Achieving Healthcare Efficiency through Accountable Design (AHEAD)

Model Overlaps Policy Factsheet

Last updated August 1, 2026

Disclaimer. *Policies in this Factsheet are subject to change. Overlap policies for any new or updated models will be reflected in an updated version of this Factsheet on the AHEAD Model webpage. Questions about specific policies not addressed by this Factsheet should be directed to relevant Participation Agreements or* **AHEAD@cms.hhs.gov**.

AHEAD Model

The AHEAD Model empowers participating States, providers, accountable care organizations (ACOs), and Original Medicare beneficiaries with additional tools, flexibilities, and resources to help transform care delivery, improve health outcomes, and reduce cost pressures. AHEAD enables eligible hospitals to participate in hospital global budgets (HGBs) and primary care practices to participate in novel payment pathways to support and strengthen care delivery systems. AHEAD also engages geographic-based ACOs to expand beneficiary access to coordinated systems of care. Together, these components assist participants with achieving quality improvement goals and total cost of care (TCOC) targets.

AHEAD Model Overlaps Policy Overview

States, providers, and other entities may wish to or be required to participate in multiple initiatives, or a beneficiary may receive care from providers in multiple initiatives. These situations are known as "overlaps," and while there are benefits to allowing overlaps, they can also complicate provider payment, beneficiary alignment, data collection, and initiative evaluation. CMS' policy is to permit model overlaps absent a compelling reason for the restriction (e.g., participants or beneficiaries in highly similar models should not overlap). To address overlaps for the AHEAD model, CMS applies the domains and guiding principles in **Table 1**.[1]

Table 1: Domains and Guiding Principles for Assessing Model Overlaps

Domain	Description (Guiding Principles)
Geographic	*Can different models operate in the same geographic region or state at the same time?* - **Principle 1**: In general, multiple models may operate in the same geographic region, unless specific exclusions exist.[2] - **Principle 2**: States may participate in multiple models if they can successfully demonstrate their capacity to CMS. - **Principle 3**: A provider or beneficiary may be included in one or more models based on their location or residency.
Participant	*Can a model participant (e.g., State, hospital, or other provider/supplier) join more than one model?* - **Principle 4**: Providers may participate in a TCOC model (e.g., MSSP, CKCC, or other ACOs) and/or population-based payment (e.g., HGB) and other models only if it is possible to disaggregate their effects (see financial domain). - **Principle 5**: In general, providers may participate in only one TCOC accountability model, but there are cases where they may serve as a participant or preferred provider for multiple models if it does not impact beneficiary alignment. - **Principle 6**: Providers may participate in multiple models if there is little financial overlap or if the financial overlap is addressed (e.g., overlap between TMaH and PC AHEAD is allowed but IBH and PC AHEAD is not allowed).
Beneficiary	*Can a beneficiary be attributed to more than one model at the same time?* - **Principle 7**: Regardless of participation in a model, beneficiaries will have access to the entire Medicare FFS network. - **Principle 8**: A beneficiary cannot be aligned to similar models at the same time (e.g., two TCOC models). - **Principle 9**: Models that address specific beneficiary needs receive precedence (e.g., CKCC) and within a Model, beneficiaries should be aligned to Participants based on voluntary, claims, and then geographic basis (as appliable).
Financial	*How does a model impact another model's finances (e.g., mitigation of duplicate payments)?* - **Principle 10**: Two models or two participants in the same model cannot claim the same savings or other incentives, unless the overlapping savings offset (e.g., one model's baseline accounts for a second model's impact). - **Principle 11**: A provider cannot receive multiple capitated or other payments for a set of largely overlapping services provided to the same beneficiary unless the financial overlap is removed from one payment. - **Principle 12**: TCOC includes expenditures for aligned beneficiaries from other non-TCOC models, including any shared savings/losses, capitation, or payment incentives and excludes any payments related to investments or infrastructure (e.g., EPCP). Other model payments should be final within 3 months following the end of each PY.

[1] For overlaps, CMS will identify hospitals by their CMS Certification Number (CCN), primary care providers by their federal Taxpayer Identification Number (TIN) or collection of CCNs all enrolled under the same Medicare-enrolled TIN for federal qualified health centers (FQHCs) and rural health clinics (RHCs), and Medicare beneficiaries by their Medicare Beneficiary Identifier (MBI).

