

Geo AHEAD Specification Preview: Geo Entity and the Bidding Process

This is the first 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 Entities and on the Geo AHEAD Bid Process and is organized into the following subsections.

- What is a Geo Entity and How Geo Entities Advance the AHEAD Ecosystem [page 2]
- Geo Entity Bidding and Selection Process [page 3]
- Geo Entity Coverage [page 4]
- Types of Geo Entities and Requirements [page 5]
- Geo Entity Care Delivery System, including how providers and organizations can participate [page 6]
- Synergy with Other Model Components [page 7]
- Geo Entity Benefit Enhancements and Overlaps [page 8]

Geo AHEAD Timeline

Geo AHEAD will release specifications in Summer 2026. The graphic highlights the Geo AHEAD timeline.¹ More detail is provided on the following pages.

	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035
Geo AHEAD	Geo Specification Released		Geo AHEAD Starts January 1, 2028							
Contract Period 1 (2028 – 2031)		Geo Entity RFA	Geo Contract Period 1							
Contract Period 2 (2032 – 2035)						Geo Entity RFA	Geo Contract Period 2			

Note. RFA = Request for Application

¹ Timelines may differ for new states added as part of the 2026 Notice of Funding Opportunity (NOFO).

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.

What is a Geo Entity?

Geo Entities are ACOs that cover an entire geographic area, as determined by CMS in consultation with the state, and can be provider-led organizations, technology/digital health companies, health plans, hospitals, or other entities accountable for TCOC and quality for an attributed beneficiary population. They are eligible for shared savings if they remain below the competitively bid TCOC target and meet quality goals. Geo Entities will be able to further TCOC savings and quality outcomes by offering support services, including technology aids and other value-added benefits (e.g., benefit enhancement [BE] waivers and beneficiary engagement incentives [BEI]), to improve patient experience consistent with CMS safe harbors. Hospitals participating in HGB and primary care practices participating in PC AHEAD can join Geo Entities to amplify AHEAD benefits through Geo AHEAD participation. In addition to voluntary and claims-based attribution, Geo AHEAD will engage Original Medicare beneficiaries who have not been attributed under existing ACO models through geographic attribution.

How Geo Entities Advance the AHEAD Ecosystem

Geo AHEAD, like other ACO models and programs, creates opportunities for Geo Entity organizations to coordinate and collaborate to improve quality and beneficiary outcomes, potentially leading to shared savings. As organizations and ACOs weigh participation in Geo AHEAD versus other ACO models or programs, it is important to consider the unique benefits of Geo AHEAD under the AHEAD model.

Synergy with Other AHEAD Model Components

- Geo AHEAD strengthens support for PC AHEAD practices and creates a natural partner for HGB hospitals, aligning the state healthcare ecosystem around shared goals: coordinated care, improved patient outcomes, and sustainable cost management. PC AHEAD providers and HGBs are eligible to participate with Geo Entities either by owning or operating them, or by being Geo Affiliates. Additionally, HGB Hospitals can participate in Geo AHEAD as Geo Participants.
- Geo AHEAD elevates the impact of PC AHEAD practices and HGB hospitals across the entire AHEAD population by reinforcing supports.
- States may choose to support Medicare and Medicaid alignment by creating a geographic Medicaid ACO program aligned to Geo AHEAD.

Aligned Quality Goals

- All AHEAD program participants are incentivized to focus on quality rather than volume and are expected to collaborate toward goals set by CMS and AHEAD states.
- Geo AHEAD aligns with the quality targets and care transformation requirements applied in PC AHEAD and HGB AHEAD, allowing providers engaged in multiple programs to work toward consistent outcomes.

Payments that Support Care Transformation

- Geo AHEAD provides Geo Entities with prospective primary care (PC) capitation for select services, Enhanced Primary Care Payments (EPCP) for care management, and the opportunity for shared savings with the flexibility to establish provider financial arrangements that enable investment in care transformation and coordination.

