ARKA
LEAD Benchmark Brief
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Your benchmark is being set right now, and it will not be rebased until 2036.

Illustrative worked example ? 100,000 attributed lives (VOL_III_91_CALIBRATED_INPUTS). Zero customer data. [illustrative]

?1 WHAT CHANGED

? ACO REACH concludes 31 December 2026.
CMS: ACO REACH Model
https://www.cms.gov/priorities/innovation/innovation-models/aco-reach
? LEAD Performance Year 1 begins 1 January 2027.
CMS: LEAD (Long-term Enhanced ACO Design) Model
https://www.cms.gov/priorities/innovation/innovation-models/lead
? LEAD runs 10 years with no benchmark rebasing (through 31 December 2036).
CMS: LEAD Model Overview
https://www.cms.gov/priorities/innovation/files/lead-model-overview.pdf
? The LEAD baseline is built from the three preceding years of claims (CY 2024, CY 2025, and CY 2026).
CMS: Centers for Medicare & Medicaid Services Long-term Enhanced ACO Design (LEAD) Model FAQ
https://www.cms.gov/priorities/innovation/files/lead-tech-faqs.pdf

?2 WHY THAT CHANGES THE MATHS

Annual avoided spend (gross, pre-arrangement retention): $1,050,000 [illustrative]

Arrangement	One-year	Cumulative	CMS takes
LEAD Professional	$521,850 [illustrative]	$5,218,500 [illustrative]	$63,000 [illustrative]
LEAD Global	$1,012,389 [illustrative]	$10,123,890 [illustrative]	$376,110 [illustrative]
MSSP BASIC Level E (rebases)	$525,000 [illustrative]	$2,625,000 [illustrative]	$0 [illustrative]

?3 THE ONE THING THAT CANNOT BE DONE LATER

Once ordering behaviour changes, nobody can reconstruct what would have happened under the old pattern. A locked counterfactual is how you know whether your programme moved the needle ? and the LEAD Base Years close when Performance Year 1 opens. You cannot go back and measure the pre-period after the intervention has already entered the claims. Separately, and for the same reason, 2026 is not just another base year: for a new-to-accountable-care ACO it carries 60% of the three-year benchmark weight. Efficiency that lands in 2026 is absorbed into the ACO’s own ten-year benchmark rather than retained as savings; efficiency that waits until PY1 compounds through 2036 without rebasing. That is why we measure now and intervene on 1 January 2027 ? the counterfactual and the weighting are the same argument from two directions. Locking both is the one thing that cannot be done later.

?4 THE OFFER

Free baseline from your claims extract. Required fields are listed below; we handle hashing and suppression; sample report attached.
If you never buy anything, you keep the report.
Turnaround: ten business days from receipt.
Required fields: Member id ? Claim id ? Date of service ? HCPCS / CPT ? Ordering / referring NPI
Member identifiers are SHA-256 hashed at the ingestion boundary. Small cells (n < 11) are suppressed and stated, never silent.

?5 WHO WE ARE

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1. We shipped the arm that didn’t work first, like everybody else ? then published the correction from the randomised trial.
2. ARKA can auto-approve; it can never auto-deny.
3. There are no FHIR scopes, because there is no integration.

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https://arkahealth.com/evidence/methodology#tcoc-attribution-method
Three ways to change what a physician orders ? full write-up (PDF)
https://arkahealth.com/api/evidence/nudge-writeup

? end of brief ?