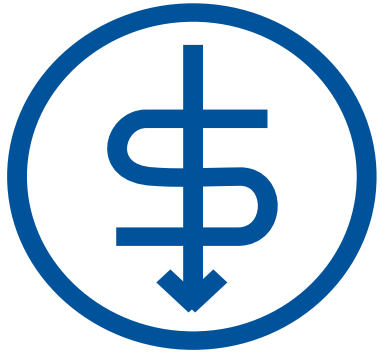


Synthesis of Evaluation Results across 21 Medicare Models

Center for Medicare and Medicaid Innovation

July 2022





Medicare expenditures

Gross savings:

14 of 21 models

After accounting for financial incentives (18 models):

6 models with net savings

6 models with net losses

6 models did not change net spending



Health care utilization

Inpatient admissions

10 models reduced
7 models did not change
1 models increased

Emergency department visits

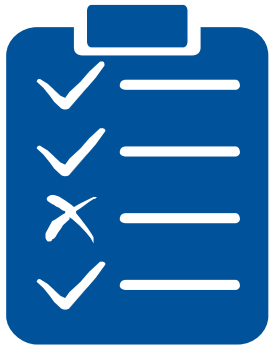
7 models reduced
10 models did not change
2 models increased

Post-acute care

14 models more efficient
3 models did not change
3 models less efficient

Readmissions

7 models reduced
9 models did not change



Quality of care

Beneficiaries' experience of care survey results:

2 models with improvements

1 model with unfavorable findings (small in magnitude)

9 models did not change

Risk of dying (mortality)

4 models with improvements

8 models did not change (suggesting models did not harm)

Managing complex & healthier beneficiaries

Acute or Specialty Care & Targeted Populations models had more favorable outcomes likely due to the high-cost nature of care needed in these models.

- Targeted specific populations (e.g., end-stage renal disease, cancer)
- Beneficiaries had higher baseline spending
- Inclusion of institutional and specialty care providers

Primary Care & Population Management models had smaller average declines in outcomes. Longer time windows needed to observe changes from prevention and care coordination.

- Operated through primary care practices, accountable care organizations (ACOs), health homes, and health plan networks
- Served large panels of relatively healthy, mostly low-cost beneficiaries



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

Bundled Payments for Care Improvement, Model 2

Bundled Payments for Care Improvement, Model 3

Bundled Payments for Care Improvement Advanced (Medical episodes)

Bundled Payments for Care Improvement Advanced (Surgical episodes)

Comprehensive ESRD 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

	Spending		Utilization			Quality		
	Gross	Net (including incentives)	Inpatient admissions	Emergency department visits	Post-acute care	Readmission	Experience of care	Mortality
Bundled Payments for Care Improvement, Model 2	Green	Red	White	Grey	Green	Grey	Red	Grey
Bundled Payments for Care Improvement, Model 3	Green	Red	White	Grey	Green	Grey	Grey	Grey
Bundled Payments for Care Improvement Advanced (Medical episodes)	Green	Red	White	White	Green	Grey	Grey	Grey
Bundled Payments for Care Improvement Advanced (Surgical episodes)	Green	Green	White	White	Green	Green	Grey	Grey
Comprehensive ESRD Care Model	Green	Grey	Green	Grey	Green	Green	Grey	Green
Comprehensive Joint Replacement Model	Green	Grey	White	Grey	Green	Green	Grey	Grey
Home Health Value-Based Purchasing Model	Green	White	Green	Grey	Green	White	Grey	Green
Maryland All-Payer Model	Green	White	Green	Grey	Green	White	White	Green
Medicare Care Choices Model	Green	Green	Green	Green	Green	Green	Green	White
Oncology Care Model	Green	Red	Grey	Grey	Grey	Grey	Grey	Grey
Prior Authorization of Repetitive, Scheduled Non-Emergent Ambulance Transport	Green	White	Green	Green	Red	White	White	Grey

Legend: Improvement at p<0.1 Unfavorable at p<0.1 No change at p<0.1 Not relevant/available



