CMMI Evaluation Digest October 2026

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October 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 data and reports page of the Innovation Center website.

Reports highlighted in this edition:

- ACO REACH Model
- Independence at Home (IAH) Demonstration
- Value in Opioid Use Disorder Treatment (ViT) Demonstration

ACO REACH Model

Evaluation of Performance Year 2023 and Preview for Year 2024 - Key Takeaways:

The ACO REACH Model is an advanced alternative payment model designed to improve patient care, lower costs, and align payment systems for Original Medicare beneficiaries through risk sharing and prospective payment. ACO REACH began as the Global and Professional Direct Contracting (GPDC) Model in 2021 and was renamed ACO REACH in January 2023.

Key Takeaways for Performance Year 2023 (PY 2023):

- In PY 2023, a new cohort of participants joined the model, including increased participation of safety net providers. The model's features—including risk-sharing arrangements, capitation to support investments in population health, and benefit enhancements to support delivery of care—together showed incremental effects to improve quality and lower gross spending.

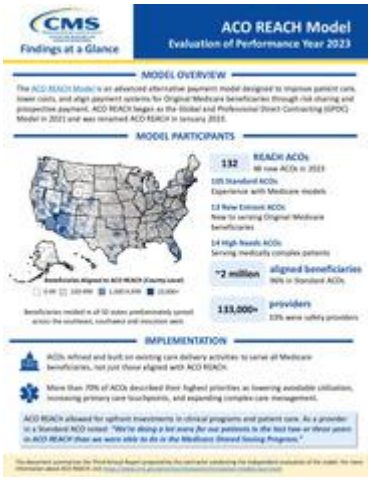
- These promising PY 2023 results, coupled with more recent model design changes aimed at providing smaller incentive payments to participants, may give the model increased opportunity to reduce spending while improving quality. Future reports will determine if these results continue.

Preview of Performance Year 2024 (PY 2024):

- An early look at PY 2024 results show that ACO REACH participants continued to reduce gross spending and improve quality. These improvements were stronger in PY 2024 than in prior years. Net spending increases also were smaller in PY 2024 than in PY 2023. Additionally, Standard and New Entrant ACOs non-significantly reduced net spending in PY 2024.

The Two Page Overview:

- Findings-At-A-Glance (PDF)



The Report (includes an Executive Summary):

- Evaluation of Performance Year 2023 and Preview for Year 2024 (PDF)
- Executive Summary 2023 (PDF)
- CMS Perspective 2024 (PDF)

Additional Supporting Materials:

- Appendices (PDF) - Methods and supplemental analyses
- Model Page: ACO REACH

Independence at Home (IAH) Demonstration

Final Report to Congress

The Independence at Home (IAH) Demonstration was a Congressionally mandated test of whether home-based primary care (HBPC) could decrease spending and improve quality in response to a performance-based payment incentive. Original Medicare beneficiaries who had at least two chronic conditions and needed help with two or more daily activities, such as eating or dressing, were eligible for IAH if they had a hospital admission and post-acute care in the prior 12 months. IAH practices serving IAH beneficiaries had to have experience delivering HBPC, staff who were available at all hours, and teams led by physicians or nurse practitioners. IAH practices continued their general approach to delivering HBPC during the demonstration with minor adjustments. Participation in IAH decreased after Year 5, when several practices exited the demonstration to participate in other alternative payment models.

Key Takeaways:

- The demonstration did not show conclusive evidence that the opportunity for IAH practices to receive an incentive payment reduced total spending nor improved other outcomes for new and existing HBPC users relative to HBPC users' outcomes before the demonstration.
- The demonstration did show a reduction in total spending among beneficiaries who were dually eligible for Medicaid and needed help with most or all activities of daily living.
- Starting HBPC reduced total spending in the first year of exposure and improved other outcomes for a longer period for the one-quarter of IAH beneficiaries newly receiving HBPC.

The Two Page Overview:

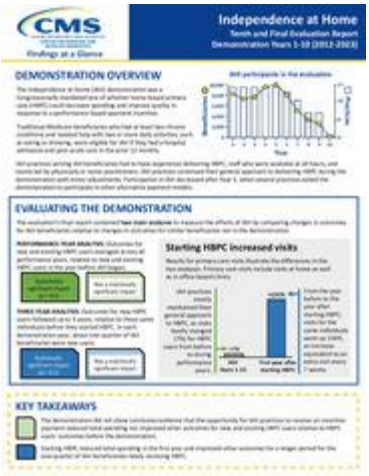
- Findings-At-A-Glance (PDF)

The Report (includes an Executive Summary):

- Final Report to Congress (PDF)
- Executive Summary (PDF)

Additional Supporting Materials:

- Appendices (PDF) - Methods and supplemental analyses
- Model Page: Independence at Home (IAH) Demonstration



Value in Opioid Use Disorder Treatment (ViT) Demonstration

Final Report to Congress

The Value in Opioid Use Disorder Treatment (VIT-OUD) Demonstration was a Congressionally mandated test of whether specialized opioid use disorder (OUD) care teams, supported by two new payments, could increase access to OUD treatment services, improve health outcomes, and reduce Medicare expenditures. The demonstration was required by the Substance Use-Disorder Prevention That Promotes Opioid Recovery and Treatment for Patients and Communities Act of 2018. The demonstration started on April 1, 2021, and ended on December 31, 2024. As of December 2024, participating providers enrolled fewer participants than expected—collectively 1,403 of the 20,000 that could have participated.

Key Components of the VIT-OUD demonstration:

- Two New Payments: $125 per beneficiary per month care management fee plus a performance-based incentive payment
- Cost Sharing: Beneficiary cost sharing is waived for select services
- OUD Care Teams: Can use VIT-OUD payments to furnish services not typically covered by Medicare.

Key Takeaways:

Compared with similar patients treated by similar providers, VIT-OUD beneficiary enrollees:

- Were more likely to initiate use of medications to treat opioid use disorder (MOUDs) and to remain on MOUDs for at least 180 days;
- Had less opioid overdose mortality risk, fewer hospitalizations, fewer Substance Use Disorder (SUD)-related hospitalizations, fewer ED visits, and fewer SUD-related ED visits; and
- Had lower Medicare expenditures.

The reduction in total expenditures highlights that addressing SUD for Medicare enrollees may be an effective way to lower health care costs in the Medicare program.

Impacts on hepatitis C incidence, all-cause mortality, and residential SUD treatment were not statistically significant.

The Two Page Overview:

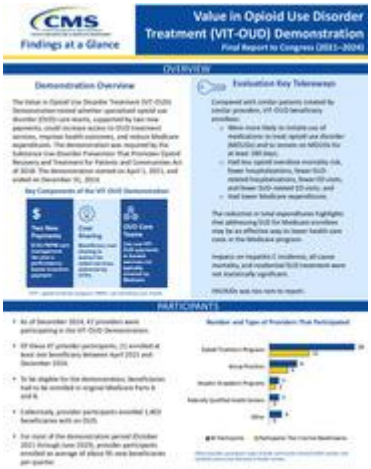
- Findings-At-A-Glance (PDF)

The Report (includes an Executive Summary):

- Final Report to Congress (PDF)

Additional Supporting Materials:

- Model Page: Value in Opioid Use Disorder Treatment (ViT) Demonstration



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.

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