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



What is Primary Care AHEAD?

A voluntary, **beneficiary-focused** advanced primary care program designed to align Medicare with state-led primary care efforts. It has an overarching, flexible framework of **care transformation priorities** that will complement statewide Medicaid primary care priorities. Primary Care AHEAD is intended to increase overall capacity for **care coordination** and connection to **community resources**, improve quality, offer whole **person-centered care**, and **minimize provider burden**.

What are the Program Components & Goals?



Who is Eligible to Participate in Primary Care AHEAD?

Primary care practices, including FQHCs and RHCs, located in a participating state or sub-state region that are **participating in the state's Medicaid Primary Care Alternative Payment Model (APM) or Patient-Centered Medical Home (PCMH).**

Other Eligibility Considerations

- **Hospital-owned practices** that operate in participating states and sub-state regions (if the affiliated hospital is participating in the AHEAD hospital global budgets in the same performance year).
- Practices may **participate simultaneously** in Primary Care AHEAD and the Medicare Shared Savings Program (MSSP) or ACO REACH.
- Practices that participate in Primary Care First (PCF), Making Care Primary (MCP), or any other CMS model with a no-overlaps policy are **ineligible** to participate.

Participating states will be required to recruit primary care practices that meet the program's provider eligibility requirements.

What does Primary Care Transformation look like under AHEAD?

Care Transformation Activities

Participating primary care practices are expected to participate in primary care transformation activities designed to align with Model goals. Care transformation activities are tailored to the priorities of each state's Medicaid primary care priorities, within parameters dictated by CMS. The prospective, primary care payment methodology (described in more detail on the next page) is designed to facilitate these more robust care management and coordination activities.

Behavioral Health Integrated with Primary Care • Care Management & Specialty Coordination



Participating primary care practices will also be accountable for improved quality and population health outcomes to ensure maintenance or improvement of quality indicators throughout care transformation efforts. The State Medicaid Agency has flexibility in proposing different measures for the purposes of Medicaid alignment and there will be special considerations for FQHCs and RHCs.

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The provider payment amount will be determined per the following:

Medicare Enhanced Primary Care Payment (EPCP)

The EPCP is a prospective, perbeneficiary payment. The anticipated average statewide EPCP is \$17 per beneficiary per month (PBPM) paid quarterly.

The EPCP may be adjusted up to \$21 or down to \$15 PBPM based on a participating state's total cost of care performance and recruitment of hospitals.



Beneficiary Risk Adjustments & Quality Adjustments

Risk Adjustments: At the provider level, CMS will apply beneficiary risk adjustments (based on social and medical risk).

Quality Adjustments: A small portion of the EPCP (5% to start, scaled up to 10% by PY8 or PY9) will be tied to performance on select quality measures and utilization each year.



Final Provider EPCP Amount

The final provider EPCP amount results from the participating state's PBPM average and adjusted for 1) attributed beneficiaries' social and medical risk and 2) provider quality performance.



0

Beneficiary Attribution: CMS will **attribute Medicare FFS beneficiaries to participating primary care practices** prior to the start of each quarter during a given Performance Year.

<u>Medicare FFS Payment Overlap</u>: Participant primary care practices will receive \$0 payments for certain Medicare FFS care management services that are duplicative of the care transformation activities paid for by the EPCP.

*The financial methodology described above is subject to change at CMS' sole discretion. CMS will provide detailed financial specifications, including risk adjustment approaches, during the Pre-Implementation period.

What is the Application Timeline & Primary Care Recruitment Process?

States will submit applications to participate in the AHEAD Model beginning March 2024. **Model milestones significant to primary care practices are listed below.**

Model Milestone/Step	Cohort 1	Cohort 2	Cohort 3	During the pre- implementation period, interested primary care practices can join learning and technical assistance activities as practices consider participation. These activities will continue during performance years for participating practices.
State Award Notification	May 2024	May 2024	October 2024	
Pre-Implementation Period States will recruit primary care practices during this time. Practices' participation agreements will outline model obligations.	July 2024 – December 2025	July 2024 – December 2026	January 2025 – December 2026	
Performance Years (PYs) <i>Primary care practices can join throughout the model PYs.</i>	January 2026 – December 2034	January 2027 – December 2034	January 2027 – December 2034	

Additional Information

- <u>AHEAD Model Website</u>
- Notice of Funding Opportunity (NOFO)
- Email: <u>AHEAD@cms.hhs.gov</u>

- Model Overview Factsheet
- Hospital Global Budget Factsheet