ACO REACH Model
Financial and Quality Results for Performance Year 2024

On July 9, 2026, CMS released the Performance Year (PY) 2024 financial and quality performance results for the 115 Accountable Care Organizations (ACOs) that participated in the ACO REACH Model in calendar year 2024, the fourth year of the model.

PY 2024 Quality Results

Beginning in PY 2023, REACH ACOs shifted from pay-for-reporting measures to pay-for-performance measures. In PY 2024, the total quality score (TQS) for each ACO included more measurement components than prior years. REACH ACOs could earn additional points towards the TQS in PY 2024 for reporting beneficiary-reported demographic data and social determinants of health data and for demonstrating improvement in their quality scores from PY 2023 to PY 2024 or for scoring highly on all of the model's applicable claims-based measures.

Each model track is evaluated on 3 claims-based measures: Risk-Standardized All-Condition Readmission (ACR) within 30 days of discharge, All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions (UAMCC), Timely Follow-Up (TFU) after hospitalization for Standard and New Entrants ACOs, and Days at Home (DAH) for adults with complex, chronic disease for High Needs ACOs. ACOs that did not show improvement in their scores or continued strong performance could receive a downward adjustment to their TQS. The TQS is reported on a scale of 0 to 100%.

The average total quality score in PY 2024 was **80.4% across the 101 Standard and New Entrant ACOs**, and **86.2% across the 14 High Needs Population ACOs**. ACOs have maintained high performance on quality measures across PYs.

- REACH ACOs' average Total Quality Score increased from 79.42% in PY 2023 to 81.11% in PY 2024,
- A higher percentage of REACH ACOs met CI/SEP criteria in PY 2024 (87.83%) than in PY 2023 (55.30%).
- A higher percentage of REACH ACOs met HPP criteria in PY 2024 (42.61%) than in PY 2023 (18.18%).
- Mean TFU score performance improved from PY 2023 to PY 2024 by 5.7 percentage points.
- Mean ACR and UAMCC scores for High Needs ACOs decreased (improved) by 0.44 and 3.92 percentage points, respectively, from PY 2023 to PY 2024.
- Mean DAH scores improved by 3.58 percentage points in PY 2024 compared to PY 2023.

- **21 out of 115 REACH ACOs earned a TQS of 100%.** Of those with 100% TQS, 17 were Standard/New Entrant ACOs, and 4 were High Needs Population ACOs.
- **101 out of 115 REACH ACOs met the Continuous Improvement/Sustained Exceptional Performance (CI/SEP) requirements.**
- Only 14 out of 115 qualifying ACOs did not meet the requirements for the CI/SEP.
- CI/SEP is intended to encourage ACOs to deliver high quality, high-value care by tying a portion of the financial methodology to quality improvement. Only REACH ACOs that participated in both PY 2023 and PY 2024 can earn the CI/SEP.

49 of 115 ACOs met the High Performers Pool requirements and will receive an additional financial benefit for their quality measure performance. PY 2023 was the first year of the High Performers Pool, which was intended to further incentivize high performance and continuous improvement on quality metrics. REACH ACOs must perform well across all three claims-based measures and earn the CI/SEP to be in the High Performers Pool.

- Only REACH ACOs that participated in both PY 2023 and PY 2024 can be in the High Performers Pool.
- 40 of 101 Standard/New Entrant ACOs met the High Performers Pool criteria.
- 9 of 14 High Needs Population ACOs met the High Performers Pool criteria.

PY 2024 Financial Results

- In PY 2024, REACH ACOs generated approximately **$2.511 billion in gross savings, representing approximately a 6.7% gross savings rate** relative to the retrospective adjusted PY benchmarks.
    - **Net savings generated to CMS relative to financial benchmarks** totaled approximately **$988.3 million** in PY 2024 once the benchmark discount and shared savings arrangements were taken into consideration. Approximately 95% of savings were generated from the benchmark discount and the remaining 5% of savings were generated from shared savings.
    - CMS savings increased from $70.4 million in PY 2021, $371.1 million in PY 2022, and $694.6 million in PY 2023.
    - **Net payments to ACOs** for shared savings/losses totaled approximately **$1.522 billion** relative to the PY 2024 financial benchmark. This is approximately an average **4.2% net savings rate** for ACOs.
- Among the 115 ACOs participating in the ACO REACH Model for PY 2024, **96 ACOs (83%)** earned **net savings** from financial settlement, while **19 ACOs (17%)** accrued **net losses**.
    - **84% of ACOs in the Global risk option and 82% of ACOs in the Professional risk**

option earned shared savings.

- **Standard, New Entrant, and High Needs Population** ACOs achieved **7.1%, 12.4%, and 17.7% gross savings rates** on average, respectively; these ACO types achieved **4.2%, 8.6%, and 14.0% net savings rates** on average, respectively.

- **Gross savings increased more than 53% between PY 2023 and PY 2024.** The net savings for both CMS and ACOs increased.
- Improved performance by ACOs that started in PY 2021 drove the increase in net savings. **The PY 2021 Cohort included 53% of total ACO savings**.

These results reflect performance against benchmarks calculated using observed national and regional spending trends and retrospective adjustments based on experience through the Performance Year. The Innovation Center also conducts a separate, independent evaluation of the ACO REACH Model. The financial results above reflect performance against a forecast informed by a historically aligned population. In contrast, the evaluation measures what happened in the REACH ACO population relative to a similar comparison group local to a REACH ACO's own aligned population whose care was not subject to the model's incentives. **The Preview of Findings from the Evaluation for PY 2024 is available on the** ACO REACH Model **webpage.**

The embargo on the release of the PY 2024 financial and quality results is now lifted. REACH ACOs are required to publicly post their quality and finance results in accordance with Article XIV, Section 14.01 of the Participation Agreement.

About the ACO REACH Model

The ACO REACH Model provides novel tools and resources for health care providers to work together in an accountable care organization (ACO) to improve the quality of care for people with Traditional Medicare. REACH ACOs are comprised of different types of providers, including primary and specialty care physicians.

Patients in a REACH ACO get help navigating the health system and managing their conditions. They may have greater access to enhanced benefits, such as telehealth visits, home care after leaving the hospital, and help with co-pays.