Expanded Beneficiary Opportunities

- Geo AHEAD introduces a novel attribution methodology that empowers Geo Entities to engage Original Medicare beneficiaries, including those without a substantial care and claims history who have not been attributed under previous ACO models.

Geo Entity Bidding Process

Geo AHEAD provides an additional layer of TCOC accountability for AHEAD States through Geo Entity TCOC accountability determined by performance against a TCOC spending target based on historical expenditures. An innovation of Geo AHEAD is the introduction of competitive bidding into the application process to stimulate competition among the Bidding Geo Entities.

- CMS will establish a Geo AHEAD TCOC benchmark and set targets based on attribution-eligible beneficiaries in each state/substate region and substate division (see page 4 for details).
- To apply, potential Geo Entities will competitively bid a percentage discount off this benchmark.
- To inform bid development, CMS will provide summary-level historic data on attribution-eligible beneficiaries related to utilization, spending, risk scores, and quality measures for each geography. CMS will not provide any beneficiary identifiable data as part of the bidding process.

Geo Entities' shared savings payments will be determined based on their performance against the TCOC benchmark reduced by the discount included in their bid. Utilizing the statewide and geographic data provided by CMS in addition to any internal data, potential Geo Entities will bid a percentage discount for all four performance years, indicating each performance year individually as percentage discounts off the estimated TCOC benchmark.

Timeline

- CMS will release a Geo Entity RFA in the first quarter of 2027. In response to the RFA, participants will submit their bid for the first agreement period (2028-2031, PY1-PY4).
- Geo Entities will submit a new bid discount for the second Geo AHEAD agreement period (2032-2035, PY5-PY8).

Geo Entity Selection Process

CMS will evaluate each bid through a two-step evaluation process, using a minimum viability screening followed by a comparative evaluation that assesses the bids of each Geo Entity within a state or substate region. CMS expects a diverse range of Geo Entity types and will use evaluation criteria that include both financial and operational readiness to deliver population-level care transformation and multisector coordination. Potential Geo Entities will be evaluated using a weighted approach across five domains (described below).

Domain	Description
Compliance Infrastructure	Demonstrated organizational readiness to meet regulatory compliance and governance structure requirements, including in cases when deploying technology safely at scale.
Financial Soundness & Benchmark Alignment	Bid discount and savings trajectory based on transparent pricing assumptions, beneficiary-specific risk mitigation, and, as appropriate, technology-enabled efficiency.
Population Health Strategy and Preparedness	Demonstrated strategies for targeting high-needs populations using evidence-based care transformation approaches, innovative technology, and/or interoperable data infrastructures aligned to population health needs and goals.
Care Navigation Infrastructure	Breadth and depth of safe and secure technology, tools, and/or care delivery partnerships to connect beneficiaries to high-value care, including operational alignment and engagement of HGB Hospitals and PC AHEAD practices.
Beneficiary Protections & Experience	Beneficiary engagement, through technology or other approaches, communication, and safeguards that support consumer experience, commitment, and choice protections.

CMS will select a minimum of two Geo Entities in states/substate regions with fewer than 200,000 attribution-eligible beneficiaries (i.e., Hawai'i, Rhode Island, Vermont) and a minimum of three in states with more than 200,000 attribution-eligible beneficiaries (i.e., Connecticut, Maryland, New York substate). CMS reserves the right to not accept any bids if fewer than two (or three) applicants meet CMS criteria. In such cases, Geo AHEAD will not operate in the corresponding state for the first performance year, and new bids will be solicited for the following performance year.

