Achieving Healthcare Efficiency through Accountable Design (AHEAD) Model

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES CENTER FOR MEDICARE AND MEDICAID INNOVATION

Geo AHEAD Factsheet

Overview of Geo AHEAD

Geo AHEAD is a **geographically-based accountable care organization (ACO) shared savings program** administered by the Centers for Medicare & Medicaid Services (CMS) that reinforces the AHEAD model principles at the state level. Through Geo AHEAD, geographic risk-bearing entities called "**Geo Entities**" will assume responsibility for total cost of care (TCOC) risk and improved outcomes for attributed Original Medicare beneficiaries in a geographic area. Geo AHEAD also introduces a novel attribution methodology that empowers Geo Entities to engage Original Medicare beneficiaries who have not been attributed under previous ACO models.

Program Goals

Geo AHEAD aims to close the gap in accountable care by involving Geo Entities in cost accountability and care coordination, **ensuring all Original Medicare beneficiaries in AHEAD states receive high-quality, efficient care by systems responsible for their TCOC**.

While other ACO models offer similar opportunities, **Geo AHEAD elevates the impact of Primary Care (PC) AHEAD practices and Hospital Global Budget (HGB) hospitals** across the entire AHEAD population. All AHEAD program participants are incentivized to focus on quality rather than volume and are expected to collaborate toward shared goals set by CMS and AHEAD states: **coordinated care, improved patient outcomes, and sustainable cost management**.

Program Components

Expands accountable care and care delivery transformation to all eligible Original Medicare beneficiaries using attribution approaches that balance patient choice with geographic coverage

Introduces competitive bidding for Geo Entities to drive cost savings, improve quality, and foster innovation

Establishes regional accountability for quality and TCOC aligned to state targets
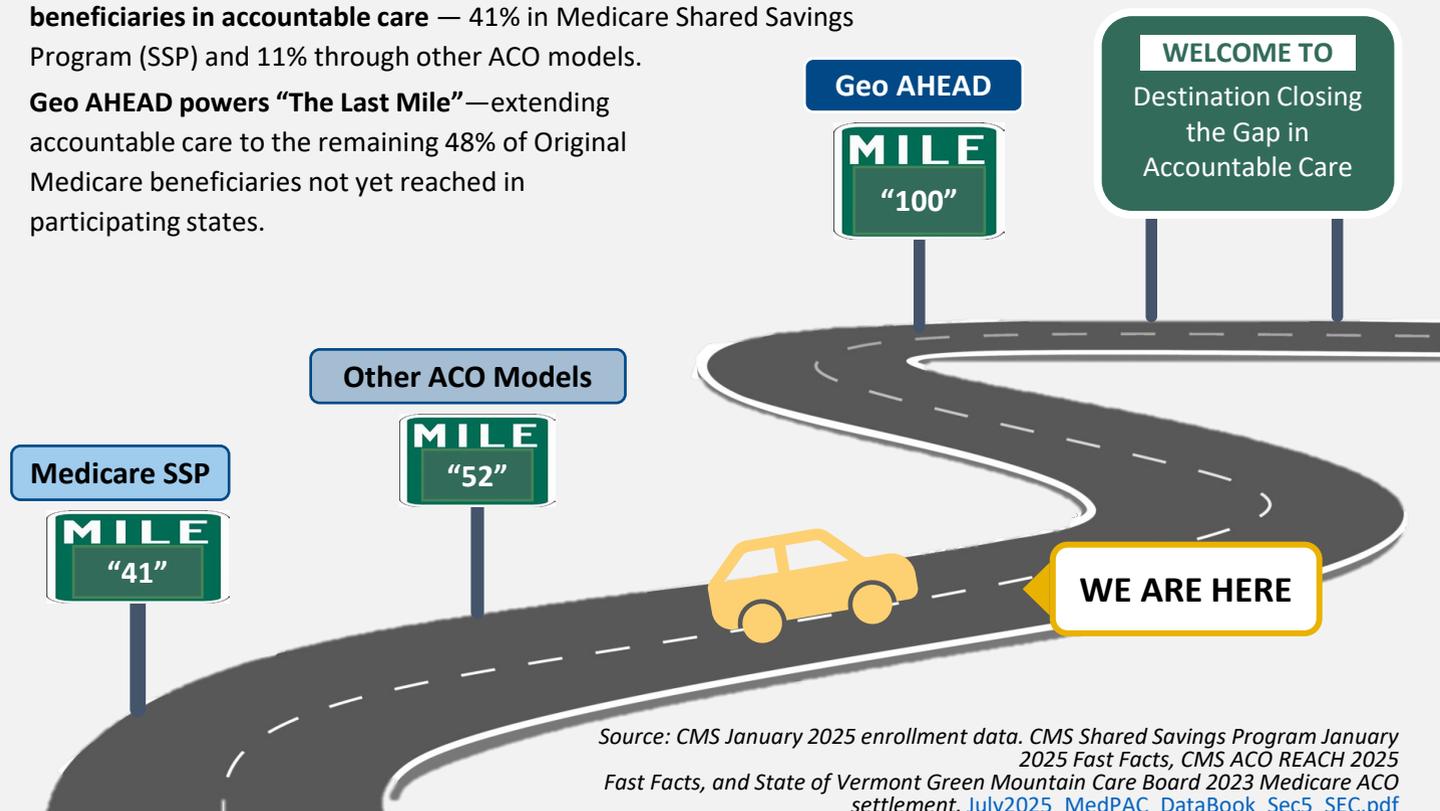
Adds new pathways for providers and hospitals to engage in AHEAD and benefit from shared savings.

