

States Advancing All-Payer Health Equity Approaches and Development (AHEAD) Model Overview Webinar

Center for Medicare and Medicaid Innovation
September 18, 2023

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Agenda

This webinar provides an introduction to the AHEAD Model. The following topics will be discussed:

1 | Welcome and Opening Remarks

2 | CMS Innovation Center Introduction

3 | AHEAD Model Goals, Background, and Design

4 | Statewide Targets

5 | Primary Care AHEAD

6 | Hospital Global Budgets

7 | Model Strategies

8 | Cooperative Agreement & Timeline

9 | Question and Answer Session

10 | Closing and Resources

Welcome and Opening Remarks

Today's Presenters



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Innovation Center*



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Medicaid and CHIP
Services*



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CMS Innovation Center*

CMS Innovation Center Introduction

Statutory Authority for CMMI



The purpose of the [Center] is to test innovative payment and service delivery models to reduce program expenditures...while preserving or enhancing the quality of care furnished to individuals under such titles.



The CMS Innovation Center was established by section 1115A of the Social Security Act (the "Act") (as added by section 3021 of the Affordable Care Act).

Innovation Center Strategic Refresh

Created for the purpose of developing and testing **innovative health care payment** and **service delivery models** within Medicare, Medicaid, and CHIP programs nationwide.

Innovation Center Priorities and Strategic Refresh



For more information, the [Innovation Center Strategic Refresh White Paper](#) is available on the CMS website.

CMS defines health equity as: The attainment of the highest level of health **for all people**, where everyone has a **fair and just opportunity** to **attain their optimal health** regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other factors that affect access to care and health outcomes.

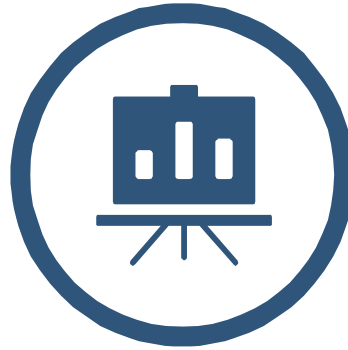
Opening Remarks

Dan Tsai

AHEAD Model Goals, Background, and Design

Audience Poll #1

Please respond to the live poll using the Zoom platform.

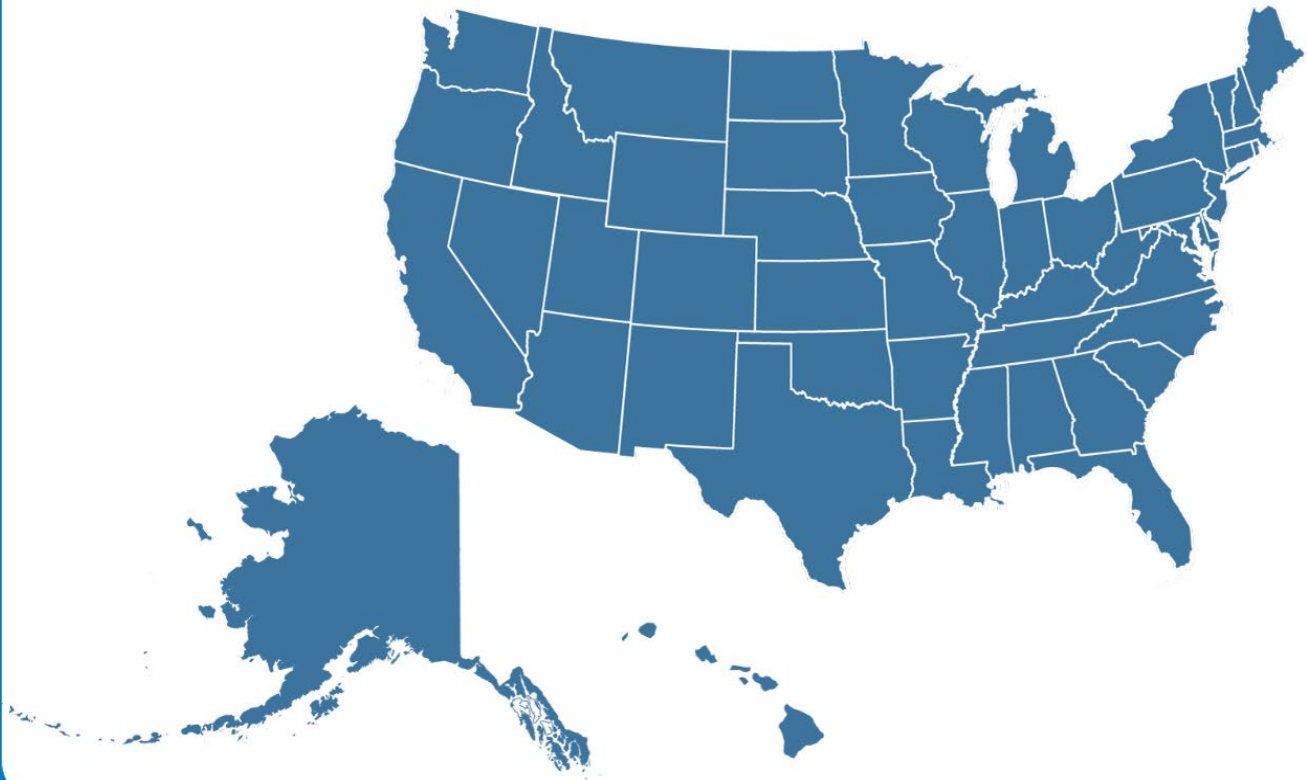


Please select what type of organization you represent.

- a. State Medicaid Agency
- b. State Public Health Agency
- c. Other State Government Role
- d. Hospital
- e. Primary Care Provider
- f. Other Type of Provider
- g. Community Organization
- h. Patient or Consumer Advocate

Audience Poll #2

Where are you calling from today? 👍 0



Start the presentation to see live content. For screen share software, share the entire screen. Get help at pollEv.com/app

Please respond to the live polls today by using your computer or mobile device.

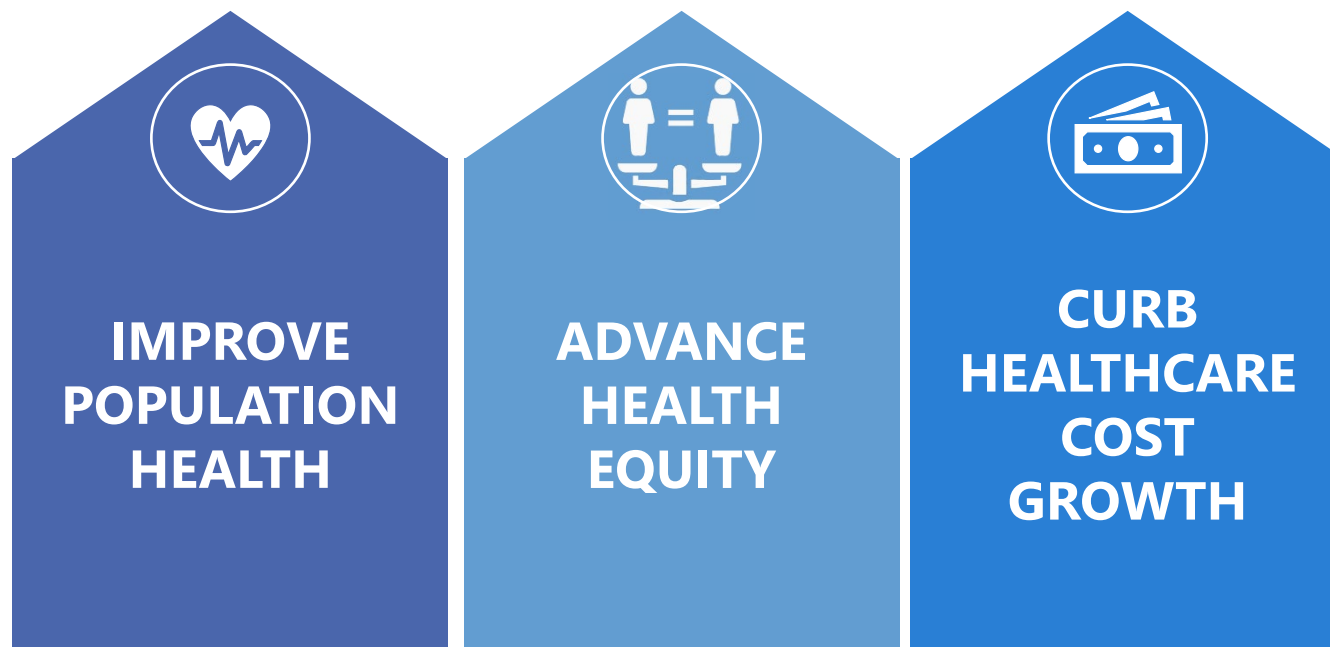
Join by Web:
PollEv.com/aheadmodel

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States Advancing All-Payer Health Equity Approaches and Development

CMS's goal in the AHEAD Model is to collaborate with states to improve population health; advance health equity by reducing disparities in health outcomes; and curb health care cost growth.