[2] For example, a model may be excluded if it unduly fragments or burdens providers/suppliers or prevents other models from certification.

The AHEAD overlaps policies support Model goals by promoting model fidelity, ensuring payment integrity, and enabling the delivery of high-value care to Medicare beneficiaries. **Table 2** provides a high-level summary of the AHEAD Model's overlaps policies across the four model domains, described in more detail in following sections.

Table 2: Model Overlap Policy Overview by AHEAD Model Component[3]

		DOMAIN			
		Geographic	**Participants**	**Beneficiaries**	**Financial**
COMPONENT	**State TCOC**	**Overlaps Permitted** In consultation with CMS, States may choose AHEAD geographic region(s) that overlap with other models. **(Principle 1)**	**Overlaps Permitted** States may participate in more than one model, provided they successfully demonstrate their capacity to CMS. **(Principle 2)**	**Overlaps Permitted** State beneficiary residency determines whether beneficiary expenditures are included in State TCOC calculations. **(Principle 3)**	**Overlaps Permitted** State TCOC includes expenditures from other models (e.g., shared savings, incentive payments, capitated payments). **(Principle 12)**
	HGB AHEAD	**Overlaps Permitted** AHEAD may be offered in states or sub-state regions where hospitals participate in other CMMI models (i.e., no geographic restrictions). **(Principle 1)**	**Overlaps with Consideration** HGB hospitals are largely permitted to overlap with other models; however, they **cannot receive overlapping payments** (e.g., ACO REACH/LEAD capitation and HGB). **(Principles 4 and 6)**	**Overlaps Permitted** Beneficiaries attributed to other models may receive care at HGB hospitals; HGB expenditures will be included in financial reconciliations and settlement calculations. **(Principle 7)**	**Overlaps with Consideration** HGBs will be **adjusted to prevent non-offsetting savings payments** with other models; other models will use either claim amounts (until 2028) or a proportional method thereafter to determine HGB expenditures. **(Principles 10, 11, and 12)**
	Primary Care (PC) AHEAD	**Overlaps Permitted** AHEAD may be offered in states or sub-state regions where PC providers participate in other CMMI models (i.e., no geographic restrictions). **(Principle 1)**	**Overlaps with Consideration** PC AHEAD providers may overlap with other models; however, they **cannot receive overlapping payments** (e.g., PC AHEAD capitation and CKCC capitation). **(Principle 6)**	**Overlaps with Consideration** PC AHEAD beneficiaries are largely allowed to overlap with other models; however, a **beneficiary cannot be aligned to multiple PC models** (e.g., PC AHEAD and ACO PC Flex). **(Principle 8)**	**Overlaps with Consideration** PC AHEAD providers are permitted to receive both the EPCP and non-overlapping payments from other models; the EPCP is excluded from shared savings determinations.[4] **(Principles 10, 11, and 12)**
	Geo AHEAD	**Overlaps Permitted** AHEAD may be offered in states or sub-state regions where ACOs participate in other CMMI initiatives (i.e., no geographic restrictions). **(Principle 1)**	**Overlaps with Consideration** **Geo Entities**, at TIN level, **may participate** in other TCOC models; **Geo Participants**, at TIN level, **may not participate** in other TCOC models; **Geo Affiliates may participate** in other TCOC models.[5] **(Principles 4 and 5)**	**Overlaps with Consideration** Beneficiaries may be aligned to both a Geo Entity and PC AHEAD provider if the provider is not a Geo Participant; however, a **beneficiary cannot be aligned to multiple TCOC accountability models** (e.g., CKCC and ACO PC Flex). **(Principles 5, 8, and 9)**	**Overlaps with Consideration** Geo TCOC includes timely payments from non-TCOC models; includes HGB payments by calculating their proportion of no-pay claims for HGB services and applying to the total HGB; and excludes EPCPs. **(Principles 10, 11, and 12)**

[3] Some aspects of AHEAD may be different for Maryland. Please refer to relevant State Agreements and Participation Agreements.

[4] The **Enhanced Primary Care Payment (EPCP)** is a quarterly, prospective, per-beneficiary payment, similar to a care management fee. Practices that receive the EPCP will receive zeroed-out payments for a set of 28 associated care management and behavioral health integration codes. EPCP dollars will fund enhanced versions of these services to support the delivery of whole-person, team-based primary care. This list is subject to change based on updates to yearly Medicare Physician Fee Schedules and experience with, and use of, existing care management codes.

