

CMMI Evaluation Digest June 2025

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CMS Innovation Center Evaluation Digest



June 2025

This newsletter highlights recently released Centers for Medicare & Medicaid Services (CMS) Center for Medicare and Medicaid Innovation (Innovation Center) evaluation reports and publications. You can access reports by going to the [evaluations and research reports page](#) of the [Innovation Center website](#).

Reports highlighted in this edition:

- Bundled Payments for Care Improvement Advanced Model
- Primary Care First Model
- ACO REACH Model
- Kidney Care Choices Model

Bundled Payments for Care Improvement Advanced Model

Evaluation of Model Year 5 (2022) - Key Takeaways:

The goal of the Bundled Payments for Care Improvement Advanced (BPCI Advanced) Model is to reduce Medicare spending while maintaining or improving quality of care by holding participants financially accountable for the cost and quality of health care services during an episode.

Episodes begin with a medical or surgical hospital stay or an outpatient procedure initiated by a participating hospital or physician group practice (PGP) and end 90 days after the patient leaves the hospital.

Model participants can earn a reconciliation payment if episode payments are below their target price, or they may be required to repay Medicare if episode payments are above their target price, after considering the quality of their care. This payment approach encourages participants to reduce unnecessary services and coordinate care across all providers involved in the episode.

Some key findings from this report include:

- BPCI Advanced achieved savings to Medicare in model years 4 and 5, offsetting losses in model years 1 through 3 (Quarter 4 2018–2020). Savings in MY 5 totaled \$344 million, or 4% of what estimated Medicare payments would have been had the model not existed.
- The model lowered payments while it maintained quality-related health outcomes, but there is room for improvement in patient-reported experiences.
- The model continued to reach patients and providers not yet engaged in value-based care.
- An additional benefit of BPCI Advanced is increased linkages to primary care providers for medical episodes.

The Two Page Overview:

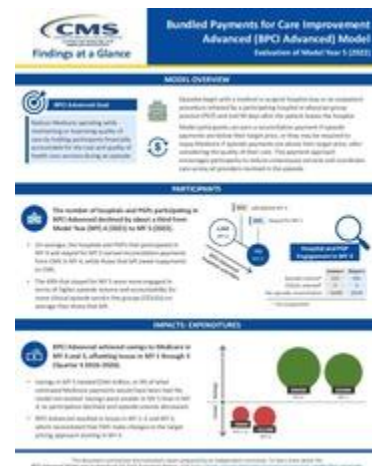
- [Findings At-a-Glance \(PDF\)](#)

The Report (includes an Executive Summary):

- [Evaluation of Model Year 5 \(PDF\)](#)
- [Executive Summary \(PDF\)](#)

Additional Supporting Materials:

- Appendix: [Data, Methods and Supporting Analyses \(PDF\)](#)



- Model Page: [Bundled Payments for Care Improvement Advanced Model](#)

Primary Care First Model

Evaluation of the First Three Model Years (2021-2023) - Key Takeaways:

In 2021, CMS launched the Primary Care First (PCF) Model to improve quality of care, improve patients' experience of care, and reduce hospitalizations and Medicare program expenditures.

PCF offers practices that reported having advanced primary care capabilities a simplified payment structure designed to reduce their administrative burden and reward performance. CMS adjusted each PCF practice's payments based on performance on select outcomes, including acute hospital utilization and clinical quality measures. CMS also encouraged multi-payer alignment to increase PCF's impact.

In its first two years, PCF did not reduce acute hospitalization rates among Medicare fee-for-service beneficiaries and, counter to the model's goals, increased total Medicare Part A and B expenditures (including model payments) by about 1 percent. Multiple factors likely led to the evaluation not observing improvements in patients' outcomes, including:

1. PCF practices reported advanced care delivery capabilities when they started and therefore entered the model with high performance, potentially making further advancements more difficult.
2. PCF participation was only one factor among many that influenced changes to practices' care delivery.

On March 12, 2025, CMS announced that the PCF Model will end as of December 31, 2025. This early ending is to better align with the CMS Innovation Center's statutory mandate and to protect taxpayers.