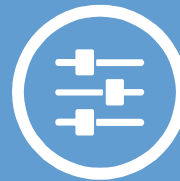
CMS will support participating states through various AHEAD Model components that aim to increase investment in primary care, provide financial stability for hospitals, and support beneficiary connections to community resources.

Promise of State-Based Total Cost of Care Models

States are uniquely positioned to advance accountable care, population health, and health equity:



Build on and incorporate transformation efforts within a state



Align policies and programs across payers and providers



Leverage stakeholder relationships and community knowledge

Through a multi-state model concept with a clear framework that can be adapted to the unique state context, the Innovation Center can support states in improving population health and constraining cost growth

AHEAD Model At-A-Glance

The States Advancing All-Payer Health Equity Approaches and Development, or the AHEAD Model, is a flexible framework designed to improve health outcomes across multiple states.

Statewide Accountability Targets

Total Cost of Care Growth (Medicare & All-Payer)
Primary Care Investment (Medicare & All-Payer)
Equity and Population Health Outcomes via State Agreements with CMS

Components



Cooperative Agreement
Funding



Hospital Global Budgets
(facility services)



Primary Care AHEAD

Strategies

Equity Integrated
Across Model

Behavioral Health
Integration

All-Payer
Approach

Medicaid
Alignment

Accelerating
Existing State
Innovations

Benefits of State Participation in the AHEAD Model

States will benefit from a variety of tools as part of participation in the AHEAD Model:

- 1** | Levers to **improve population health, address health equity, and curb rising cost growth**
- 2** | Funding to **support Model planning and implementation activities**
- 3** | Alignment with Medicaid and increased investment in **advanced primary care**
- 4** | **Multi-payer alignment** to drive change more effectively
- 5** | Optional waivers under the model to provide **flexibilities to providers**



Improve Population Health



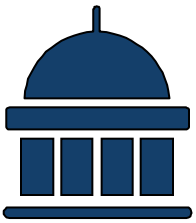
Advance Health Equity



Curb Health Care Cost Growth

AHEAD Model Eligibility Criteria for States

States

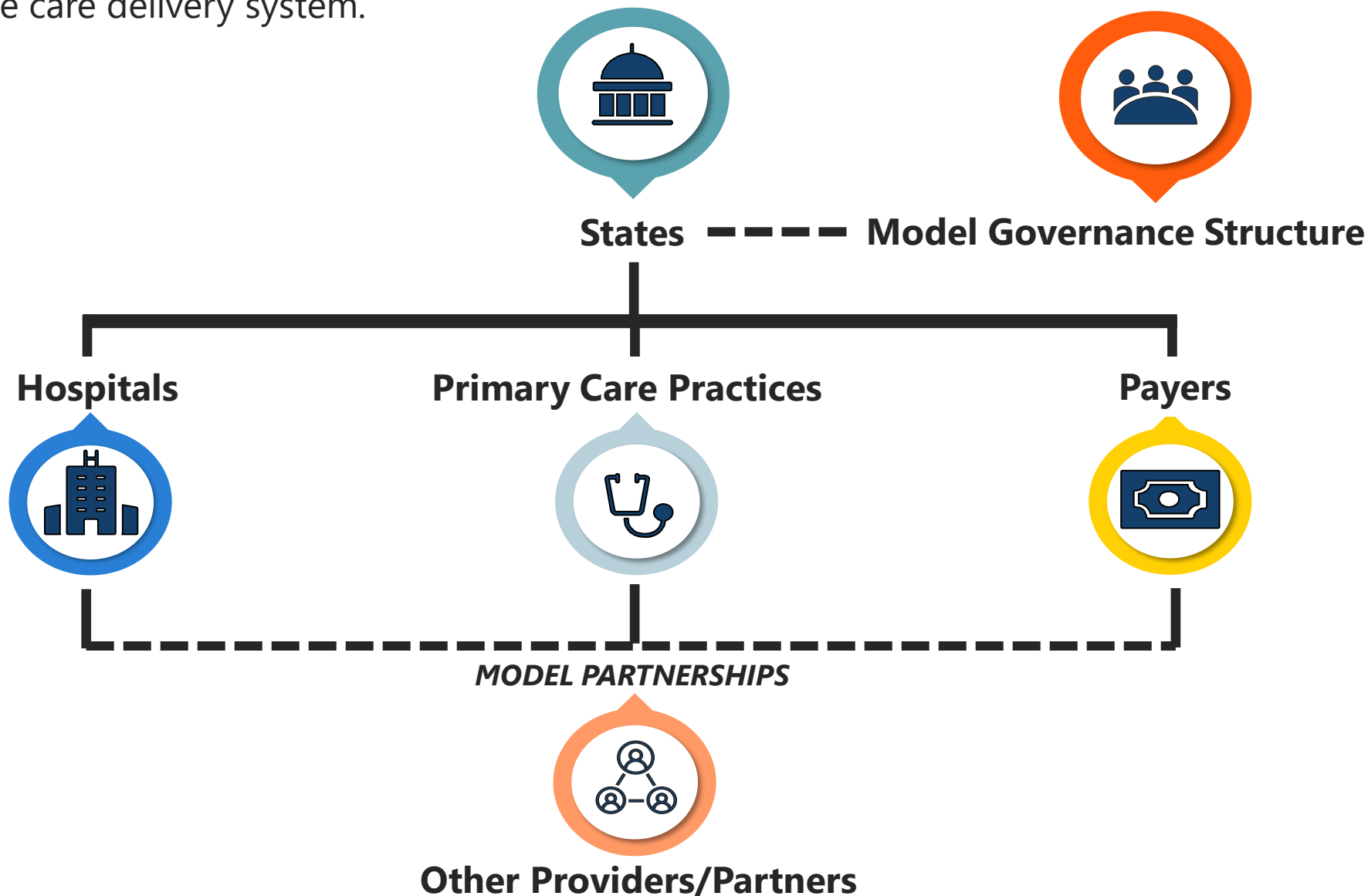


- US states, territories, and Washington, DC (“states”) are eligible to apply to participate in AHEAD. Making Care Primary states or sub-state regions are ineligible.
- States should engage multiple state agencies to support AHEAD goals and activities.
 - States can choose which state agency should apply to the Notice of Funding Opportunity (NOFO) (e.g., state Medicaid agency, public health agency, insurance agency) to receive Cooperative Agreement funding from CMS.
 - State Medicaid agencies must be the recipient or sub-recipient of the funding.
- States may apply to participate at the state level or designate a sub-state region, subject to CMS approval. At least 10,000 Medicare Fee for Service (FFS) beneficiaries with Part A and B must reside in the applicant state or sub-state region.
- A maximum of eight states or sub-state regions will be selected for participation.

Additional information about the participation requirements will be available in the NOFO released later this Fall.

AHEAD Model Stakeholders

The AHEAD Model will give participating states additional tools and incentives to align care transformation activities across the care delivery system.



