OVERVIEW

To inform future model development, CMS examined evaluation results, including cost, utilization, and quality measures, across 21 Medicare models and demonstrations operating between 2012 and 2020.

Models were classified as either Acute or Specialty Care & Targeted Populations or Primary Care & Population Management based on the participant/health care provider type, care setting, intervention and beneficiaries served. Models examined had at least two or more performance year data; models with less than four performance years should be considered preliminary. Only evaluation results using difference-in-differences regressions with rigorously constructed comparison groups were included (see hyperlinks on next page).

Acute or Specialty Care & Targeted Populations

Participants	Interventions	Beneficiaries
Hospitals, post-acute care, specialty care, home health, & hospice agencies	Reduction in or prevention of avoidable institutional care, management of diseases	Moderate to high cost acute-care episodes, chronically ill, and other targeted populations

Bundled Payments for Care Improvement Initiative

Bundled Payments for Care Improvement Advanced (BPCI-A)

Comprehensive End Stage Renal Disease Care Model

Comprehensive Joint Replacement Model

Home Health Value-Based Purchasing Model

Maryland All-Payer Model

Medicare Care Choices Model

Oncology Care Model

Prior Authorization of Repetitive, Scheduled Non-Emergent Ambulance Transport (RSNAT)

Primary Care & Population Management

Participants	Interventions	Beneficiaries
Accountable care organizations (ACO), primary care practices, health plan networks	Prevention, management of diseases, care coordination	Mostly healthy, lower cost patients (a few exceptions of models targeting sicker patients)

ACO Investment Model

Advance Payment ACO Model

Comprehensive Primary Care Initiative

Comprehensive Primary Care Plus

Financial Alignment Initiative (FAI) for Medicare-Medicaid Enrollees, Washington

Independence at Home Demonstration

Medicare Advantage Value-Based Insurance Design Model

Million Hearts®: Cardiovascular Disease Risk Reduction Model

Next Generation ACO Model

Part D Enhanced Medication Therapy Management Model

Pioneer ACO Model

Vermont All-Payer ACO Model

KEY TAKEAWAYS

Fourteen of 21 models demonstrated gross savings to Medicare driven by improvements in inpatient admissions (ten models) and/or post-acute care (fourteen models). Seven models reduced emergency department visits and/or inpatient readmissions. Six models had net savings, six incurred net losses, and six models had no impacts on net spending. Quality of care improved in a few models (two models improved self-reported beneficiary or caregiver experience of care and four models improved mortality) but was mostly maintained. Even with successful evaluation results and transformation efforts, models may face other barriers to national expansion. Generous financial incentive payments, which helped ensure robust participation in models, made it difficult for many models to demonstrate net savings.
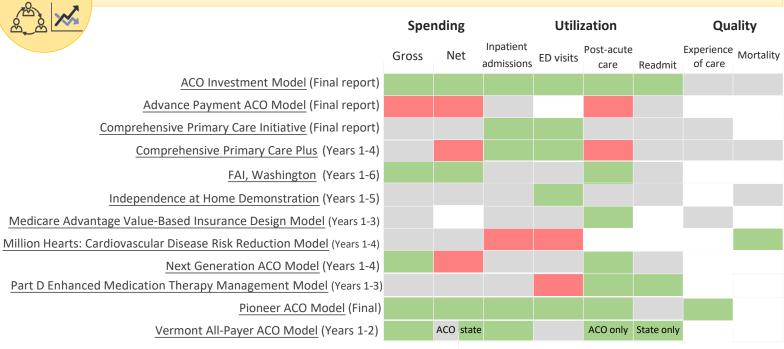
Synthesis of Evaluation Results across 21 Medicare Models
2012-2020

Acute or Specialty Care & Targeted Population models, serving sicker, higher cost beneficiaries, reduced expenditures, admissions, and/or post-acute care with limited improvement in quality.