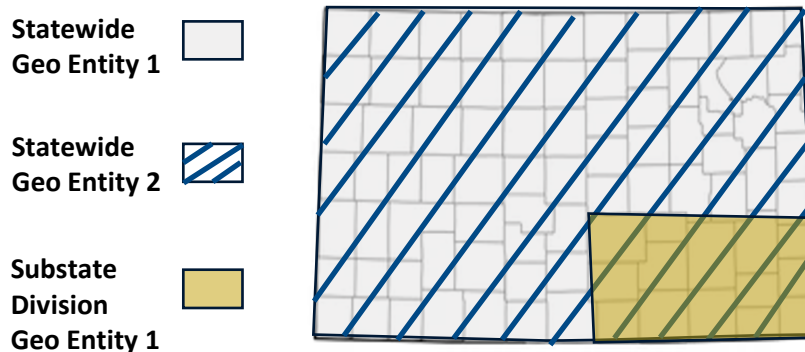
Geo Entity Coverage

Geo Entities will bid on an entire AHEAD state/substate region or, in the case of provider-led Geo Entities, a substate division within the AHEAD state or substate region. Care delivery claim history with Geo Participant providers that are part of the Geo Entity (described on the following page) will drive Geo Entity voluntary and claims-based beneficiary attribution. Geo Entities are not guaranteed to have beneficiaries attributed from every location in the state but must be prepared to accept beneficiaries from every location in the state. Geo Entities will be responsible for TCOC accountability and quality outcomes for all attributed beneficiaries (e.g., voluntary, claims-based, and geographically attributed).

Geographic Unit	Description
AHEAD State	States that voluntarily applied and are accepted to participate in the AHEAD Model through a Cooperative Agreement and a State Agreement with CMS.
AHEAD Substate Region²	States that voluntarily applied and are accepted to participate in the AHEAD Model in a specified substate region through a Cooperative Agreement and a State Agreement with CMS (e.g., downstate New York).
Geo AHEAD Substate Division	Groups of one or more counties (or other geographic unit agreed upon by CMS and in consultation with the State) used in Geo AHEAD to determine the Service Area of Geo Entities. Substate divisions will reflect historical patterns of care for beneficiaries in these geographies.
Service Area	The entire state, substate region, or substate division that the Geo Entity was awarded. The Service Area is used to determine the area from which the Geo Entity is required to accept geographically attributed beneficiaries.

CMS will work with AHEAD states to define substate divisions, prioritizing divisions that appropriately reflect patterns of care within these geographies. CMS will aim to have at least 20,000 Original Medicare beneficiaries eligible for attribution in each substate division. To preserve competition in the state/substate region, CMS will recruit Geo Entity participation that supports each substate division being covered by at least two Geo Entities. If CMS does not secure coverage that includes at least two Geo Entities in each division, then Geo AHEAD will not operate in that state/substate region for the first performance year and new bids will be solicited for the following performance year. The figure below illustrates how statewide Geo Entities may overlap with substate division Geo Entities. CMS will limit the maximum number of accepted bids to maintain a minimum of 10,000 attribution-eligible beneficiaries to each Geo Entity, as feasible.

Example of Geo Entity Coverage in an AHEAD State



² As of Q1 2026, substate region only applies to New York state.

Types of Geo Entities

There are two types of Geo Entities within Geo AHEAD, defined by ownership, management, and control (OMC) of the organization.

Substate Division Geo Entity

A **provider-led organization** where at least 51% of OMC is held by providers who are authorized to practice in the AHEAD state/substate region or substate division. These Geo Entities will have the opportunity to bid on AHEAD state/substate region or substate division(s), where subdivisions are feasible.

- Must accept attributed beneficiaries from all geographies supported by the Geo Entity
- Will have the opportunity to bid on one or more substate divisions instead of the entire AHEAD state/substate region
- CMS will set aside one award in each state/substate region or substate division for a provider-led Geo Entity

Statewide Geo Entity

An organization such as a **provider-led organization, health plan, or technology and digital health company** that may bid on the entire AHEAD state/substate region.