Stakeholder Roles



States

- Establish model governance
- Set all-payer cost growth targets
- Increase primary care investment
- Implement statewide health equity plan
- Design Medicaid hospital global budgets and primary care transformation
- Facilitate multi-payer alignment and can engage State Employee Health Plans and Marketplace Plans



Hospitals

- Can participate in hospital global budgets, transform care, and improve population health
- Pursue opportunities for quality improvement (e.g., CMS hospital quality programs and other metrics) and identify other efficiencies
- Create hospital health equity plans to reduce disparities in care and outcomes within the hospital and community



Primary Care Practices

- Can participate in Medicaid transformation efforts and Primary Care AHEAD for Medicare FFS
- Meet care transformation requirements for person-centered care
- Pursue opportunities for quality improvement and improved care coordination



Payers

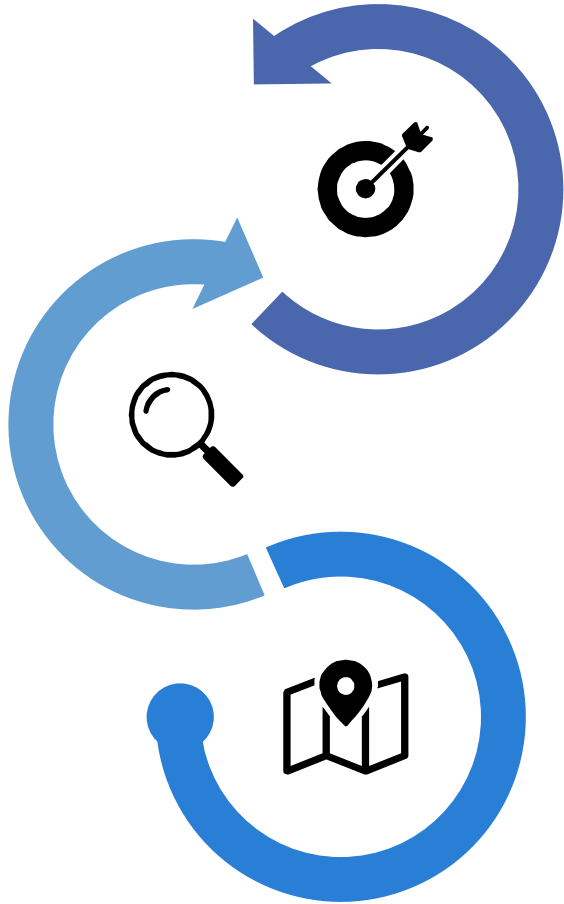
- Contribute to the All-Payer Cost Growth Target and All-Payer Primary Care Investment Targets
- Participate as an aligned payer in hospital global budgets and primary care transformation

The Model Governance Structure and other partners also play a key role in model implementation.

Statewide Targets

Statewide Targets At-A-Glance

Participating states take on accountability for quality, costs, and outcomes for a defined sub-state region or statewide. These targets are memorialized in the State Agreement between the state and CMS.



Improve Population Health

- Medicare FFS Primary Care Investment Target
- All-Payer Primary Care Investment Target
- Statewide Quality and Equity Targets (Medicare FFS and All-Payer)



Advance Health Equity



Curb Health Care Cost Growth

- Medicare FFS Total Cost of Care Targets
- All-Payer Cost Growth Targets

Targets are measured for residents within the defined region.

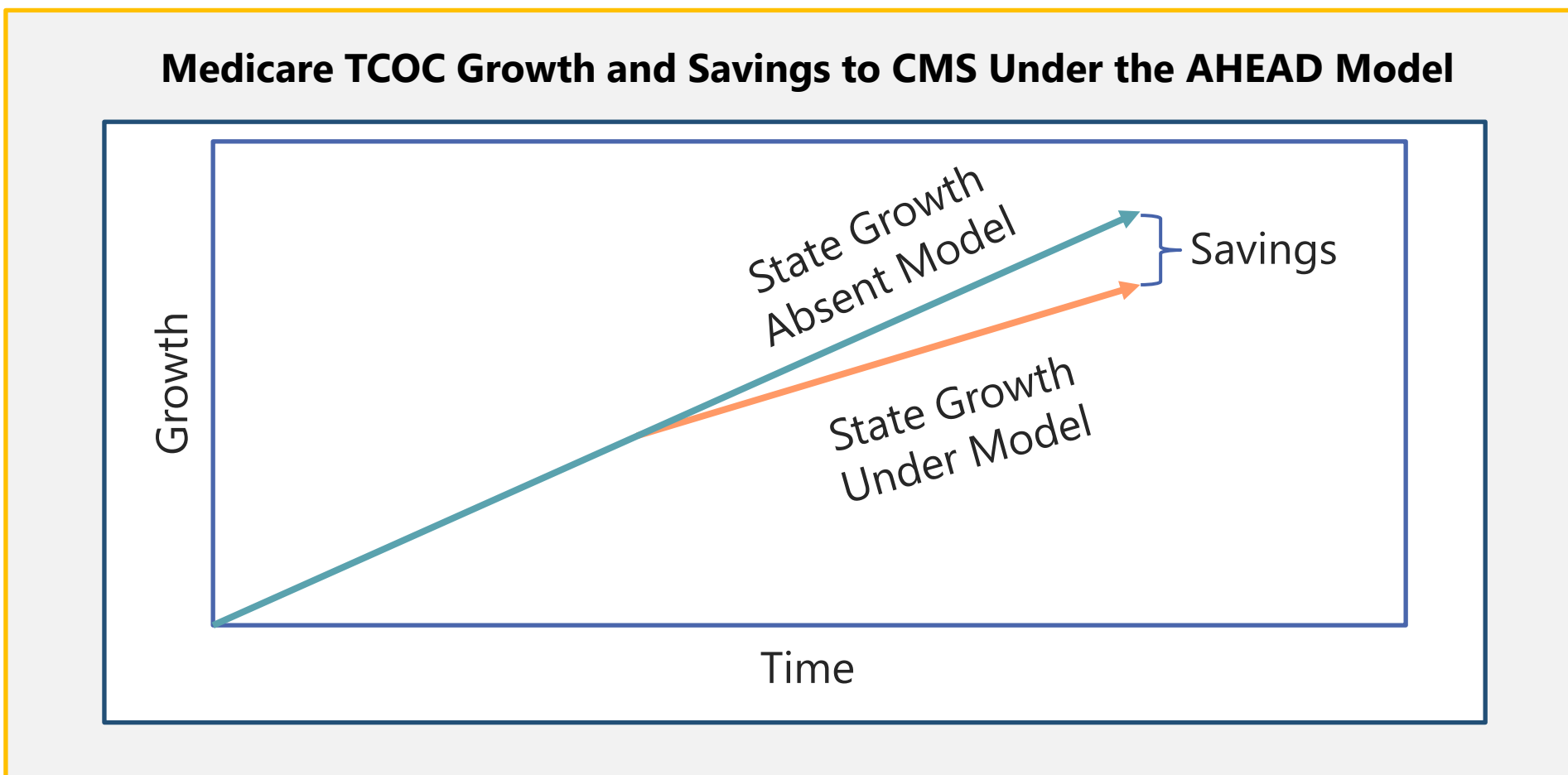
Statewide Quality and Equity Measures and Targets

States will select measures that **align with state health equity plan** and ongoing quality improvement efforts for improvement over the course of the model. States can select from a **core set** of measures, with **opportunities for additional measures**. CMS will request stratified reporting based on data availability and measure feasibility.



Medicare FFS TCOC Targets

The AHEAD Model was developed in alignment with affordability and cost growth containment efforts underway in states across the nation. Participating states or sub-state regions will be held accountable for a Medicare FFS cost growth target representing expenditures for Medicare Part A and B residents in the participating state or sub-state region during the Model's Performance Period.



Medicare FFS Primary Care Investment Targets

The AHEAD Model's Medicare FFS Primary Care Investment Targets provide flexible, state-specific annual improvement targets to incentivize incremental increases and build on existing state efforts. These targets will be included in the State Agreement with CMS.

