents a very small percent of the population (<1%).
2. Providers are excluded if they had paid claims for 10 or fewer beneficiaries located in the CBSA.
3. CBSAs are excluded if 10 or fewer beneficiaries who had paid claims resided in the CBSA.
4. CBSAs are excluded if, within the same reference period, only one county in the CBSA was excluded from the State/County data.

Additionally, Arkansas' data for the three dual eligibility metrics and the corresponding percentage change metrics for reference periods 3 to 5 spanning January 1, 2017 to December 31, 2019, have been removed due to incomplete data from the source dataset from which the dual eligibility metrics are calculated. For any CBSA that incorporates data from both Arkansas and states which border Arkansas, the dual eligibility data will only be removed if the majority of the FFS beneficiaries in the CBSA are located within Arkansas counties.