"The Last Mile" to Accountable Care

Geo AHEAD leverages geographic attribution methods to connect eligible Original Medicare beneficiaries in AHEAD states to systems of care that focus on improving patient outcomes while reducing TCOC.

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.

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

Geo AHEAD
MILE "100"

WELCOME TO
Destination Closing the Gap in Accountable Care

Other ACO Models
MILE "52"

Medicare SSP
MILE "41"

WE ARE HERE

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

Geo Beneficiary Attribution

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. Geo AHEAD is "The Last Mile" in accountable care, preventing Original Medicare beneficiaries from falling through the cracks. Beneficiaries not already aligned to an ACO will be attributed to a Geo Entity via one of three mechanisms (in sequential order):

1. **Voluntary Attribution**: Beneficiaries choose to align with a Geo Participant
2. **Claims-based Attribution**: Beneficiaries are aligned based on claims history with a Geo Participant
3. **Geographic Attribution**: Any remaining unattributed beneficiaries in a geographic area are assigned to a Geo Entity

CMS will work with each Geo Entity toward achieving a goal of **10,000 attributed Original Medicare beneficiaries,** as feasible, inclusive of dually eligible beneficiaries.

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Opportunities for Providers and Partners to Participate in Geo AHEAD

*Geo AHEAD offers **multiple participation options** all with **opportunities for shared savings** through **tailored financial arrangements** with the Geo Entity.*

Geo Entities

- **Geographically-based ACOs** including provider-led organizations, technology/digital health companies, health plans, hospitals, or other entities accountable for TCOC and quality for an attributed population
- **Eligible for shared savings** if they remain below the competitively bid TCOC target and meet quality goals
- **Responsible for quality performance** on eight measures across five domains: Behavioral health, prevention and wellness, chronic conditions, health care utilization, and patient experience

Geo Participants*
(Advanced-Geo Pathway)

- **Medicare-enrolled providers** who participate with **only one Geo Entity** and **do not participate in other ACO Models in a way that generates alignment**±
- Contribute to **claims-based attribution** and **accountable** for financial and performance risk
- **Receive capitated PC payments** in lieu of Medicare FFS payments for select PC services and **Enhanced Primary Care Payment (EPCP)** for care management
- Eligible for **shared savings payments** and **benefit enhancements (BE)** through arrangements with Geo Entities
- Required to join the state's Medicaid PC alternative payment program
- Meet certified electronic health record technology **(CEHRT) standards**