Measurement

- CMS will use standard definition to measure baseline using historic spending
- Will be measured as a % of total cost of care for state or sub-state region

Increasing Primary Care Investment

- Primary Care AHEAD program will increase Medicare FFS investment in primary care
- State to recruit participants for Primary Care AHEAD and pursue activities to support primary care

Target Setting

- CMS and state will determine performance annually on specified target based on available data
- Annual targets will incentivize progression towards final target determined by CMS

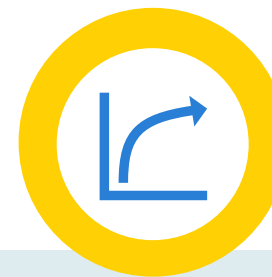
All-Payer Primary Care Investment and TCOC Targets

As part of the goals impacting all state residents, states will work with CMS to set All-Payer Primary Care Investment and All-Payer TCOC Targets for the model, which will be included in the State Agreement.



All-Payer Primary Care Investment Targets

- ✓ Require All-Payer Primary Care Investment Target memorialized in Executive Order or legislation by the first performance year
- ✓ Build on existing state progress for all-payer cost growth targets
- ✓ Can be informed by Medicare FFS methodology



All-Payer TCOC Targets

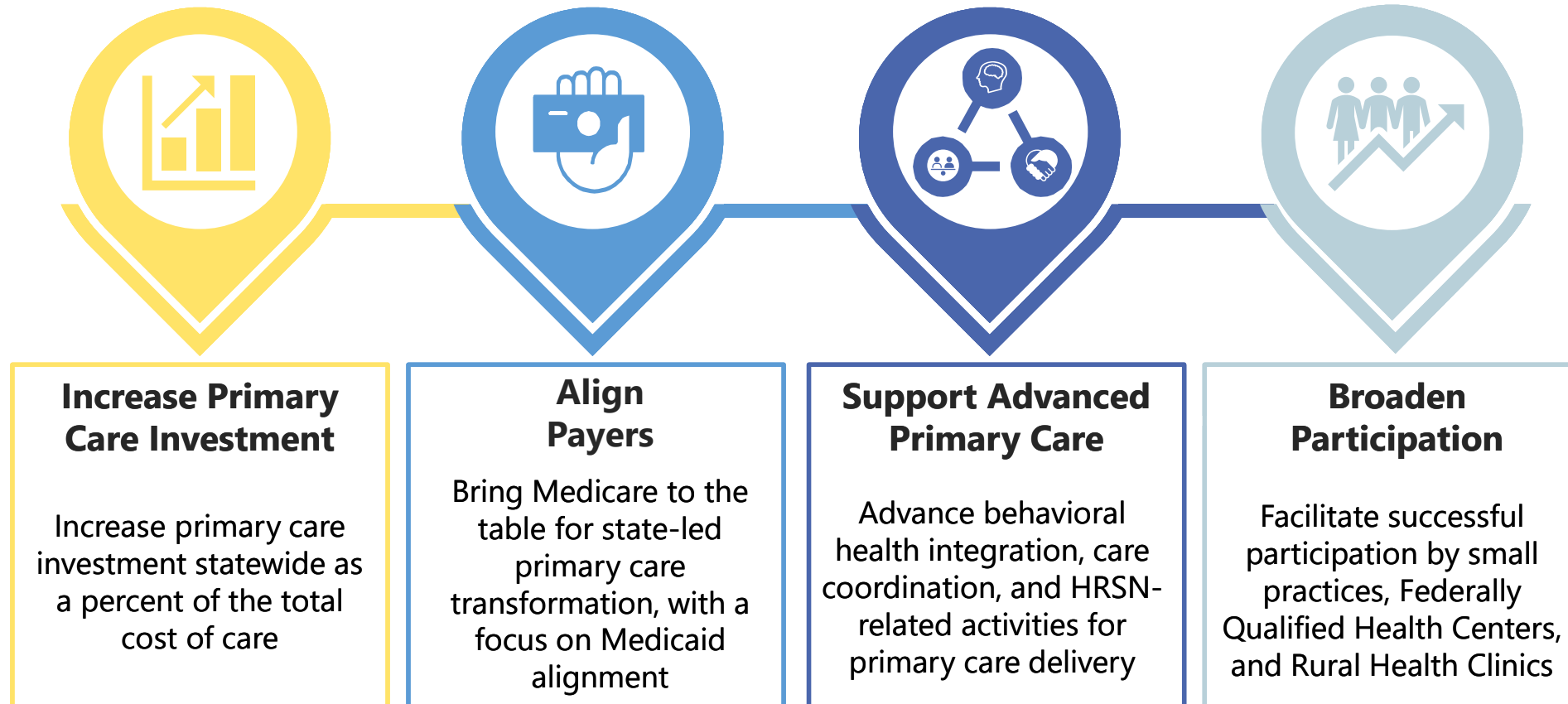
- ✓ Require all-payer TCOC target to be memorialized in Executive Order or legislation by the first performance year
- ✓ Builds on existing all-payer cost growth efforts in states with existing targets
- ✓ Will not penalize states for increased Medicaid beneficiary coverage or access to preventive, primary, or behavioral health care services.

[The Peterson-Milbank Program for Sustainable Health Care Costs](#) has resources available for states, including example language and information from existing state targets.

Primary Care AHEAD

Primary Care AHEAD Goals

Primary Care AHEAD is flexible to align with each state's Medicaid primary care goals and will bring Medicare to the table for increased investment and care transformation initiatives.



CMMI has committed to introducing primary care tracks with additional risk/capitation in the future. Any future Primary Care AHEAD tracks will align with these program goals.

Eligibility Criteria – Primary Care Practices

Primary care practices may participate voluntarily in the Primary Care AHEAD program to receive a Medicare Enhanced Primary Care Payment and support corresponding care transformation.



Primary Care Practices



Primary Care Practices*

- Primary care practices, FQHCs, and RHCs that are located within a participant state or sub-state region and are participating in the state's Medicaid Primary Care Alternative Payment Model (APM).
 - The state's Medicaid Primary Care APM could support a Patient-Centered Medical Home program, health home, or similar care coordination program.
- Primary Care AHEAD participation will be at the organizational level.
 - Non-FQHCs/RHCs are defined as a single Medicare-enrolled billing TIN.

*Hospital-owned practices will only be eligible to participate in Primary Care AHEAD if the affiliated hospital is participating in AHEAD hospital global budgets for that performance year.

Primary Care AHEAD: Enhanced Primary Care Payment

Primary Care AHEAD participants will receive an Enhanced Primary Care Payment (EPCP) to facilitate Medicare FFS investment in advanced primary care and enhanced care management.



Payment

Each participating practice will receive an average \$17 PBPM* for each attributed beneficiary, paid quarterly. A small portion of this payment (initially 5%) is at risk for quality performance.



Requirements

Participating practices will need to participate in Medicaid Patient-Centered Medical Homes or other primary care alternative payment model. Practices will also be expected to meet specific Care Transformation Requirements, which will be aligned across programs.



Potential Uses

Practices can use the EPCP to invest in infrastructure and staffing to perform advanced primary care (e.g., care coordinators, behavioral health staff, or community health workers).

*A state may earn a higher PBPM based on hospital recruitment or state performance (up to \$21PBPM). The PBPM may also be lowered depending on state performance on hospital recruitment targets and/or state performance on targets (floor \$15PBPM).

Primary Care AHEAD: Care Transformation Requirements

Primary Care AHEAD will include care transformation requirements for person-centered care. These care transformation are intended to align with existing Medicaid care transformation efforts.



- Reporting on behavioral health quality measures
- Developing warm hand-offs to behavioral health providers
- Managing medications for patients with complex behavioral health conditions

Behavioral Health Integration



- Developing workstreams to identify and establish relationships with specialty care providers
- Formalize specialty referrals through e-consults or other agreements
- Fully align referral systems across Medicaid and Medicare systems

Care Coordination



- HRSN screening
- Identifying and strengthening relationships with community resources and organizations that address social drivers of health
- Incorporation of on-site social workers, community health workers, or other staff responsible for resource coordination

Health-Related Social Needs (HRSNs)

Hospital Global Budgets

Hospital Global Budget Value Proposition

The AHEAD Model aims to rebalance health care spending across the system, shifting utilization from acute care settings to primary care and community-based settings.

