Achieving Healthcare Efficiency through Accountable Design (AHEAD) Model

Geo AHEAD Specification Preview: Beneficiary Attribution

This is the second in a four-part series previewing aspects of Geo AHEAD's design, which will be further detailed in the specifications in Summer 2026. Please refer to the Geo AHEAD Fact Sheet for an overview of the program.

AHEAD Model

The Achieving Healthcare Efficiency through Accountable Design (AHEAD) Model is a Centers for Medicare & Medicaid Services (CMS) ***voluntary, state-based alternative payment and service delivery model*** *designed to curb health care cost growth, focusing on care coordination, prevention, patient empowerment, and increased choice and competition.*

Geo AHEAD Overview

Geo AHEAD is a ***geographically-based accountable care organization (ACO) program*** *where geographic risk-bearing entities called "****Geo Entities****" assume responsibility for total cost of care (TCOC) and improved outcomes for attributed Original Medicare beneficiaries in a geographic area. Geo AHEAD elevates the impact of Primary Care (PC) AHEAD and Hospital Global Budget (HGB) across the entire AHEAD population, incentivizing a* ***focus on quality rather than volume*** *with collaboration on the shared model goals of coordinated care, improved patient outcomes, and sustainable cost management.*

What's Included

This resource provides information on Geo AHEAD Beneficiary Attribution and is organized into the following subsections.

What is Beneficiary Attribution?

Attribution is the process of assigning Original Medicare beneficiaries to a healthcare provider, practice, or ACO to establish accountability for cost, quality, and outcomes. In addition to voluntary attribution, which relies on beneficiary self-selection, and claims-based attribution, which uses existing provider-beneficiary care relationships, Geo AHEAD supplements these with geographic attribution to engage Original Medicare beneficiaries who have not already been attributed under other ACO models.

Benefits of AHEAD's Beneficiary Attribution Approach

Promotes Beneficiary Choice and Continuity

Voluntary and claims-based attribution are prioritized over geographic, encouraging Geo Entities to proactively build trust and create access pathways to engage beneficiaries who may not yet have a usual source of care, empowering them to make care choices.

Supports a Holistic Approach to Care

Geographic attribution creates a more holistic approach where every person is integrated into a care delivery system focused on identifying and supporting care and coordination needs.

Establishes Novel Geographic Attribution

Novel geographic attribution links previously unattributed beneficiaries to Geo Entities who are incentivized to engage geo-attributed beneficiaries and develop ongoing care relationships that improve outcomes.

Note. This resource is accurate as of the date of publication; program details may change at the direction of CMS and will be finalized in the model methodology specifications and corresponding participation agreements.