[5] Geo Participants & Geo Affiliates are both Medicare-enrolled TINs through which one or more providers/suppliers bill Medicare:

- **Geo Participants** must have a financial arrangement with only one Geo Entity, will contribute to claims-based attribution, are accountable for financial and performance risk, and may receive shared savings. Any Geo Participants, or parts thereof, that render primary care services, will receive capitation through the Geo Entity consistent with the PC AHEAD full capitation pathway.
- **Geo Affiliates** may have a financial arrangement with more than one Geo Entity, will NOT contribute to claims-based attribution, are NOT responsible for reporting quality to the Geo Entity unless required in their financial arrangement, and should support Geo Entity goals.

AHEAD State and Sub-State Region Geographic Overlap Policy

AHEAD may operate statewide or in a sub-state region. Currently, there are no overlap restrictions at the state or sub-state region level with current CMS Innovation Center (CMMI) models.[6]

State and Sub-State Region Overlap Considerations	
Active Models **Allowed** to Overlap in AHEAD States	• ACO REACH / LEAD – ACO REACH ends December 31, 2026 / LEAD ends December 31, 2036 • Medicare Shared Savings Program (SSP) – operational with no scheduled end date • ACO Primary Care (PC) Flex – scheduled to end December 31, 2029 • Comprehensive Kidney Care Contracting (CKCC) – scheduled to end December 31, 2027 • Guiding an Improved Dementia Experience (GUIDE) – scheduled to end June 30, 2032 • Enhancing Oncology Model (EOM) – scheduled to end June 30, 2030 • Increasing Organ Transplant Access (IOTA) – scheduled to end June 30, 2031 • Transforming Episode Accountability Model (TEAM) – scheduled to end December 31, 2030 • Comprehensive Care for Joint Replacement Expanded Model (CJR-X) – operational starting 2028 with no end date • Ambulatory Specialty Model (ASM) – scheduled to end December 31, 2031 • Innovation in Behavioral Health (IBH) Model – scheduled to end December 31, 2032 • Transforming Maternal Health (TMaH) – scheduled to end December 31, 2034 • Cell and Gene Therapy Access Model (CGT) – scheduled to end December 31, 2035 • Advancing Chronic Care with Effective, Scalable Solutions (ACCESS) – scheduled to end June 30, 2036

AHEAD State TCOC Target Calculation	
Other Model Expenditures	The associated expenditures from other models for Medicare beneficiaries that reside in AHEAD states are included in the State's TCOC target. This includes capitated, care management, respite, incentive, performance, outcome-aligned, and value-based payments. Administrative and infrastructure funding from other models (e.g., Cooperative Agreements) are excluded from the State's TCOC target.
Shared Savings/ Losses	Other models' shared savings/losses (e.g., ACO REACH, MSSP, ACO PC Flex, CKCC) and reconciliation payments/repayments (e.g., TEAM) are included in AHEAD State TCOC target calculations.

[6] Some aspects of AHEAD will be different for Maryland, given its transition from the MDTCOC model. For example, while overlaps are generally permitted between the TEAM model and AHEAD, the TEAM model excludes Maryland hospitals as noted in the Fiscal Year 2025 Inpatient Prospective Payment System Final Rule. Please refer to relevant State Agreements and Participation Agreements.

Hospital Global Budget AHEAD Overlap Policy

Hospitals in HGB AHEAD receive a population-based payment reflecting services provided by the hospital to any Traditional Medicare beneficiary, which means that HGB AHEAD hospitals will overlap with almost all other models, even those that may operate in other geographic regions.[7] For cases where beneficiaries attributed to other models receive care at HGB hospitals, HGB expenditures will be included in the other models' financial reconciliations and settlement calculations. Other models will use paid claims to determine HGB expenditures in 2026-2027 and will use a proportional method starting in 2028.

Additionally, HGB AHEAD hospitals may choose or be required to participate in other CMMI Models.[8] HGB AHEAD hospital facilities are broadly permitted to participate in other models, and in the case that service overlaps occur, HGBs will be prospectively adjusted to avoid duplicative payments (e.g., IOTA).

