

CMMI Evaluation Digest March 2026

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CMS Innovation Center Evaluation Digest



March 2026

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:

- Kidney Care Choices (KCC) Model
- Making Care Primary (MCP) Model
- Report to Congress: Providing Accountable Care Organizations (ACOs) the Ability to Expand the Use of Telehealth

Kidney Care Choices Model

Second Evaluation Report (Performance Year 2023)

Kidney Care Choices (KCC) is a voluntary model designed to improve quality of care while decreasing Medicare spending for Medicare patients with chronic kidney disease (CKD) Stage 4 or 5 and end-stage renal disease (ESRD).

Participants could join one of two model options: Kidney Care First (KCF) or Comprehensive Kidney Care Contracting (CKCC). The first KCC cohort began participating in January 2022, and a second and final cohort joined in January 2023.

The CKCC model option was extended by 1 year and will end December 31, 2027. The KCF model option ended December 31, 2025.

Key Findings:

In its second performance year, the KCC Model led to **improvements in quality** but an **increase in net Medicare spending**. Changes in quality and utilization of care in line with model goals include:

- **Increase** in use of home dialysis
- **Increase** in Optimal ESRD Starts
- **Increase** in living donor transplant rates
- **Improvements** in information sharing with patients and patient activation

The Two Page Overview:

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

The Report (includes an Executive Summary):

- [Second Evaluation Report \(Performance Year 2023\) \(PDF\)](#)
- [Separately Posted Executive Summary \(PDF\)](#)

Additional Supporting Materials:

- [Appendix: Methods and Supplemental Analysis \(PDF\)](#)
- Preview Report: [Summary of Findings for the Second Performance Year, 2023 \(PDF\)](#)
- Model Page: [Kidney Care Choices \(KCC\) Model](#)



Making Care Primary Model

Evaluation Report (2024 - 2025)

In July 2024, the Innovation Center at the Centers for Medicare & Medicaid Services (CMS) launched the Making Care Primary (MCP) Model to improve quality of care, while maintaining or reducing Medicare expenditures.

MCP had three tracks and was intended to provide a pathway for primary care clinicians with varying levels of experience in value-based care to gradually adopt

prospective, population-based payments while building infrastructure to improve behavioral health and specialty integration and increase access to care.

Key Findings:

- **Participation was low**, with only 4% of eligible organizations in the regions joining. Low participation would have limited the MCP evaluation’s ability to detect effects.
- CMS provided participants with \$37.6 million in MCP-specific payments, as well as non-financial supports.
- Model participants faced **substantial barriers to cost reduction and care improvement** in the initial year of MCP.
- **MCP was not projected to achieve cost neutrality for Medicare until 2027 or 2028** at the earliest and the magnitude of the savings, if any, was expected to be small.

Due to low uptake, a lack of projected savings, and a desire to put resources towards more impactful models, CMS concluded MCP earlier than planned on June 30, 2025, to better align with the CMS Innovation Center’s statutory obligation and to protect the taxpayers.

The Two Page Overview:

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

The Report:

- [Evaluation Report \(2024 - 2025\) \(PDF\)](#)

Additional Supporting Materials:

- Model Page: [Making Care Primary \(MCP\) Model](#)



Providing Accountable Care Organizations (ACOs) the Ability to Expand the Use of Telehealth

Report to Congress

The Bipartisan Budget Act of 2018 required a report to Congress (RTC) on utilization and spending of telehealth services related to the expansion of telehealth services for fee-for-service Medicare beneficiaries attributed to applicable ACOs. The ACO telehealth expansion was implemented on January 1, 2020. Within a couple months, COVID-19 Public Health Emergency (PHE) flexibilities allowed any fee-for-service Medicare beneficiary to receive telehealth services at any location, which mitigated the intended effects of the legislation.

Key Findings:

- ACO-attributed beneficiaries' telehealth utilization and spending sharply increased in 2020 and then decreased but remained higher than prior to the COVID-19 PHE.
- ACO-attributed beneficiaries had higher rates of telehealth use relative to the full fee-for-service Medicare population throughout the COVID-19 PHE.
- Telehealth utilization for ACO-attributed beneficiaries was greater with ACO health care providers than non-ACO health care providers, but ACO-attributed beneficiaries more often sought behavioral health services from non-ACO health care providers.

The Report:

- [Report to Congress \(PDF\)](#)

Additional Supporting Materials:

- Model Pages: [Global and Professional Direct Contracting \(GPDC\) Model](#), [ACO REACH Model](#), [Kidney Care Choices \(KCC\) Model](#), [Next Generation ACO Model](#), [Comprehensive ESRD Care Model](#)



U.S. Department of Health & Human Services
Centers for Medicare & Medicaid Services

REPORT TO CONGRESS

Providing Accountable Care Organizations
the Ability to Expand the Use of Telehealth

January 2026