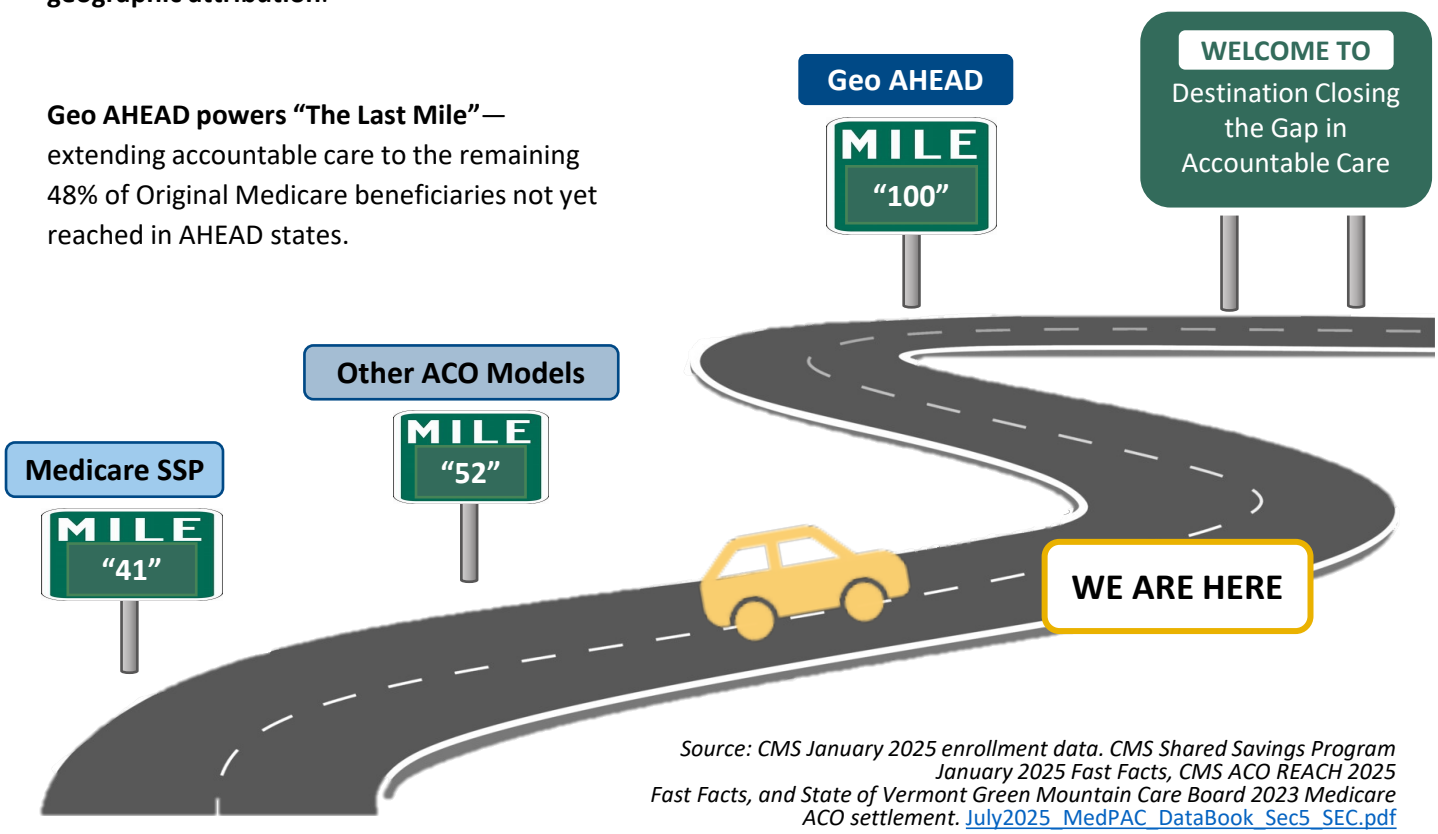
The Road to the Last Mile

Geo AHEAD aligns with quality measures and care transformation requirements applied in PC AHEAD and HGB AHEAD, allowing providers engaged in multiple programs to work toward consistent outcomes. PC AHEAD and HGB are not guaranteed to touch every beneficiary in the state because they are both voluntary programs. Geo AHEAD is "The Last Mile" in accountable care, preventing Original Medicare beneficiaries from falling through the cracks. Geo AHEAD uses geographic attribution not only to assign remaining beneficiaries but also to create a pathway for Geo Entities to build new care relationships with individuals who have not previously been engaged in accountable care models. Beneficiaries not already attributed to an ACO will be attributed to a Geo Entity via **voluntary attribution**, **claims-based attribution**, or **geographic attribution**.

Type of Attribution*	Description
Voluntary Attribution	Beneficiaries choose to be attributed to a Geo Participant.
Claims-based Attribution	Beneficiaries are attributed based on claims history with a Geo Participant.
Geographic Attribution	Any remaining unattributed beneficiaries in a geographic area are assigned to a Geo Entity.

**Attribution methodologies are discussed in detail on pages 3 - 6.*

Geo AHEAD powers "The Last Mile"— extending accountable care to the remaining 48% of Original Medicare beneficiaries not yet reached in AHEAD states.