Model Specific Overlaps Policies for HGB AHEAD	
ACO REACH and LEAD	**Overlaps Not Permitted**. Hospitals that are part of an ACO REACH/LEAD Participant TIN and those that are Preferred Providers enrolled in Total Care Capitation (TCC) or Non-Primary Care Capitation (NPCC) / Advanced Payment Option (APO) may not participate in HGB AHEAD. **Overlaps Permitted** for all other ACO REACH/LEAD Hospitals.
MSSP	**Overlaps Permitted**. Hospitals may participate in both HGB AHEAD and SSP. HGB AHEAD spending on SSP-aligned beneficiaries will be included in SSP ACO shared savings/losses determinations.
ACO PC Flex	**Overlaps Not Permitted**. Hospitals are generally not eligible to participate in ACO PC Flex; however, some hospitals or hospital departments, such as CAHs and HOPDs, may participate in ACO PC Flex and receive capitation. In these limited cases, they are not permitted to participate in HGB AHEAD.
CKCC	**Overlaps Permitted.** Kidney Care Entities (KCEs) will be accountable for HGB hospital spending for CKCC-aligned beneficiaries at final settlement for determining shared savings/losses. HGBs will be adjusted for overlapping payments.
GUIDE	**Overlaps Not Applicable.** Hospitals are not eligible for GUIDE participation; there is no overlap.
EOM	**Overlaps Permitted**. Hospitals, including CAHs, are not eligible for EOM participation; there is no direct overlap. But HGB hospitals may have EOM Participant staff and/or HGB hospitals may serve as an EOM care partner. HGBs will be adjusted for overlapping payments.
IOTA	**Overlaps Permitted**. Hospitals included in IOTA, based on their Donor Service Area (DSA), may also participate in HGB AHEAD. HGBs will be adjusted to account for overlapping payments.
TEAM and CJR-X	**Overlaps Permitted**. Hospitals included in TEAM or CJR-X may also participate in HGB AHEAD. HGBs will not be adjusted to account for overlapping payments. TEAM and CJR-X will use the allowed amounts on AHEAD hospital no-pay claims to determine episode spending. Hospital utilization will be monitored for accuracy and completeness, and CMS may adjust future HGB payments.
ASM	**Overlaps Not Applicable.** Hospitals are not eligible to participate in ASM; there is no provider overlap.
IBH	**Overlaps Not Permitted**. Hospitals participating in IBH (e.g., CAHs) may not participate in HGB AHEAD; however, beneficiaries aligned to IBH may receive care at HGB hospitals.
TMaH	**Overlaps Permitted**. Hospitals providing maternal health services under TMaH may participate in HGB AHEAD; the Medicare payment for these services to Medicaid-Medicare dually enrolled beneficiaries will be excluded from HGBs.
CGT	**Overlaps Permitted**. Hospitals delivering cell and gene therapies under CGT may participate in HGB AHEAD; State payments for CGT model drugs to Medicaid-Medicare dually enrolled beneficiaries are not impacted by AHEAD HGBs.
ACCESS	**Overlaps Permitted – with considerations**. Hospitals that are enrolled as a provider to bill Medicare Part B may participate in HGB and ACCESS; however, if participating in both models, ACCESS Participants and their affiliated entities may not submit Medicare FFS claims for ACCESS aligned beneficiaries during ACCESS active care periods, consistent with the ACCESS FFS Exclusion policy.[9]

[7] HGBs replace facility payments made to hospitals through the Inpatient Prospective Payment System (IPPS) and Outpatient Prospective Payment System (OPPS). Hospital-based professionals will receive payments via MPFS or per other models in which they may participate.
[8] Some aspects of AHEAD may be different for Maryland. Please refer to relevant State Agreements and Participation Agreements.
[9] This policy prevents hospitals participating in both models from aligning the same Medicare beneficiary for the same period of time.

Primary Care AHEAD Overlap Policy

Primary care practices, FQHCs, and RHCs in PC AHEAD receive a quarterly, prospective, per-beneficiary payment known as the Enhanced Primary Care Payment (EPCP) that covers the expected cost of care management services for attributed beneficiaries.[10] Additionally, starting in 2028, PC AHEAD practices may select from four pathways, two of which include some form of capitation for primary care services.[11,12] **Thus, PC AHEAD payment consists of two major components – primary care services (either FFS or prospective) and the EPCP (prospective) – to support meaningful care transformation**. Participation in other models and programs may further enhance transformation efforts, and overlaps are broadly allowed except for other primary care models with significant overlaps (e.g., ACO PC Flex), CKCC, and for primary care providers who are Geo Participants.