WHAT IS A HOSPITAL GLOBAL BUDGET?

When hospitals receive a pre-determined, fixed annual budget. These budgets are for a specific patient population or program, such as Medicare FFS beneficiaries. As it is used by the CMS Innovation Center, global budgets are calculated based on a review of Medicare and Medicaid payments in previous years, with adjustments to account for inflation and changes in populations served and services provided.

[\(CMMI Total Cost of Care and Hospital Global Budgets, 2023\)](#)

Incentives for Hospital Participation



Initial investment to support transformation in early years of the model



Increased financial stability and predictability



Ability to share in savings from reduced potentially avoidable utilization and more efficient care delivery



Opportunity to earn upside dollars for improving health equity and quality while contributing to population health in their community



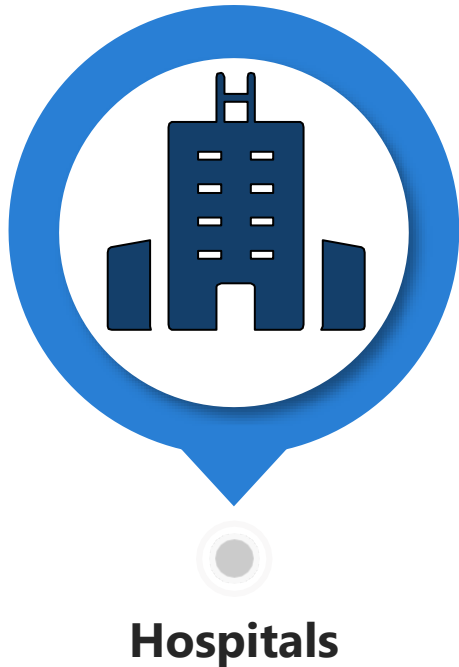
Potential use of waivers to support care delivery transformation



Opportunity to participate in system learning opportunities when moving to a population-based payment

Eligibility Criteria – Hospitals

Acute care hospitals and critical access hospitals (CAHs) will be eligible to participate in Medicare hospital global budgets under the Model.

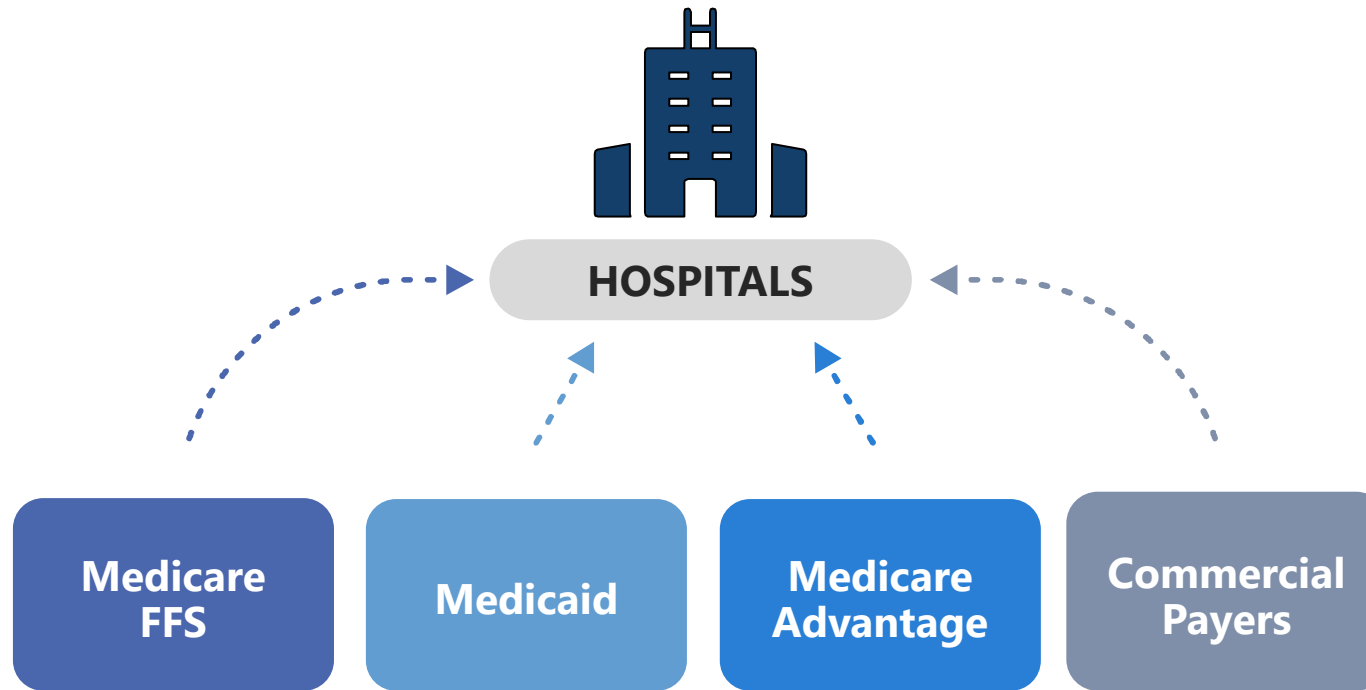


Hospitals

- CMS will not require hospital participation.
- Hospital Participants (e.g., acute care hospitals and CAHs) must be a Medicare-enrolled facility in good standing with CMS and located in the participating state or sub-state region.
- In participating states that enact enabling legislation during the performance period, eligible facilities will also include Rural Emergency Hospitals (REH).

Hospital Global Budgets

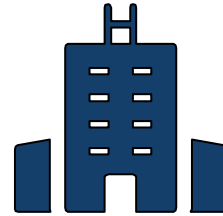
Hospital global budgets will be the primary mechanism for achieving all-payer and Medicare FFS TCOC Targets, improving hospital quality, and helping to curb cost growth.



**Each participating payer provides a global budget to the participating hospital for facility services.
This global budget is determined prospectively.**

Medicare FFS Hospital Global Budgets

Participating hospitals can receive a Medicare FFS hospital global budget as part of the AHEAD Model.



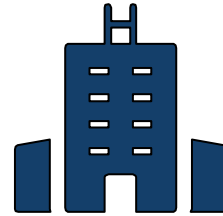
HOSPITALS

Medicare FFS

- Participating states with statewide rate setting or hospital global budget authority and experience in value-based care can develop their own hospital global budget methodology. CMS will provide alignment expectations for state-designed methodologies in the NOFO and will need to review and approve in advance of a given Performance Year.
- States without these authorities will use a CMS-designed Medicare FFS global budget methodology.

Medicaid Hospital Global Budgets

States will be required to implement an aligned Medicaid hospital global budget payment by PY1. The state Medicaid agency will be responsible for developing their Medicaid-specific hospital global budget methodology.