Source: CMS January 2025 enrollment data. CMS Shared Savings Program January 2025 Fast Facts, CMS ACO REACH 2025 Fast Facts, and State of Vermont Green Mountain Care Board 2023 Medicare ACO settlement. July2025_MedPAC_DataBook_Sec5_SEC.pdf

Medicare has reached the mile marker of 52% of Original Medicare beneficiaries in accountable care — 41% in Medicare Shared Savings Program (SSP) and 11% through other ACO models.

Beneficiary Eligibility

Only Original Medicare beneficiaries can participate in Geo AHEAD and be attributed to a Geo Entity, and these beneficiaries must meet the criteria below to be considered eligible for attribution. States may choose to support Medicare and Medicaid alignment by creating a geographic Medicaid ACO program aligned to Geo AHEAD.

Model Eligibility Criteria

- Are enrolled in both Medicare Part A and Part B
- Are alive at the start of the performance year
- Are not enrolled in a Medicare Advantage (MA) plan, Program of All-Inclusive Care for the Elderly (PACE) organization, cost plan, other non-MA Medicare managed care plan, or TCOC model or program (e.g., Medicare SSP)
- Have Medicare as their primary payer
- Are residents of the United States
- Reside in the AHEAD state or where applicable the AHEAD sub-state region

Beneficiaries will be considered attribution-eligible if they continue to meet these eligibility criteria each quarter and beneficiaries who lose attribution eligibility will be dropped on a quarterly basis as they become ineligible.

Attribution Qualification

CMS employs a formal governance structure to prevent the attribution of beneficiaries to multiple models involving TCOC accountability and shared savings (or as overlaps policies dictate) and resolves conflicts when they occur. Beneficiaries will not be eligible for Geo AHEAD claims-based and geographic attribution if they are attributed to another Medicare ACO program or TCOC Model. Overlaps policy on voluntary alignment will be released along with specifications; note that CMS generally endeavors to prioritize beneficiary alignment preferences.

Beneficiaries Attributed to the following Medicare TCOC Models and Programs are not eligible for Geo AHEAD*

- Medicare Shared Savings Program [SSP]
- Primary Care Flex [PC Flex]
- ACO REACH
- Comprehensive Kidney Care Contracting [CKCC]
- Long-term Enhanced ACO Design [LEAD]

**Disclaimer. Overlaps policies are subject to change at CMS' discretion and policies for new or updated models will be reflected in an updated version of the AHEAD Overlaps Fact Sheet on the AHEAD Model webpage. Questions about specific policies should be directed to relevant Participation Agreements or AHEAD@cms.hhs.gov.*

Similarly, PC AHEAD claims-based attribution takes precedence over Geo AHEAD claims-based attribution, meaning that if a beneficiary is attributed to a PC AHEAD Participant Provider, that beneficiary is not eligible for claims-based attribution to a Geo AHEAD Entity. However, all PC AHEAD attributed beneficiaries will be geographically attributed to Geo AHEAD, ensuring that all beneficiaries in AHEAD states are included within an entity accountable for TCOC. PC AHEAD providers who elect to join a Geo Entity as Geo Affiliates inform the geographic attribution of their attributed beneficiaries for that Geo Entity. This structure allows beneficiaries to benefit from the enhanced primary care services offered under PC AHEAD while still being included in the broader TCOC framework within their geographic area. Additionally, this approach prioritizes and preserves established care patterns and reduces the need for weighted random beneficiary assignment.

Geo AHEAD Beneficiary Attribution Steps

The goal of the Geo AHEAD attribution hierarchy is to attribute all Original Medicare beneficiaries to accountable care while prioritizing beneficiary choice, existing care relationships, and performance year network stability. It also serves to define which beneficiaries drive Enhanced Primary Care Payment (EPCP) and primary care capitation payments.[1] The methodology strives to ensure, as feasible, that every Geo Entity receives 10,000 attributed Original Medicare beneficiaries, inclusive of dually eligible beneficiaries. The following diagram displays the high-level Geo AHEAD attribution methodology, which will be described in more detail in the following pages.

Attribution eligibility and overlap check: Determine beneficiary eligibility based on the model rules (e.g., lives in the U.S.) and beneficiaries will not be eligible for Geo AHEAD claims-based and geographic attribution if they are attributed to another CMS TCOC accountable model or ACO program (e.g., Medicare SSP).