Model Specific Overlaps Policies for PC AHEAD	
ACO REACH and LEAD	**Overlaps Permitted** for PC AHEAD FFS pathways (EPCP-Basic & Advanced-FFS); PC AHEAD providers may participate in ACO REACH/LEAD and receive both AHEAD's EPCP and ACO REACH/LEAD capitated payments; Medicare beneficiaries may be attributed simultaneously to PC AHEAD and ACO REACH entities. **Overlaps Not Permitted** for PC AHEAD capitated pathways (Advanced-Hybrid and Advanced-Capitation); PC AHEAD providers may not participate in ACO REACH/LEAD and receive capitation through both models; beneficiaries may not be attributed simultaneously to PC AHEAD and ACO REACH/LEAD entities.
MSSP	**Overlaps Permitted**. PC AHEAD providers may participate in SSP ACOs and receive the EPCP, which is excluded from SSP TCOC calculations at final settlement.
ACO PC Flex	**Overlaps Not Permitted**. PC AHEAD providers may not participate in ACO PC Flex, and beneficiaries cannot be aligned to both models at the same time. Note: while all PC Flex ACOs are SSP ACOs, some overlap policies may be different for ACO PC Flex due to its Prospective Primary Care (PPC) Payments.
CKCC	**Overlaps Not Permitted**. PC AHEAD providers may not participate in CKCC, and beneficiaries cannot be simultaneously aligned to both models.
GUIDE	**Overlaps Permitted**. PC AHEAD providers may participate in GUIDE and receive AHEAD's EPCP, GUIDE's Dementia Care Management Payment (DCMP), and payments for respite services.
EOM	**Overlaps Permitted**. PC AHEAD providers may participate in EOM and receive AHEAD's EPCP, which is excluded from EOM total spending for performance-based payment or recoupment.
IOTA	**Overlaps Permitted**. PC AHEAD providers may participate in IOTA and receive AHEAD's EPCP; IOTA performance-based payments not affected by AHEAD for overlapping providers/beneficiaries.
TEAM and CJR-X	**Overlaps Not Applicable**. PC AHEAD providers are not eligible to be TEAM or CJR-X participants; however, expenditures from PC AHEAD providers following TEAM or CJR-X anchor hospitalization or procedure will count toward episode spending when performing reconciliation calculations.
ASM	**Overlaps Permitted**. PC AHEAD providers likely do not meet ASM participant requirement that certain specialty codes are reflected on a plurality of their claims; however, PC AHEAD providers and ASM participants may treat the same beneficiaries for relevant care (i.e., heart failure/low back pain).
IBH	**Overlaps Permitted - with considerations**. PC AHEAD providers may not participate in IBH; however, beneficiaries may be simultaneously aligned to both PC AHEAD and IBH.
TMaH	**Overlaps Permitted**. PC AHEAD providers are eligible to participate in TMaH; Medicare-Medicaid dually eligible beneficiaries may be attributed to both PC AHEAD and TMaH.
CGT	**Overlaps Permitted**. PC AHEAD providers may support Medicare-Medicaid dually eligible beneficiaries through the CGT Model. Related payments for CGT model drugs are not impacted by PC AHEAD.
ACCESS	**Overlaps Permitted - with considerations**. PC AHEAD providers and their Medicare Part B affiliates may participate in PC AHEAD and ACCESS; however, if participating in both models, ACCESS Participants and their affiliated entities may not submit Medicare FFS claims for ACCESS-aligned beneficiaries during active ACCESS care periods, consistent with the ACCESS FFS Exclusion policy; providers in both models may not receive capitation or EPCP payments for ACCESS-aligned beneficiaries during ACCESS active care periods.

[10] Much of the EPCP represents unbillable care management services, and thus, it is not included in the financial calculations for other models.
[11] Some aspects of PC AHEAD may be different for Maryland (please refer to relevant State Agreements / Participation Agreements).
[12] Some PC AHEAD pathways do not begin until 2028 (e.g., Advanced-Hybrid and Advanced-Capitated).