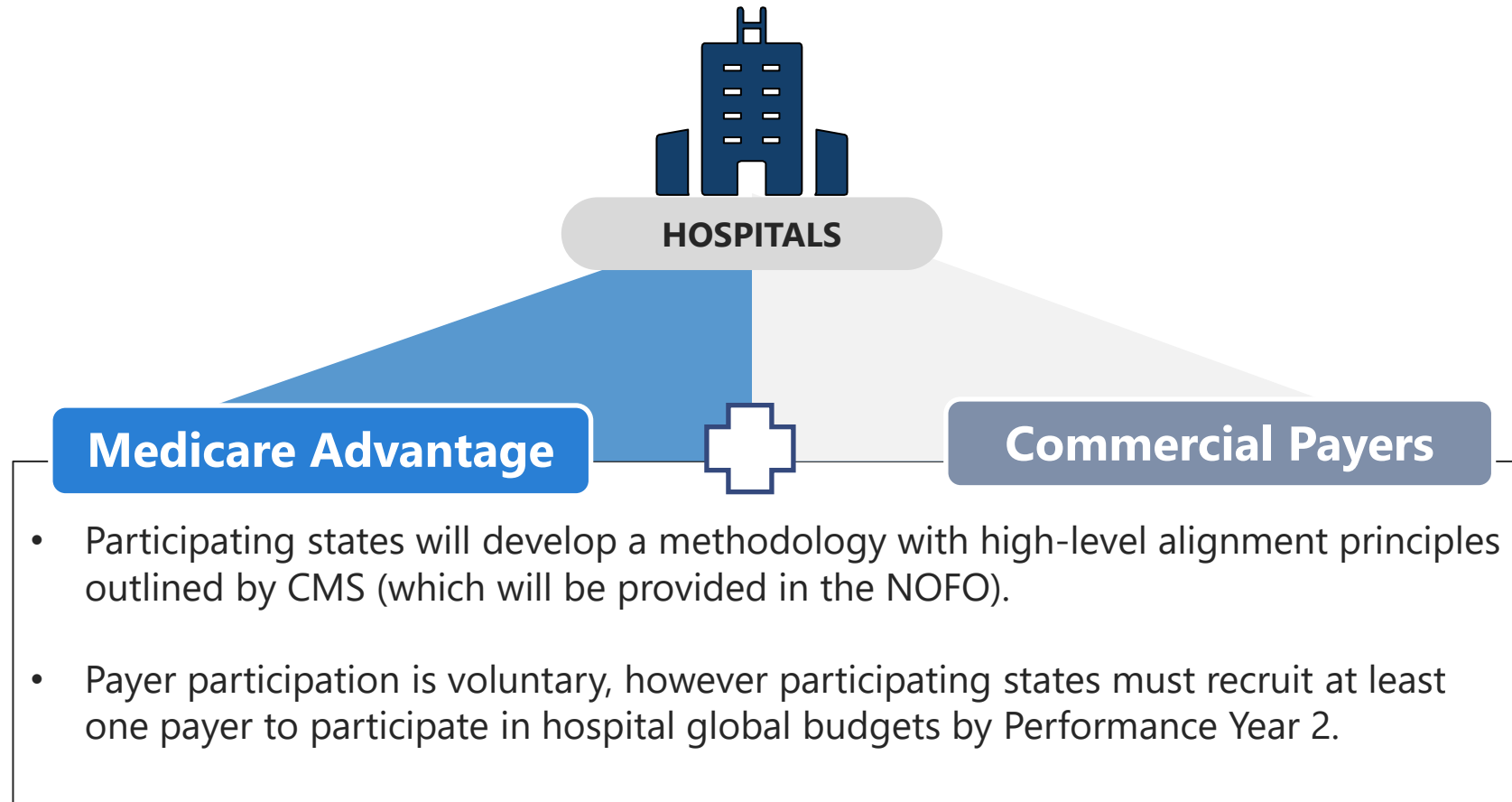
HOSPITALS

Medicaid

- Participating states will develop a methodology with alignment principles outlined by CMS (which will be provided in the NOFO).
- CMMI and the Center for Medicaid and CHIP Services (CMCS) will review and provide technical assistance on the Medicaid methodology.
- Any Medicaid methodology will need to be approved through normal regulatory processes.

Medicare Advantage & Commercial Payer Hospital Global Budgets

Commercial payer participation will help ensure that larger portions of participating hospitals' revenues are included in the hospital global budget and maximize hospital participation.



CMS-Designed Medicare FFS Global Budget Methodology

Hospital global budgets are built “bottom up” from past net patient revenue within the facility (inpatient and outpatient), including hospital outpatient departments. This historic baseline will be adjusted for inflation, demographic shifts, and other trends for each Performance Year before applying the below adjustments.



Transformation Incentive Adjustment

Upward adjustment to invest in enhanced care coordination in the first two years of the Model



TCOC Performance Adjustment

Upward and downward adjustments based on TCOC of beneficiaries residing in hospital service area



Health Equity Improvement Bonus

Upward adjustment based on hospital performance on disparities-sensitive measures focused on closing gaps in health care outcomes



Quality Adjustments

CMS programs for PPS hospitals, and an upside option for CAHs under the AHEAD Model



Clinical and Social Risk Adjustment

Adjustment likely based on Hierarchical Condition Category (HCC) Coding, Area Deprivation Index, and Part D LIS status








Effectiveness Adjustment

Downward adjustment based on a portion of hospital’s calculated avoidable utilization

Additional Model Strategies and Components

Health Equity Strategy

The AHEAD Model aims to advance health equity in alignment with the CMS Framework for Health Equity. The AHEAD Model Health Equity Strategy is inclusive of the following elements:

-  **Develop State Health Equity Plan & Quality Targets** for participating states, which will inform statewide equity strategies and support quality improvement.
-  **Enhance Partnerships between State, Providers, and the Community** to meet model goals.
-  **Increase Safety Net Provider Recruitment** among hospitals and primary care providers in the AHEAD Model to reach vulnerable populations.
-  **Use Social Risk Adjustment** of provider payments to increase resources available to care for vulnerable populations.
-  **Utilize Health Related Social Needs Screening Among Hospitals and Primary Care Providers** to identify unmet needs and connect patients to community resources.

Model Governance Structure

Each participating state will establish a multi-sector model governance structure. This body must have a **formal role** in model implementation, which could be advisory. States can build on pre-existing workgroups or boards to meet this requirement.



Governance Representation

Required:

- Patients and/or advocacy organizations
- Community-based organizations
- Payers (including commercial, Medicaid managed care, and Medicare Advantage)
- Provider organizations, including hospitals, primary care, FQHCs, and behavioral health
- Local tribal communities (where applicable)
- State Medicaid Agencies
- State and Territorial Public Health Agencies

Optional: State cost commissions, divisions of insurance, other relevant state agencies, and additional partners



Governance Role

Required:

- Develop Statewide Health Equity Plan and provide input on State Quality and Equity Targets
- Review and support of hospital health equity plans
- Input on Cooperative Agreement investment

Optional:

- Review state-designed Medicare FFS HGB methodology
- Review of Medicaid and commercial HGB methodologies
- Support activities to achieve other statewide targets

Behavioral Health Integration Strategy

The AHEAD Model includes both required and optional activities to support behavioral health (BH) integration in states participating in the Model.

HEALTH EQUITY (REQUIRED)

States will set at least one BH-specific equity goal; CMS will stratify BH quality measures by REL/SOGI to help close gaps of care by population

PRIMARY CARE (REQUIRED)

PCPs will integrate BH as part of the tiered Care Transformation Requirements



WAIVERS / OTHER FEDERAL AUTHORITIES (FLEXIBLE)

CMS to consider multiple Medicare payment rule waivers; CMS to provide TA support for Medicaid initiatives

QUALITY (FLEXIBLE)

Participants will select from multiple BH quality measures as part of primary care, hospital, and statewide quality strategies

CoAg (OPTIONAL)

States may use funds to support BH infrastructure and capacity building; States may reinvest hospital savings to BH initiatives and partnerships

Multi-Payer Alignment

The AHEAD Model will strive to achieve the highest possible level of multi-payer alignment across components.



Payers

- Medicare Advantage and commercial payer participation is voluntary, but strongly encouraged.
 - Note: States must recruit at least one commercial payer to participate in HGBs by PY2.
- AHEAD will require Medicaid participation across all Model components to further Model goals around improving health equity.
- States will be accountable for commercial payer spend through the all-payer TCOC growth targets and primary care investment targets.

Quick Recap: Medicaid Alignment

State Medicaid agencies play a critical role in the AHEAD Model, including participation as an aligned payer in hospital global budgets and primary care.



STATE PARTICIPATION

State Medicaid Agencies are essential and required partners in model participation

- Any state health agencies with the ability to accept award funding (e.g., State Medicaid Agencies, Public Health Agencies, Insurance Agency, etc.) may apply to the NOFO by itself or as a joint applicant with another state agency.
- If a group other than the State Medicaid Agency is a recipient of the CoAg, there will be dedicated funding for state Medicaid implementation.



GLOBAL BUDGETS

Medicaid would be an aligned payer by PY1

- Goal is that Medicaid FFS and managed care would be an aligned payer for HGBs by PY1.
- States might use state directed payments or 1115 waiver for HGB implementation and updates to Managed Care Organization contracting requirements.