Voluntary Attribution

- Prioritize beneficiary choice by attributing beneficiaries with a Geo Participant as their primary or main clinician.
- Supersedes claims-based and geographic attribution.

Claims-based Attribution

- Attribute beneficiaries who receive key services from a Geo Participant.
- Attribute beneficiaries who receive a plurality of primary care qualified evaluation and management (PQEM) services from a Geo Participant.

Geographic Attribution[2]

- Attribute beneficiaries who have a care relationship with a Geo Affiliate.
- Attribute beneficiaries who have a household member who receives care from a primary care Geo Participant.
- Attribute remaining beneficiaries based on weighted random geographic attribution.

[1] Primary care capitation and EPCP only apply to voluntary and claims-attributed beneficiaries. For more information on how beneficiary attribution impacts payments, see the Specification Preview: Payments and Shared Savings.

[2] Beneficiaries attributed to a PC AHEAD participant will not be eligible for claims-based attribution but will be eligible for geographic attribution to a Geo Entity.

Voluntary Attribution

Beneficiaries will be considered voluntarily attributed to a Geo Entity if they opt to designate a Geo Participant who is part of the Geo Entity's network as their primary or main provider. There are two methods, completed either electronically or by paper, that beneficiaries can use to attribute voluntarily.

Option 1: Medicare.gov Voluntary Alignment (MVA)

A beneficiary can designate a Medicare provider as their primary clinician by going to Medicare.gov, logging in, and navigating to "My Health" or "Provider Section" to find and designate their primary provider.

Option 2: Signed Attestation-Based Voluntary Attribution

A beneficiary can complete a Signed Attestation for voluntary attribution form designating a Medicare Provider as their main doctor, main provider, or the main place they receive care.

Note. Written and electronic forms and signatures are both acceptable.

Beneficiaries living in an AHEAD state or substate region, including new-to-Medicare beneficiaries, can choose to enroll with Geo Participants from any Geo Entity in the state or substate region, even if that Geo Entity operates in a different substate division than where the beneficiary lives.[3] Using either of these methods, eligible beneficiaries (discussed on page 3) will be voluntarily attributed to a Geo Entity, unless the beneficiary:

- Made the voluntary attribution designation more than two years before the start of that performance year or quarter, AND
- Did not have qualifying care with the provider in the past 12-month period ending one month before the start of the performance year or quarter. This consideration does not apply to new-to-Medicare beneficiaries and helps ensure that voluntary attribution remains beneficiary-driven and supports continuity with the provider the beneficiary trusts, regardless of Geo Entity boundaries.

Beneficiaries can change their designated primary provider, i.e., re-voluntarily attribute, at any point during the performance year. This includes potentially selecting a new primary provider who is not participating in Geo AHEAD and may be participating in another CMMI Model or program (e.g., LEAD, SSP). These beneficiaries will only be removed for the purposes of financial settlement calculation if ***both*** of the following are true:

1. The beneficiary hasn't received any primary care qualified evaluation and management (PQEM) from a Geo Participant or Geo Affiliate Provider associated with the Geo Entity where the beneficiary is attributed during the performance year, AND;
2. The beneficiary received a PQEM service from a provider outside their Geo Entity but within the Geo Entity's Service Area during the performance year.

To help beneficiaries make informed choices about voluntarily attribution, Geo Entities and their Geo Participants can reach out to beneficiaries and advocacy groups - such as State Health Insurance Assistance Programs (SHIPs) - to explain the program and voluntary enrollment options.

[3] For more information on substate divisions, see the Specification Preview: Geo Entity and Bidding Process.

Claims-based Attribution

CMS will assign beneficiaries who do not elect a primary care provider to a Geo Entity based on their existing care relationships and past visits with Geo Participants, using a claims-based approach that prioritizes existing care relationships and incorporates methods consistent with Medicare ACO models.