Model	Spending — Gross	Spending — Net	Utilization — Inpatient admissions	Utilization — ED visits	Utilization — Post-acute care	Utilization — Readmit	Quality — Experience of care	Quality — Mortality
Bundled Payments for Care Improvement, Model 2 (Final report)	Improvement	Unfavorable	Not relevant/available	No change	Improvement	No change	Unfavorable	No change
Bundled Payments for Care Improvement, Model 3 (Final report)	Improvement	Unfavorable	Not relevant/available	No change	Improvement	No change	No change	Not relevant/available
BPCI-A Medical episodes (Years 1-2)	Improvement	Unfavorable	Not relevant/available	Not relevant/available	Improvement	No change	Not relevant/available	No change
BPCI-A Surgical episodes (Years 1-2)	Improvement	Improvement	Not relevant/available	Not relevant/available	Improvement	Improvement	Not relevant/available	No change
Comprehensive ESRD Care Model (Final report)	Improvement	Improvement	Improvement	No change	Improvement	No change	Not relevant/available	Improvement
Comprehensive Joint Replacement Model (Years 1-4)	Improvement	Improvement	Not relevant/available	No change	Improvement	No change	Not relevant/available	No change
Home Health Value-Based Purchasing Model (Years 1-5)	Improvement	Not relevant/available	Improvement	Improvement	No change	Not relevant/available	Not relevant/available	Improvement
Maryland All-Payer Model (Final report)	Improvement	Improvement	Improvement	Improvement	No change	Not relevant/available	Not relevant/available	No change
Medicare Care Choices Model (Years 1-4)	Improvement	Improvement	Improvement	Improvement	Improvement	No change	Not relevant/available	Not relevant/available
Oncology Care Model (Years 1-5)	Improvement	Unfavorable	No change	No change	Improvement	No change	No change	No change
RSNAT (Final)	Improvement	Not relevant/available	Improvement	Improvement	Unfavorable	Not relevant/available	No change	No change

Primary Care & Population Management models, serving healthier, lower cost beneficiaries, improved less utilization measures in the short-term with half of models reducing gross spending.

Model	Spending — Gross	Spending — Net	Utilization — Inpatient admissions	Utilization — ED visits	Utilization — Post-acute care	Utilization — Readmit	Quality — Experience of care	Quality — Mortality
ACO Investment Model (Final report)	Improvement	Improvement	Improvement	Improvement	Improvement	Improvement	No change	Not relevant/available
Advance Payment ACO Model (Final report)	Unfavorable	Unfavorable	No change	Not relevant/available	Unfavorable	No change	Not relevant/available	Not relevant/available
Comprehensive Primary Care Initiative (Final report)	No change	No change	Improvement	Improvement	No change	No change	No change	Not relevant/available
Comprehensive Primary Care Plus (Years 1-4)	No change	Unfavorable	Improvement	Improvement	Unfavorable	No change	Not relevant/available	Not relevant/available
FAI, Washington (Years 1-6)	Improvement	Not relevant/available	Not relevant/available	No change	Not relevant/available	No change	Not relevant/available	Not relevant/available
Independence at Home Demonstration (Years 1-5)	No change	Not relevant/available	Not relevant/available	Improvement	Not relevant/available	No change	Not relevant/available	No change
Medicare Advantage Value-Based Insurance Design Model (Years 1-3)	No change	Not relevant/available	Not relevant/available	Not relevant/available	Improvement	Not relevant/available	No change	Not relevant/available
Million Hearts: Cardiovascular Disease Risk Reduction Model (Years 1-4)	No change	No change	Unfavorable	Unfavorable	Not relevant/available	No change	Not relevant/available	Improvement
Next Generation ACO Model (Years 1-4)	Improvement	Unfavorable	No change	No change	Improvement	No change	Not relevant/available	Not relevant/available
Part D Enhanced Medication Therapy Management Model (Years 1-3)	No change	No change	No change	Unfavorable	Improvement	No change	Not relevant/available	Not relevant/available
Pioneer ACO Model (Final)	Improvement	Improvement	No change	No change	No change	No change	Improvement	Not relevant/available
Vermont All-Payer ACO Model (Years 1-2)	Improvement (ACO)	(state)	No change	No change	Improvement (ACO only)	(State only)	Not relevant/available	Not relevant/available

Legend:
- Improvement at p≤0.1 (green)
- Unfavorable at p≤0.1 (red)
- No change at p≤0.1 (gray)
- Not relevant/available (white)

ED=emergency department   Readmit=inpatient readmissions