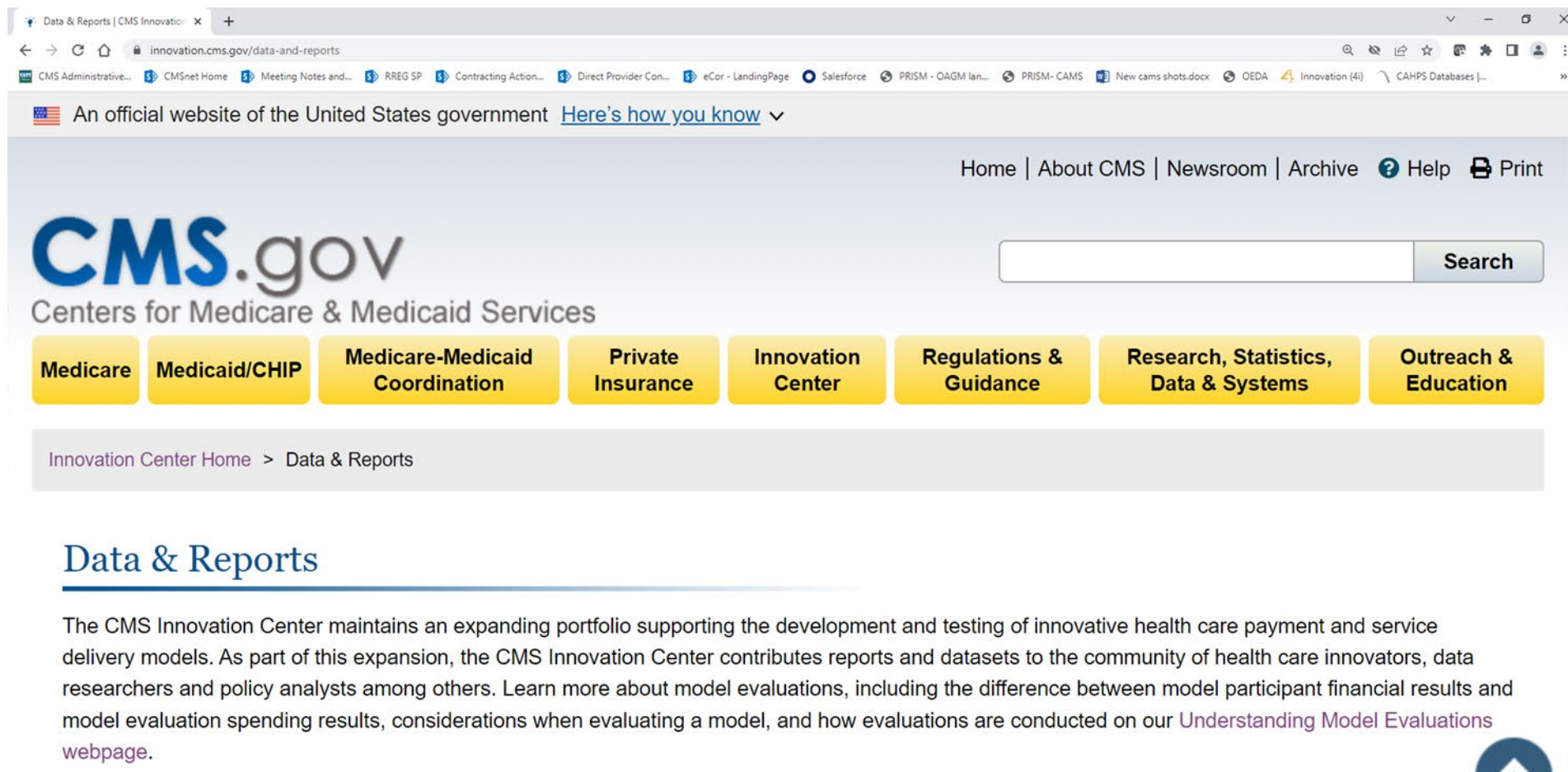
Primary Care & Population Management models, serving healthier, lower cost beneficiaries, improved fewer outcomes in the short-term with half of models reducing gross spending

- ACO Investment Model
- Advance Payment ACO Model
- Comprehensive Primary Care Initiative
- Comprehensive Primary Care Plus
- Financial Alignment Initiative 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

	Spending		Utilization			Quality		
	Gross	Net (including incentives)	Inpatient admissions	Emergency department visits	Post-acute care	Readmission	Experience of care	Mortality
ACO Investment Model	Green	Green	Green	Green	Green	Green	Grey	Grey
Advance Payment ACO Model	Red	Red	Grey	White	Red	Grey	White	White
Comprehensive Primary Care Initiative	Grey	Grey	Green	Green	Grey	Grey	Grey	White
Comprehensive Primary Care Plus	Grey	Red	Green	Green	Red	Grey	Grey	Grey
Financial Alignment Initiative for Medicare-Medicaid Enrollees, Washington	Green	Green	Grey	Grey	Green	Grey	White	White
Independence at Home Demonstration	Grey	Grey	Grey	Green	Grey	Grey	White	Grey
Medicare Advantage Value-Based Insurance Design Model	Grey	White	Grey	Grey	Green	White	Grey	White
Million Hearts®: Cardiovascular Disease Risk Reduction Model	Grey	Grey	Red	Red	White	White	White	Green
Next Generation ACO Model	Green	Red	Grey	Grey	Green	Grey	White	White
Part D Enhanced Medication Therapy Management Model	Grey	Grey	Grey	Red	Green	Green	White	White
Pioneer ACO Model	Green	Green	Green	Green	Green	Grey	Green	White
Vermont All-Payer ACO Model	Green	ACO state	Green	Grey	ACO only	State only	White	White

Legend: Improvement at p<0.1 (Green) Unfavorable at p<0.1 (Red) No change at p<0.1 (Grey) Not relevant/available (White)

For more information, please visit:
<https://innovation.cms.gov/data-and-reports>



The screenshot shows a web browser window displaying the CMS.gov website. The address bar shows the URL innovation.cms.gov/data-and-reports. The page header includes navigation links: Home | About CMS | Newsroom | Archive | Help | Print. The main content area features the CMS.gov logo and the text "Centers for Medicare & Medicaid Services". Below this is a search bar with a "Search" button. A row of yellow buttons provides navigation to various sections: Medicare, Medicaid/CHIP, Medicare-Medicaid Coordination, Private Insurance, Innovation Center, Regulations & Guidance, Research, Statistics, Data & Systems, and Outreach & Education. The breadcrumb trail indicates the current location: Innovation Center Home > Data & Reports. The main heading is "Data & Reports", followed by a paragraph explaining the CMS Innovation Center's role in supporting innovative health care payment and service delivery models, and providing reports and datasets to the community of health care innovators, data researchers, and policy analysts. A link to "Understanding Model Evaluations" is provided.