Geo AHEAD Overlap Policy

Geo Entities are geographic-based ACOs responsible for improving beneficiary care while achieving cost efficiencies; these efforts are further enabled by allowing certain overlaps with other models and programs. Geo Entities receive funding through multiple mechanisms, including shared savings; primary care capitation; and the EPCP for care management. Geo Entities can distribute these funds to Geo Participants and Affiliates based on negotiated financial arrangements (see footnote 5). The EPCP is not included in shared savings calculations.

Geo Entities, at the TIN level, may participate in other TCOC models (e.g., SSP). Geo Participants, at the TIN level, are not permitted to participate in other TCOC models due to beneficiary and financial attribution.[13] Geo Affiliates, at any level, may participate in other models or other Geo Entities.[14]

Beneficiaries may be simultaneously attributed to a Geo Entity and PC AHEAD Participant if the PC AHEAD participant is a Geo Affiliate; however, beneficiary overlaps are not permitted with **other TCOC or primary care capitation models (SSP, ACO PC Flex, ACO REACH/LEAD, and CKCC)**.

Model Specific Overlaps Policies for Geo AHEAD	
Other TCOC Models	**Overlaps Permitted**. ACO entities participating in other TCOC models may participate in Geo AHEAD at the TIN level as Geo Entities. Geo Affiliates, at the TIN level, may participate in other models. **Overlaps Not Permitted**. Geo Participants, at the TIN level, are not permitted to participate in other CMS TCOC models and beneficiaries cannot be attributed to more than one TCOC model. Providers may not receive capitated payments from multiple models for the same beneficiaries.
GUIDE	**Overlaps Permitted**. Geo AHEAD providers[15] may participate in GUIDE and receive AHEAD's EPCP and GUIDE's DCMP and respite service payments as Geo AHEAD primary care capitation will not overlap.
EOM	**Overlaps Permitted**. Geo AHEAD providers may participate in EOM and receive AHEAD's EPCP, which is excluded from EOM total spending for performance-based payment or recoupment.
IOTA	**Overlaps Permitted**. Geo AHEAD providers may participate in IOTA and receive AHEAD's EPCP. IOTA performance-based payments not affected by AHEAD for overlapping providers/beneficiaries.
TEAM and CJR-X	**Overlaps Permitted**. Hospitals participating in TEAM or CJR-X may also participate in Geo AHEAD. Except for the EPCP, expenditures from Geo providers following a TEAM or CJR-X anchor hospitalization or procedure will count toward episode spending when performing reconciliation calculations.
ASM	**Overlaps Permitted**. Specialists can participate in both Geo AHEAD and ASM. Geo AHEAD-attributed beneficiaries may be included in ASM episodes if they receive relevant care from an ASM participant.
IBH	**Overlaps Permitted - with considerations**. Geo Participants may not participate in IBH, but Geo Affiliates may participate in IBH and receive ISP. Beneficiaries may be attributed to both Geo AHEAD and IBH; however, providers may not receive Geo AHEAD and IBH payments for the same beneficiaries.
TMaH	**Overlaps Permitted**. Geo AHEAD providers may participate in both Geo AHEAD and TMaH; Medicare-Medicaid dually eligible beneficiaries may be attributed to both Geo AHEAD and TMaH.
CGT	**Overlaps Permitted**. Geo AHEAD providers may support Medicare-Medicaid dually eligible beneficiaries through the CGT Model. Related payments for CGT model drugs are not impacted by Geo AHEAD.
ACCESS	**Overlaps Permitted - with considerations**. Geo Entities and providers may be ACCESS Participants if enrolled in Medicare Part B; however, if participating in both models, ACCESS Participants and their affiliated entities may not submit Medicare FFS claims for ACCESS-aligned beneficiaries during active ACCESS care periods; providers in both models may not receive capitation or EPCP payments for ACCESS-aligned beneficiaries during ACCESS active care periods. ACCESS outcome-aligned payments and co-management payments for aligned beneficiaries will be included in Geo AHEAD benchmarking and shared savings calculations.

[13] Providers may participate in multiple TCOC models or different Geo Entities at the NPI level, if under different TINs.
[14] See footnote number 5 on page 2 for the definition of Geo Affiliate and Geo Participant providers.
[15] The phrase "Geo AHEAD providers" refers collectively to Geo Participants and Geo Affiliates.