To keep existing care relationships intact, beneficiaries living in an AHEAD state or substate region can be assigned to any Geo Entity through claims-based attribution, even if that Geo Entity operates in a different substate division than where the beneficiary lives. The claims-based attribution process emphasizes the importance of an ongoing and substantive relationship with a provider, including both primary care and specialty providers.

There are two steps for determining which beneficiaries can be claims-based attributed - first is through key services attribution, followed by the plurality of PQEM services.[4]

Step 1: Key Services Attribution

Beneficiaries are attributed via key services if they received certain services from a Geo Participant during the two-year lookback period. These key services include:

- Welcome to Medicare Visits (WTM)
- Annual Wellness Visits (AWV)
- Initial Preventive Physical Examination (IPPE)
- Chronic Care Management (CCM)

Step 2: Weighted Allowable PQEM Services

Beneficiaries can also be claims-based attributed if the plurality of their PQEM services during the two-year lookback period are with a primary care provider or a select non-primary care specialist who is a Geo Participant.* PQEM services are qualified evaluation and management services provided by specific primary care providers and the associated service codes will be determined by Healthcare Common Procedure Coding System (HCPCS) codes and detailed in the attribution methodology.

**Note. Provider specialty will be determined based on the CMS Specialty code in the Medicare Provider Enrollment, Chain, and Ownership System (PECOS) and a full list of provider types used for claims-based attribution will be included in the full attribution methodology.*

All eligible Original Medicare Beneficiaries not attributed to a Geo Entity via voluntary attribution will be assessed for claims-based attribution based on their key services and then by the plurality of their PQEM services. Beneficiaries will fall into one of these two tracks for PQEM attribution based on provider specialty:

1. **PQEM Services Provided by Primary Care Providers**. If **10% or more** of the allowable charges for the PQEM Services are furnished by primary care providers, then beneficiary attribution will be based on the allowable charges incurred from primary care providers.
2. **PQEM Services Provided by Selected Non-Primary Care Providers**. If **less than 10%** of PQEM Services received are furnished by primary care providers, then beneficiary attribution will be based on allowable charges incurred from selected non-primary care providers.

CMS will determine plurality by summing allowable PQEM charges across all TINs within each Geo Entity and attributing beneficiaries to the Entity with the highest total. Providers outside a Geo Entity will continue to be assessed at the individual TIN (Taxpayer Identification Number) level.[5] The more recent 12-month period in the attribution lookback will be weighted more heavily to prioritize more recent care patterns and relationships. All attribution-eligible beneficiaries not attributed to a Geo Entity through claims-based attribution will be assigned to a Geo Entity via geographic attribution.

[4] Plurality means "the most compared to any other clinician or entity," not necessarily a strict majority (>50%). In attribution, CMS looks back at a beneficiary's recent utilization and assigns them to the provider/entity with the largest share of relevant primary-care services during the period.

[5] All National Provider Identifiers (NPI) associated with a Taxpayer Identification Number (TIN) will contribute to beneficiary attribution.

Geographic Attribution

CMS will assign all remaining attribution-eligible beneficiaries to a Geo Entity in their AHEAD state or substate region via geographic attribution. First, certain care relationships (Household Unity (HHU) and affiliation) will be assessed to inform geographic attribution, then the remaining beneficiaries will be randomly assigned to each Geo Entity based on the weighting of certain Geo Entity characteristics (e.g., percent bid discount, benefit enhancements [BE]/ beneficiary engagement incentives [BEI] offered) and Geo Entity performance (e.g., quality performance). Beneficiaries will only be assigned at this stage to Geo Entities that operate in their county. Geographic attribution ensures beneficiaries who lack an existing care relationship are still connected to a system of care, giving Geo Entities a clear opportunity to initiate outreach and establish new care relationships. Steps for geographic attribution include:

Step 1 : Affiliate Relationship Attribution[6]

If a beneficiary has a usual source of care with a Geo Affiliate, they will be attributed to the Geo Affiliate provider that submitted the most recent key service claim ***or*** provided the plurality of weighted allowable PQEM charges. This preserves existing care relationships and minimizes the need for random assignment. If the Geo Affiliate has financial arrangements with multiple Geo Entities, the beneficiary is eligible to be attributed to any of those Geo Entities.