- Must accept attributed beneficiaries from the entire AHEAD state/substate region
- It is expected, though not required, that any non-provider-led Geo Entities include providers (e.g., primary care physicians, specialists, registered nurses), either at bid or during implementation year since the Geo Entity will receive attributed beneficiaries and capitated payments via voluntary and claims-based attribution through providers³

Geo Entity Requirements

To participate as a Geo Entity, organizations must be authorized to operate in each AHEAD state, region, or substate division they plan to support, have a valid Federal Taxpayer Identification Number (TIN), and comply with all state and Federal laws and rules for risk bearing entities, unless they are otherwise exempt. Geo Entities will have Original Medicare beneficiaries assigned to them from all regions within the AHEAD state or substate region (or in the case of provider-led organizations, the entire substate division).³ Geo Entities will be accountable for Medicare services for all attributed beneficiaries, including the Medicare portion for dually-enrolled Medicaid and Medicare beneficiaries.⁴ Geo Entities will sign agreements to receive, use, and share protected health information. More details will be included in the Geo AHEAD Participation Agreements (PAs).

Geo Entities will provide support services and extra benefits for both providers and beneficiaries to support TCOC and quality goals. This will include providing a common set of beneficiary engagement incentives (to be announced) to at least a subset of attributed beneficiaries. They must also be able to provide marketing and outreach support to beneficiaries which will be reviewed and approved by CMS. Finally, Geo Entities must have a Beneficiary Advisory Panel (BAP) that meets twice a year to get feedback from beneficiaries on the care and support services provided, consistent with other ACO models and programs.

To support multiplayer alignment, states will be encouraged to implement a similar care delivery model for Medicaid beneficiaries. If an AHEAD state chooses to implement a GEO AHEAD for Medicaid beneficiaries, it will need to follow and adhere to the applicable Medicaid authorities. This may result in programmatic differences as some of the design components may not be available (certain BE waivers). More information on Medicaid alignment will be included in the PAs.

³ For more information on attributed beneficiaries, see the [Specification Preview: Beneficiary Attribution](#) resource.

⁴ Medicare TCOC spend will include fee-for-service expenditures and non-claims-based payments, as applicable, for Geo attributed beneficiaries. Note, EPCP will not be included in Geo Entity TCOC to align with PC AHEAD. More information on Geo AHEAD payments and TCOC calculation are included in the [Specification Preview: Payments and Shared Savings](#) resource.

Geo Entity Care Delivery Partners

Geo Entities may build care delivery systems of providers, suppliers, and organizations, including HGB hospitals and PC AHEAD practices, who will work together to drive care coordination and achieve program targets. Geo Entities can leverage existing relationships and recruit new providers to support their attributed beneficiaries. More robust care delivery systems will expand the Geo Entity's attributed population, provide more possibilities for care coordination and collaboration to better manage patients, and create a greater opportunity for shared savings, PC capitation, and EPCPs. Geo Entities will negotiate financial arrangements with their care delivery partners to achieve Geo AHEAD TCOC and quality goals. The boxes below describe the different types of relationships that Geo Entities can have for the model.

Geo Participants

Medicare-enrolled providers who participate with only one Geo Entity in a way that generates alignment and do not participate in other ACO models or PC AHEAD.⁵ Robust Geo Participant recruitment supports a focus on primary care and expands beneficiary attribution while offering providers stable, upfront monthly payments, support for care coordination, and the opportunity to share in savings.

- Contribute to claims-based attribution and are accountable for financial and performance risk
- Receive capitated PC payments in lieu of Medicare fee-for-service (FFS) payments for select PC services and receive EPCP for care management
- Eligible for shared savings payments and certain BE waivers and BEIs through Geo Entity arrangements.
- Required to join the state's Medicaid PC alternative payment program
- Must meet certified electronic health record technology (CEHRT) standards
- Hospital-owned providers may only participate if their parent hospital is participating in HGB AHEAD
- Organizations at the taxpayer identification number (TIN) may only participate with one Geo Entity and may not participate in PC AHEAD or other CMS ACO programs or models
- Individual providers, at the National Provider Identifier (NPI) level may participate in PC AHEAD and other CMS ACO program or models if they bill under a different TIN than one participating as a Geo Participant

Geo Affiliates

Medicare-enrolled providers who can participate with one or more Geo Entities and can be part of other CMS ACO Models and PC AHEAD. Geo Affiliates create opportunities for collaboration and coordination with non-primary care serving providers, hospitals, and post acute care facilities while expanding geographically attributed beneficiaries. Geo Affiliates have flexibility to participate in multiple CMMI models or programs and the opportunity to share in savings and access certain BE/BEIs.