The Two Page Overview:

- [Findings At-a-Glance \(PDF\)](#)

The Report (includes an Executive Summary):

- [Evaluation of the First Three Model Years \(PDF\)](#)
- [Executive Summary \(PDF\)](#)

Additional Supporting Materials:

- Appendix: Data, Methods, and Supporting Analyses - Begins on page 119
- Model Page: [Primary Care First Model](#)



ACO REACH Model

Preview of Findings from the Evaluation for Performance Year 2023 - Key Takeaways:

In 2021, CMS launched the Global and Professional Direct Contracting (GPDC) Model and subsequently renamed it the ACO REACH Model in 2023. ACO REACH is an advanced accountable care organization (ACO) initiative to promote patient-centered care, lower costs, and align payment systems for Medicare fee-for-service (FFS) beneficiaries through ACO risk-sharing and prospective payment.

This document comprises a summary of performance year (PY) 2023 findings that will be included in the forthcoming evaluation report for ACO REACH.

Some key takeaways include:

- To date, the ACO REACH Model has shown incremental improvements in quality and reductions in gross spending.
- There are scenarios under which the model has decreased Medicare net spending for specific ACO types in PY 2023, although cumulative estimates across ACO types continue to show increased net spending for the Medicare FFS program overall.
- Total gross spending reductions for Standard and New Entrant ACOs in PY 2023 were more promising than previous years, providing signals that model impacts may be improving.

Based on these findings, CMS announced a coordinated set of changes to the ACO REACH Model starting in PY 2026. These changes are expected to improve the model test by adjusting the financial methodology to improve model sustainability. For more information, please visit [ACO REACH Model Performance Year 2026 Updates](#).

The Early Look:

- [Preview of Findings from the Evaluation for Performance Year 2023 \(PDF\)](#)

The Full Report:

- Coming Soon!

Additional Supporting Materials:

- Model Page: [ACO REACH Model](#)



Kidney Care Choices Model

Summary of Findings for the Second Performance Year, 2023 - Key Takeaways:

In 2022, CMS launched the Kidney Care Choices (KCC) Model to improve care for patients with advanced CKD and end-stage renal disease (ESRD) covered by Traditional Medicare. KCC includes two model options: the Kidney Care First (KCF) option primarily uses payment adjustments, and the Comprehensive Kidney Care Contracting (CKCC) option is a total cost of care model with varying levels of risk.

This document comprises a summary of performance year (PY) 2023 findings that will be included in the forthcoming evaluation report for KCC.

The KCC Model improved quality of care but increased net Medicare spending.

Quality of care improved for several measures.

- Activities to manage a patient's CKD and delay progression to ESRD improved under the model.

- Optimal ESRD Starts increased under the KCC Model.
- The KCC Model increased home dialysis use and lowered in-center dialysis use among patients with ESRD.
- The KCC Model led to growth in home dialysis training, a key step for patients with ESRD to be able to dialyze at home.

The KCC Model did not achieve savings to Medicare in 2023.

- Total dialysis payments grew under the KCC Model, driven by increases in home dialysis, specifically peritoneal dialysis.
- Overall, the KCC Model did not affect the proportion of patients with an acute care hospitalization, readmission, or emergency department visit.

To help address early concerns about spending, CMS announced a coordinated set of changes to the KCC Model starting in PY 2026 that are expected to improve the model test by adjusting the financial methodology and participation options to improve model sustainability. In addition, the model is being extended by one year for continuation of quality care to beneficiaries through 2027. For more information, please visit [KCC Model Performance Year 2026 Updates](#).

The Early Look:

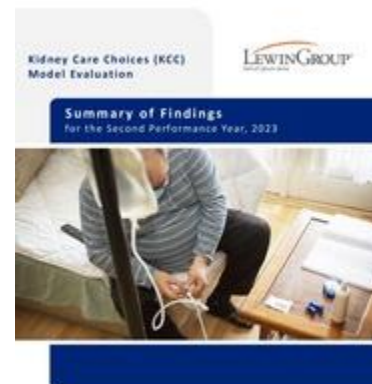
- [Summary of Findings for the Second Performance Year, 2023 \(PDF\)](#)

The Full Report:

- Coming Soon!

Additional Supporting Materials:

- Model Page: [Kidney Care Choice Model](#)



The CMS Innovation Center maintains a portfolio supporting the development and testing of innovative health care payment and service delivery models. It performs evaluations of these models and makes the results available to the public.

Bringing you the latest CMS Innovation Center Evaluation Results:

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