PRIMARY CARE

Medicare FFS would align with ongoing Medicaid primary care transformation

- Practices participating in Primary Care AHEAD must participate in Medicaid primary care APM in the same year.
- States may adapt core Medicare Care Transformation Requirements and quality measures to Medicaid priorities.



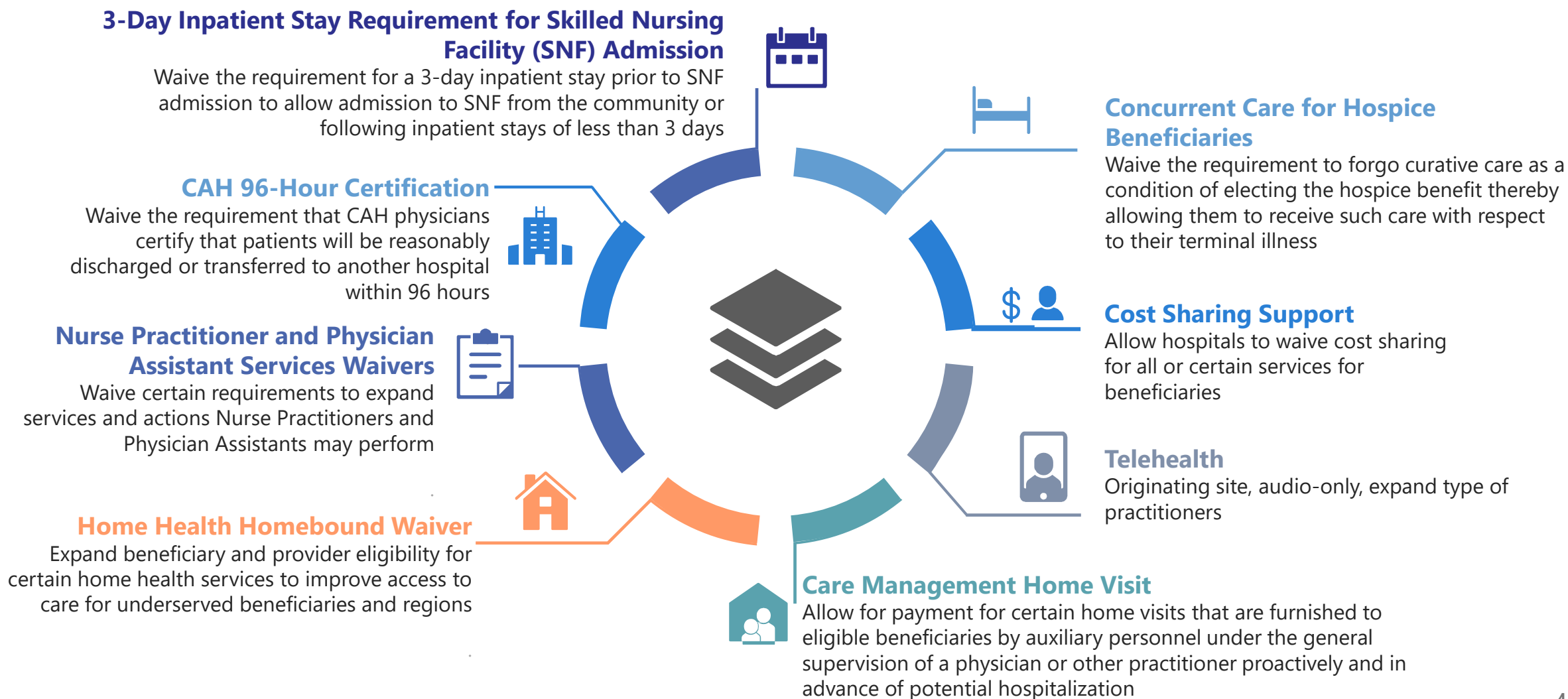
STATEWIDE TARGETS

Medicaid would participate in all-payer TCOC, primary care investment, and quality targets

- Medicaid contributes to all-payer targets; however, there will be considerations of Medicaid's unique population and a greater focus on improving population health, increasing access, and reducing avoidable utilization.

AHEAD Model Payment Waivers for Medicare Benefit Enhancements

To engage providers across the care continuum in patient-centered care, the Model is considering voluntary waivers for certain optional Medicare payment requirements to help test the model.

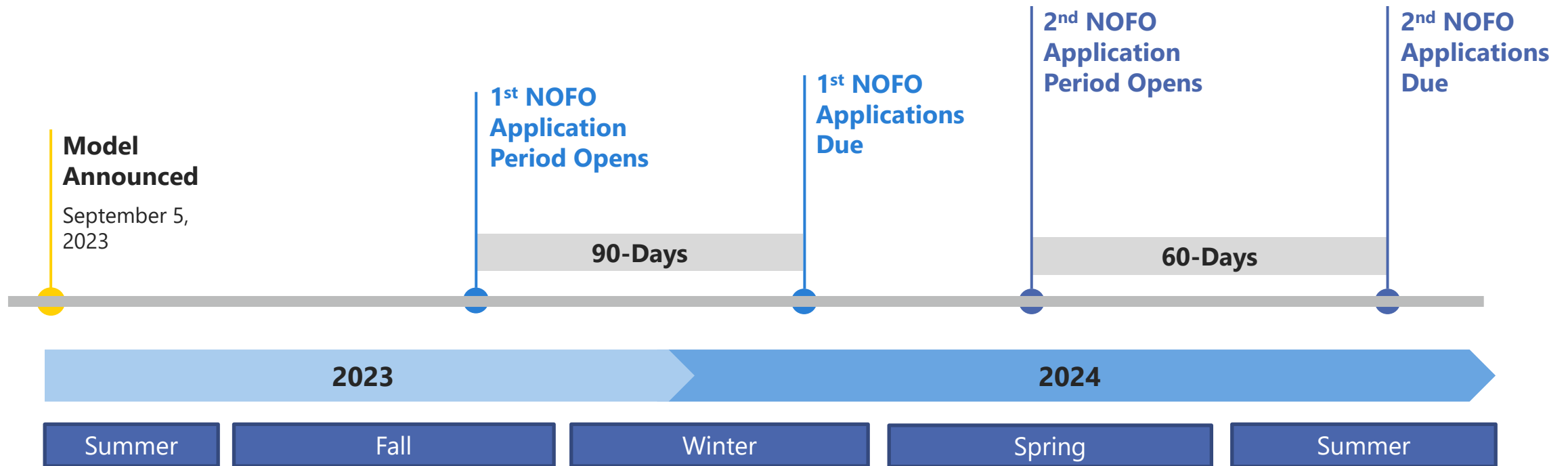


Cooperative Agreement and Model Timeline

Cooperative Agreement and Application Timeline

CMS anticipates awarding up to eight Cooperative Agreement (CoAg) awards of **up to \$12 million** each, pending federal availability of funds. CoAg funding may be used to support planning and implementation activities. Such activities may include engaging core stakeholders, setting TCOC growth and primary care investment targets, hiring staff, building behavioral health infrastructure and capacity, and supporting Medicaid and commercial payer alignment.

Interested organizations may prepare to apply to the AHEAD Model considering the timeline* outlined below.



*Specific dates will be released later and are subject to change.

Model Timeline

Model Timeline with Pre-Implementation and Performance Years

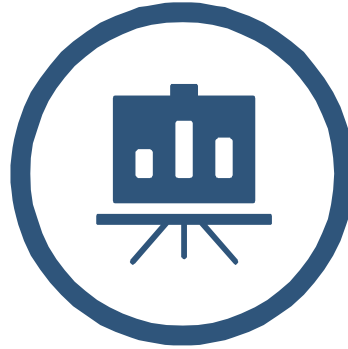
	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	
Model Year (MY)		MY1	MY2	MY3	MY4	MY5	MY6	MY7	MY8	MY9	MY10	MY11	
1 st NOFO Application Period	Cohort 1*	NOFO Application Period	Pre-Implementation (18 mos)		PY1	PY2	PY3	PY4	PY5	PY6	PY7	PY8	PY9
	Cohort 2		Pre-Implementation (30 mos)			PY1	PY2	PY3	PY4	PY5	PY6	PY7	PY8
2 nd NOFO Application Period	Cohort 3	NOFO Application Period	Pre-Implementation (24 mos)		PY1	PY2	PY3	PY4	PY5	PY6	PY7	PY8	

*States in Cohort 1 may choose to move to Cohort 2 during the Pre-Implementation Period, with CMS approval.