Step 2: Household Unity (HHU) Attribution

If a beneficiary is in a household where one or more of the household member(s) is attributed via voluntary attribution or claims-based attribution to a primary care provider, the beneficiary will be attributed to that Geo Participants' Geo Entity. This supports continuity of care and family-level coordination.

Step 3: Weighted Random Geographic Attribution

If a beneficiary remains unattributed after assessment of Geo Affiliate relationships and household unity, then a weighted random algorithm will be used to attribute all remaining attribution-eligible beneficiaries.

A weighted random algorithm will be used to attribute all remaining attribution-eligible beneficiaries. Weighting will be based on the criteria below and described in detail in the full attribution methodology.

Weighting Criteria	Description
Bid Evaluation Score	Evaluation score of the Geo Entity application minus the bid discount score.
Bid Discount Percentage	Discount-weighted incentive included in the Geo Entity application.
BE /BEI Implementation	Percent fit of BE/BEI offerings based on the beneficiary risk profile and care needs.
Quality Performance	Composite quality score.
Engagement Rate	Percent of beneficiaries converted from geographic attribution to voluntary or claims-based attribution.

[6] Geo Participant and Geo Affiliate are defined and described in greater detail in the Specification Preview: Geo Entity and Bidding.

Attribution Cadence and Updates

Beneficiaries will be attributed annually prior to the start of each performance year. Attribution will be checked and updated throughout the performance year for all beneficiaries, enabling beneficiaries who were initially geographically attributed to potentially become claims-based attributed as the Geo Entity and their care delivery system engage these beneficiaries and begin providing care.[7]

Beneficiaries attributed through claims-based attribution could be reattributed to a different Geo Entity through voluntary attribution or due to changes in the care history. However, geographically attributed beneficiaries will not be geographically reattributed to a different Geo Entity during the performance year. During mid-year attribution, beneficiaries who lose eligibility will be removed from their Geo Entity attribution at the start of the next attribution period. Similarly, beneficiaries new to Medicare will be attributed mid-year.

Benefits of Quarterly Attribution

Quarterly updates ensure attribution reflects current care patterns while maintaining stability for beneficiaries who enter the model through geographic attribution.

Specialized Care Populations

Medicare-Medicaid Dually Eligible Beneficiaries. Beneficiaries who are dually eligible for both Medicare and Medicaid are eligible to be attributed to Geo AHEAD through voluntary, claims-based, and geographic attribution. States are encouraged to express interest in devising ways to integrate care between Medicare and Medicaid for dually enrolled beneficiaries.

Specialized Populations. As new programs or models arise that take on TCOC for specialized patients, Geo AHEAD will allow mid-year reattribution to the new program or model when waiting for the next performance year would not make sense due to the potential for patient high mortality rates or risk of rapid disease progression (example would be end-stage renal disease model and patients). This flexibility ensures beneficiaries with high-acuity conditions can move promptly into models better suited to their care needs. This flexibility also applies to the existing KCC model as referenced above.

Beneficiary Attribution Model Overlap Considerations

Beneficiary attribution is the cornerstone in determining the Original Medicare FFS population that Geo Entities will support, taking on their TCOC risk and in turn offering providers the opportunity to share in potential savings if they come in under the Geo TCOC Benchmark. For that reason, Original Medicare FFS beneficiaries may not be simultaneously attributed to other TCOC models (e.g., PC Flex, ACO REACH, CKCC, LEAD) or CMS programs (e.g., Medicare SSP). However, Geo AHEAD attributed beneficiaries may participate in other models as described in the Overlaps Factsheet, which will be updated to reflect new models and/or updates to existing policy.

[7] For more information on how beneficiary attribution impacts payments, see the Specification Preview: Payments and Shared Savings.

Additional Resources

- **AHEAD Model Website**
- **Notice of Funding Opportunity (NOFO)**
- **Geo AHEAD Fact Sheet**
- **AHEAD Model Overlaps Factsheet**
- **Email: AHEAD@cms.hhs.gov**