Geo Affiliates

- **Medicare-enrolled providers** who participate with **one or more Geo Entities** and can be part of other CMMI models (including PC AHEAD and HGB AHEAD) and Medicare SSP±
- Do not contribute to claims-based attribution and have **financial and performance arrangements** with one or more Geo Entity
- Eligible for **shared savings payments** and **BEs** through arrangements with Geo Entities
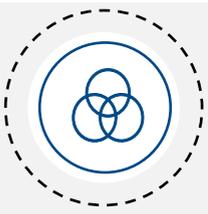
Geo Partners

- **Non-Medicare-enrolled providers and organizations** who contract with one or more Geo Entity to provide supportive services (e.g., care coordination, education)
- **Eligible for shared savings payments** through arrangements with Geo Entities
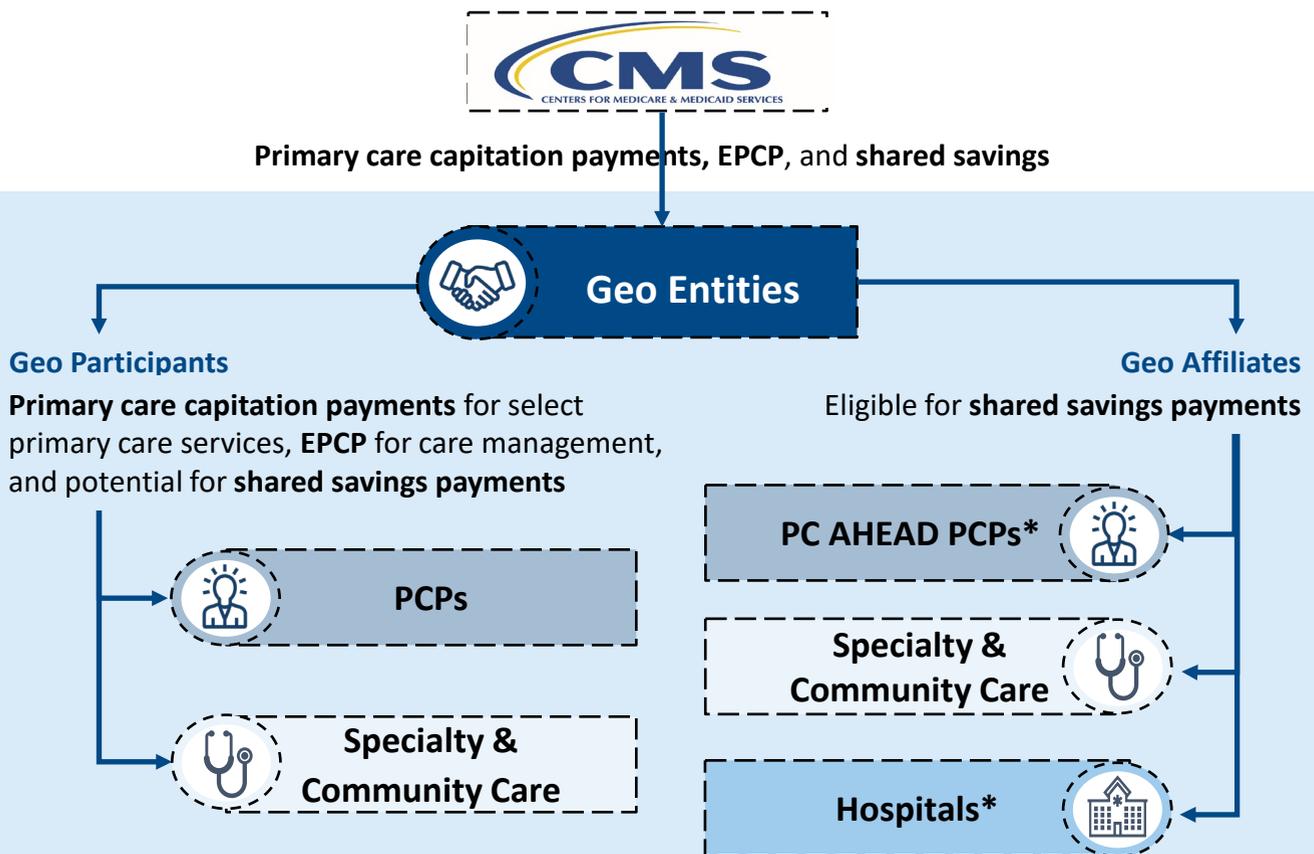
Hospital-owned providers can only be Geo Participants if their parent hospital joins HGB AHEAD.
± Geo Participants at the National Provider Identifier (NPI) level, may participate in multiple ACO programs, PC AHEAD, or Geo Entities provided they bill under separate Taxpayer Identification Number (TIN).