Question and Answer Session

Poll Question 3

Please respond to the live poll using the Zoom platform.



Does the AHEAD Model align with priorities, initiatives, and/or activities within your state?

- a. YES/NO
- b. If Yes, please share more

Question & Answer Session



Open Q&A

Please **submit questions via the Q&A pod** to the right of your screen.
Specific questions about your organization can be submitted to AHEAD@cms.hhs.gov.



**Question
#1**

How does the AHEAD Model differ from other CMS primary care models?

AHEAD differs from previous Innovation Center models in three specific ways: establishing a specific goal of increasing statewide primary care investment in proportion to the total cost of care, pairing hospital global budgets with advanced primary care, and offering a flexible framework to implement advanced primary care in alignment with the states existing Medicaid primary care program activities.

How does the AHEAD Model differ from other CMS primary care models?

Question #1



States Advancing All-Payer Health Equity Approaches and Development (AHEAD) Model

- ▶ **Targets historical underinvestment in primary care** via statewide primary care investment targets.
- ▶ **Provides Enhanced Primary Care Payments** to increase investment in primary care.
- ▶ **Uses a flexible framework of care transformation activities** to align with existing Medicaid value-based-payment arrangements.

2024 - 2034



Making Care Primary (MCP)

- ▶ **Improves care management, community connections, and care integration** by providing capacity building resources to those new to value-based care.
- ▶ **Increases access to care and create sustainable change in underserved communities** by facilitating partnerships with state Medicaid agencies, social service providers, Federally Qualified Health Centers (FQHCs) and specialty care providers.

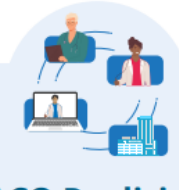
2024-2034



Primary Care First (PCF)

- ▶ **Helps primary care practices better support their patients** in managing their health — especially patients with complex, chronic health conditions.
- ▶ **Enables primary care providers to offer a broader range of health care services** that meet the needs of their patients. For example, practices may offer around-the-clock access to a clinician and support for health-related social needs.

2021-2025



ACO Realizing Equity, Access, and Community Health (ACO REACH)

- ▶ **Encourages health care providers — including primary and specialty care doctors, hospitals, and others — to come together to form an Accountable Care Organization, or ACO.**
- ▶ **Breaks down silos and delivers high-quality, coordinated care** to patients that improves health outcomes and manages costs.
- ▶ **Addresses health disparities** to improve health equity.

2021-2026



How will states be selected to participate?

Interested states must apply to the NOFO during the application period, which will be a competitive application reviewed by a review panel. The panel will review and score applications using a detailed rubric, which will be made available to all applicants as part of the NOFO.

It is anticipated that the application will require the following:

- A description of the state applicant and any partners, an assessment of readiness for AHEAD Model components – such as existing legislation related to primary care investment and/or cost growth
- A vision for population health improvement and primary care transformation, proposed strategy for hospital and primary care provider recruitment, proposed strategy for Medicaid and multi-payer alignment
- A description of current population health and health equity activities.



Question #3

Is this model a replacement for the Vermont All-Payer Accountable Care Organization (VT ACO) Model, the Maryland Total Cost of Care Model (MD TCOC), and the Pennsylvania Rural Health Model (PARHM) models or will those models continue alongside the AHEAD Model?

Vermont, Maryland, and Pennsylvania are eligible to apply to the AHEAD Model as a strategy to sustain care delivery transformation currently being implemented under these existing models. All states interested in participating in the AHEAD Model must submit an application in response to the NOFO during the application period and must be selected as part of the competitive process to receive an AHEAD Cooperative Agreement award and participate in the AHEAD Model.

Vermont, Maryland, and the Pennsylvania's participation in the AHEAD Model will not change the current performance period for their existing models. However, Vermont, Maryland, and Pennsylvania may receive Cooperative Agreement funding during the same period of the existing models' performance periods; however, the performance periods of the existing models may not overlap with AHEAD performance periods.

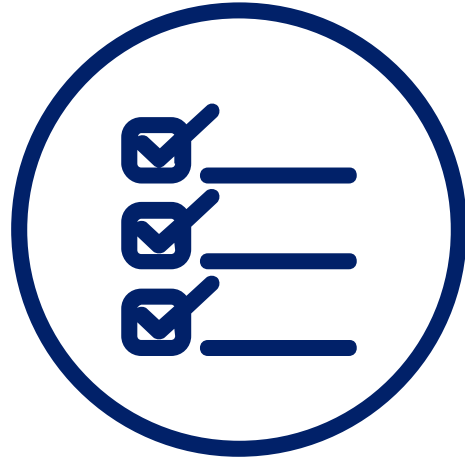


Question #4

How will beneficiary experiences be incorporated into the model?

The AHEAD Model quality and population health strategy will incorporate the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey to assess an individual's experience of care. Participating states may choose to include additional patient-reported outcome measures or other measures related to individual experience in their statewide measures.

Please Complete Our Survey



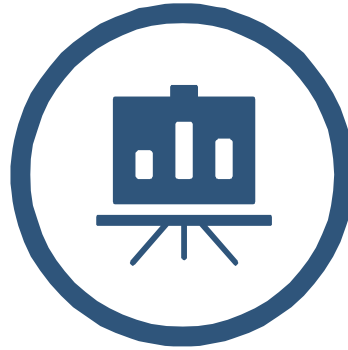
We appreciate your input!

Please click the link posted in the chat to take our survey.

We would love to learn how to make our events better.

Poll Question 4

Please respond to the live poll using the Zoom platform.

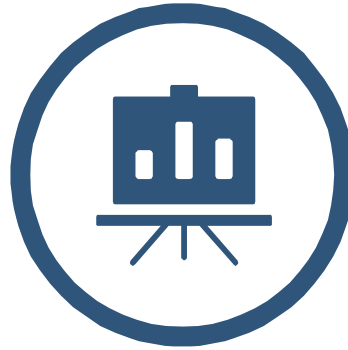


What topic would you like to learn more about? (Select all that apply)

- a. Notice of Funding Opportunity and Application Process
- b. Hospital Global Budgets
- c. Statewide Quality and Health Equity Strategies
- d. State Total Cost of Care Targets
- e. Primary Care Investment Targets
- f. Primary Care AHEAD
- g. Multi-Payer Alignment
- h. Medicaid Participation
- i. Other (please explain in the Q&A box)

Poll Question 5

Please respond to the live poll using the Zoom platform.



What would be helpful to States considering applying to AHEAD? (Select 1-2)

- a. State Examples of State Cost Growth and Primary Care Investment Targets
- b. Factsheets on Model Components
- c. Webinar on Hospital Global Budgets for Hospitals
- d. Webinar on Primary Care AHEAD for Primary Care Providers
- e. Office Hours (open Q&A)
- f. Other (please explain in the Q&A box)

Closing and Resources

Next Steps & Upcoming Events

All states interested in applying to participate in the AHEAD Model will submit applications through [Grants.gov](https://www.grants.gov). More information about the application process will be shared once it is available.

Partner Events	Planned Date¹
State Efforts to Increase Primary Care Investment and Address Rising Costs	October 17, 2023 2:00 – 3:00 pm EDT
Hospital Global Budgets and Primary Care APMs	Late October

Stay tuned for upcoming events to learn more about the AHEAD Model!

¹ Dates are subject to change

Thank You



Thank you in advance for your review and feedback on our model! We appreciate your time and interest!

Please take the survey following this webinar so we can learn how to make our events better.

Do you have questions? Email your comments and feedback to AHEAD@cms.hhs.gov with subject line ***AHEAD Model Overview Webinar***.

THANK YOU!