- Do not contribute to claims-based attribution but do contribute to geographic attribution
- Do not generate capitated primary care payments or EPCP for the Geo Entity
- PC AHEAD providers can be Geo Affiliates, connecting their beneficiaries through geographic attribution to risk-bearing arrangements with the Geo Entity
- Have a financial and performance arrangement(s) with one or more Geo Entities
- Not responsible for quality reporting to the Geo Entity, unless required by financial arrangements
- Eligible for shared savings payments and certain BE/BEIs based on Geo Entity arrangements

Geo Partners

Non-Medicare-enrolled providers and organizations who contract with one or more Geo Entities to provide supportive services (e.g., care coordination, beneficiary education). Geo Partners help facilitate population health and coordination goals.

- Eligible for shared savings payments through arrangements with Geo Entities

⁵ More information about the AHEAD Model policies related to overlaps with other Center for Medicare & Medicaid Innovation (CMMI) models can be found in the [AHEAD Overlaps Fact Sheet](#).

Geo Benefit Enhancements and Beneficiary Engagement Incentives

Geo Entities will be expected to offer BE waivers and BEI to help Geo Participants and Affiliates coordinate and support care for their beneficiaries. Geo Entities may furnish certain non-cash patient incentives and engagement activities under the CMS authorized patient incentives safe harbor (42 CFR § 1001.952(ii)(2)), allowing them to support beneficiary engagement and care coordination, provided the incentives comply with CMS model requirements. All BE/BEIs must be allowable under state law (e.g., nurse practitioner/physician assistant scope of practice laws).

BEs being considered for Geo AHEAD align with those offered under PC and HGB AHEAD. These include Home Health Homebound; Care Management Home Visit; Post – Discharge Home Visits; 3-day Inpatient Stay Requirement for Skilled Nursing Facility (SNF) Admission; Nurse Practitioner and Physician Assistant Services; Concurrent Care for Hospice Beneficiaries; and Telehealth waiver.

Two BEIs being considered, but not limited to, for Geo AHEAD are **Part B Cost Sharing Support** and **Chronic Disease Management Reward**. Part B Cost Sharing Support would allow Geo Entities and their providers, as applicable, to reduce or eliminate cost sharing for certain categories of Part B services. The Chronic Disease Management Reward allows the Geo Entities to incentivize participation in a qualifying Chronic Disease Management Program by providing gift cards to beneficiaries for their participation. CMS expects Geo Entities to consider how such incentives could be tailored and targeted to the needs of specific beneficiary populations.

All BE/BEIs will be detailed in the Geo Entity RFA and applicable participation agreements, which will also include requirements and beneficiary safeguards.

Geo Entity Overlap

Geo Entities, health care providers, and other entities may wish to participate in multiple CMS Innovation Center models or value-based care initiatives to enhance care delivery, reduce costs, and improve population health. There are no state or sub-state region restrictions and Geo Entities at the business entity TIN level may participate in other models, including other ACO and Shared Savings models. Beneficiary overlaps are not allowed between Geo AHEAD and other TCOC models (e.g., Medicare Shared Savings Program, Primary Care Flex, ACO REACH, Long-term Enhanced ACO Design [LEAD]). Geo Participants, at the TIN level, may not participate in other models; however, at the individual NPI level under a separate TIN they may participate in other CMMI models or PC AHEAD. Geo Affiliates, on the other hand, are permitted to participate in other models and PC AHEAD. For more information on AHEAD overlap policies, please refer to the [AHEAD Overlaps Factsheet](#).

Additional Resources

- [AHEAD Model Website](#)
- [Notice of Funding Opportunity \(NOFO\)](#)
- [Geo AHEAD Fact Sheet](#)
- [AHEAD Model Overlaps Fact Sheet](#)
- Email: AHEAD@cms.hhs.gov