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Geo Entity Funding Streams

CMS funds Geo Entities through multiple mechanisms including **shared savings payments,** based on TCOC performance; **primary care capitation payments,** replacing traditional Medicare FFS payments for select primary care services; and **Enhanced Primary Care Payments (EPCP)** for care management.

Geo Entities can distribute these funds to Geo Participants and Affiliates based on negotiated financial arrangements. These payments incentivize cost containment, quality improvement, and care coordination for attributed populations.

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Primary care capitation payments, EPCP, and **shared savings**

Geo Entities

Geo Participants

Primary care capitation payments for select primary care services, **EPCP** for care management, and potential for **shared savings payments**

PCPs

Specialty & Community Care

Geo Affiliates

Eligible for **shared savings payments**

PC AHEAD PCPs*

Specialty & Community Care

Hospitals*

*PCPs and hospitals can be Geo Affiliates without participating in PC AHEAD or HGB AHEAD, respectively.

How Shared Saving Works in Geo AHEAD:
- Geo Entities that successfully come in under their TCOC target and meet quality goals may retain a portion of the savings.
- Geo Entities who do not come in under their TCOC target will owe shared losses.
- Shared savings will be subject to a Quality Adjustment based on Geo Entity performance and improvement on eight quality measures across five domains.
- Savings are shared with CMS based on risk corridors and performance thresholds.
- Geo Participants and Affiliates may also be eligible for shared savings through their negotiated financial arrangements with the Geo Entities.
- HGB revenue will count toward TCOC proportionally based on service use, creating aligned incentives for Geo Entities and hospitals to reduce volume.

AHEAD Model
Geo AHEAD Factsheet

Geo Entity Requirements and Selection Criteria

CMS will select Geo Entities using a competitive bidding process, encouraging market competition and prioritizing proposals that deliver the greatest value and impact.

Geo Entity Requirements

Geo Entities must:

– **Hold a Federal Taxpayer Identification Number (TIN)** in each AHEAD state where it plans to operate,

– **Meet state requirements for risk-bearing entities** or be exempt, and

– Be able to **provide outreach, support services, and value-added benefits** to both providers and beneficiaries.

Geo Entity Bidding Process

CMS will establish a Geo AHEAD TCOC Benchmark and set targets based on attributed beneficiaries in each state (or substate region) and substate division.

Potential Geo Entities will competitively bid a percentage discount off this Benchmark.

To inform bid development, CMS will provide summary-level historic data on utilization, spending, risk scores, and quality measures for each geography.

Geo Entity Selection Criteria

Geo Entities will operate statewide or within a substate division (see below). **CMS will select at least two Geo Entities to cover each substate division**, evaluating bids based on:

– **Magnitude of discount** relative to the TCOC Benchmark,

– **Capacity to educate and support** beneficiaries, and

– Strength and depth of **community partnerships**.

Substate Divisions and Provider-led Geo Entities

- CMS will work with states to define substate divisions with the goal of achieving at least 20,000 Original Medicare beneficiaries in each substate division, as feasible.
- Provider-led Geo Entities can uniquely support one or more substate divisions. They must have ownership, management, and control by at least 50% providers who practice in that area.
- CMS will set aside one award in each substate division for Provider-led Geo Entities

Geo Implementation Timeline

Geo AHEAD will consist of **two four-year contract periods** for all AHEAD Cohorts:[±]
— January 1, 2028, to December 31, 2031
— January 1, 2032, to December 31, 2035
CMS will release a **Request for Application for the first contract period in 2027**[*]

[±]Cohort 4 is anticipated to start in 2029
[*]CMS will share detailed Geo AHEAD beneficiary attribution and financial specifications in Summer-2026.

Additional Information

For additional AHEAD resources visit the **AHEAD Model Website**

For questions or feedback, send inquiries to the Model Helpdesk: **AHEAD@cms.hhs.gov**