

Centers for Medicare & Medicaid Services (CMS)

The federal agency that administers the nation's largest health insurance programs and generates evidence through the programs it runs.

What CMS does

CMS administers Medicare, Medicaid and the Children's Health Insurance Program (CHIP), and the Health Insurance Marketplace. It is simultaneously a payer, regulator, coverage decision-maker, and one of the most consequential evidence-generating institutions in the federal government. Its data systems were built for payment but are increasingly relied on for research and evaluation.

Where it is vulnerable

Three longstanding weaknesses affect CMS's ability to turn the programs it administers into reliable evidence.

- **CMMI's model-testing authority has outrun its evaluation infrastructure.** The Center for Medicare and Medicaid Innovation (CMMI) tests new ways of paying for and delivering care, with authority to expand models that meet statutory requirements. GAO reported in March 2026 that of 70 models tested between 2011 and early 2025, four had been certified for expansion against \$11.4 billion committed. Evaluation protocols have also been inconsistently specified, often after models launch, and evaluators typically report to CMS.
- **Coverage with Evidence Development, the mechanism that lets Medicare cover a service while more data are gathered, lacks enforceable triggers.** CMS can cover services while additional data are collected, but the system lacks clear thresholds for when those requirements end, when reviews must occur, and what happens when the necessary findings are not produced.
- **CMS data infrastructure was built for payment, not research.** Medicare Advantage plans are paid a set amount per enrollee, so unlike traditional Medicare, they have no payment incentive to submit complete records on the care enrollees receive. Those same incomplete records are then used to set how much Medicare pays those plans. Medicaid and CHIP data remain uneven across states, while the Health Insurance Marketplace lacks a comparable individual-level claims resource for researchers.

What the Blueprint recommends

1. Require evaluation plans to be publicly registered before models launch, separate model operations from evaluation, and document how evaluation findings translate into decisions about whether models can expand. (Can largely begin under existing authority; codifying evaluation independence may require Congress.)
2. Strengthen Coverage with Evidence Development. Decide in advance what evidence would need to show, require review within a defined period, and specify what results would end, continue, or trigger reconsideration of the coverage-with-evidence requirement. (Can begin under existing authority.)
3. Fund research when no commercial sponsor is available or when commercial interests conflict with the question Medicare needs answered. Establish a federal funding mechanism for these cases, administered through AHRQ or another federal research authority with comparable methodological independence. (Requires Congress.)
4. Bring CMS data closer to research quality. Improve the completeness, timeliness, and accessibility of Medicare Advantage and Medicaid data, and develop a comparable framework for researcher access to Marketplace data. (Much can begin under existing authority; enforcing Medicare Advantage data-quality standards requires Congress.)
5. Make the existing CMS-AHRQ partnership operational. Establish a formal process for AHRQ evidence reviews tied to upcoming Medicare coverage decisions and for developing and validating quality measures used in CMMI payment models. (Can begin under existing authority; Congress could codify the partnership.)

Why it matters

CMS generates evidence unavoidably, every day, through the programs it administers. Stronger evaluation infrastructure, methodological discipline, and data systems would help turn that activity into evidence the country can rely on.

Questions to track progress

Questions that can help Congress, media, and the public follow where these recommendations stand

- When CMMI tests a new payment model, is it set up to produce evidence clear enough to show whether the model worked?
- When Medicare covers a service while additional information is collected, what determines when the requirement ends and what happens if the necessary findings are not produced?
- Are CMS data systems keeping pace with their growing importance for understanding how Medicare, Medicaid, and Marketplace coverage perform?

Drawn from the CMS section of Modernizing Federal Health Evidence. AcademyHealth has worked across the health evidence enterprise for decades. Full section and sourcing available at blueprint.academyhealth.org