Geo AHEAD Participation Perspective (GAPP) Survey Office Hours

Center for Medicare and Medicaid Innovation
August 2026

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

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We will answer as many as we can in the time available.

Please complete the short survey at the end of the event.

Today's Presenters

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Agenda

1. **Objectives**
   5 minutes
2. **Geo AHEAD Overview**
   20 minutes
3. **Discussion of GAPP Survey**
   15 minutes
4. **Q&A**
   10 minutes

Objectives for Today's Office Hours

Today's session is designed to give you the context you need to complete the GAPP survey with confidence and to tell us what matters most to your organization.

What is Geo AHEAD, including:

- Attribution
- Payments
- Bidding

Purpose of the GAPP survey, including

- How your responses will be used to inform model design

How to complete and submit the survey, including:

- Timing
- Format
- Where to get help

Next Steps

- Complete the GAPP survey by the posted deadline (one response per organization)
- Coordinate internally so your response reflects your leadership, clinical, and financial perspectives
- Submit your questions in the Q&A pod today, or email AHEAD@cms.hhs.gov after today's office hours
- Review the linked Geo AHEAD resources before completing the survey

AHEAD and Geo Overview

The AHEAD Model is a Comprehensive System-Wide Approach

The AHEAD Model equips states, providers, hospitals, and geographic risk-bearing entities with tools and resources to drive transformation -- enabling proactive, personalized care, improving population health, and curbing cost growth.

Key Strategies

- **Accountability & Quality Targets**
- **Benefit Enhancements (BE)**
- **Cooperative Funding**
- **Multi-Payer Alignment**
- **Choice & Competition**
- **Waivers & Legislative Authority**

Alternative Payment Approaches

Primary Care (PC) AHEAD
Elevating Everyday Care

- Enhanced and advanced payment pathways
- Invests in upstream prevention, specialty care, and behavioral health integration
- Required Medicaid alignment

Hospital Global Budgets (HGB) AHEAD
Rooted in Community Care

- Predictable revenue
- Global budget savings opportunity
- Rewards population health management
- Required Medicaid alignment

Geo AHEAD
Partners in Patient Health

- Geographic accountable care organization (ACO)
- Shared savings opportunity
- Enhances care management and care coordination
- Optional Medicaid alignment

Care Delivery Transformation that Drives Better Health, More Choice, Stronger Competition

State-Led. Provider-Driven. Patient-Focused.

Geo AHEAD: Overview, Goals, and Approach

Geo AHEAD is a CMS accountable care program that uses geographically based entities to improve quality, lower total cost of care (TCOC), and expand access to value-based care for Medicare beneficiaries. 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.

Key Benefits and Areas of Alignment to Model Goals

System Investment & Stability

Provider Incentive & Innovation

Expand Access & Accountability

Choice & Competition

TCOC Accountability

- Take on TCOC accountability for a defined eligible Original Medicare population
- Competitively bid on a CMS-defined TCOC Benchmark to offer a discounted rate with options for financial benefits
- Eligible for shared savings if TCOC financial and quality goals are met

Quality

- Responsible for improvement on eight quality measures
- Focus on reducing unnecessary utilization, promoting prevention, improving behavioral health, and enhancing patient experience
- Scaled quality improvement score applied to savings/losses
- Aligned with Primary Care (PC) AHEAD and Hospital Global Budget (HGB) measures (as applicable)

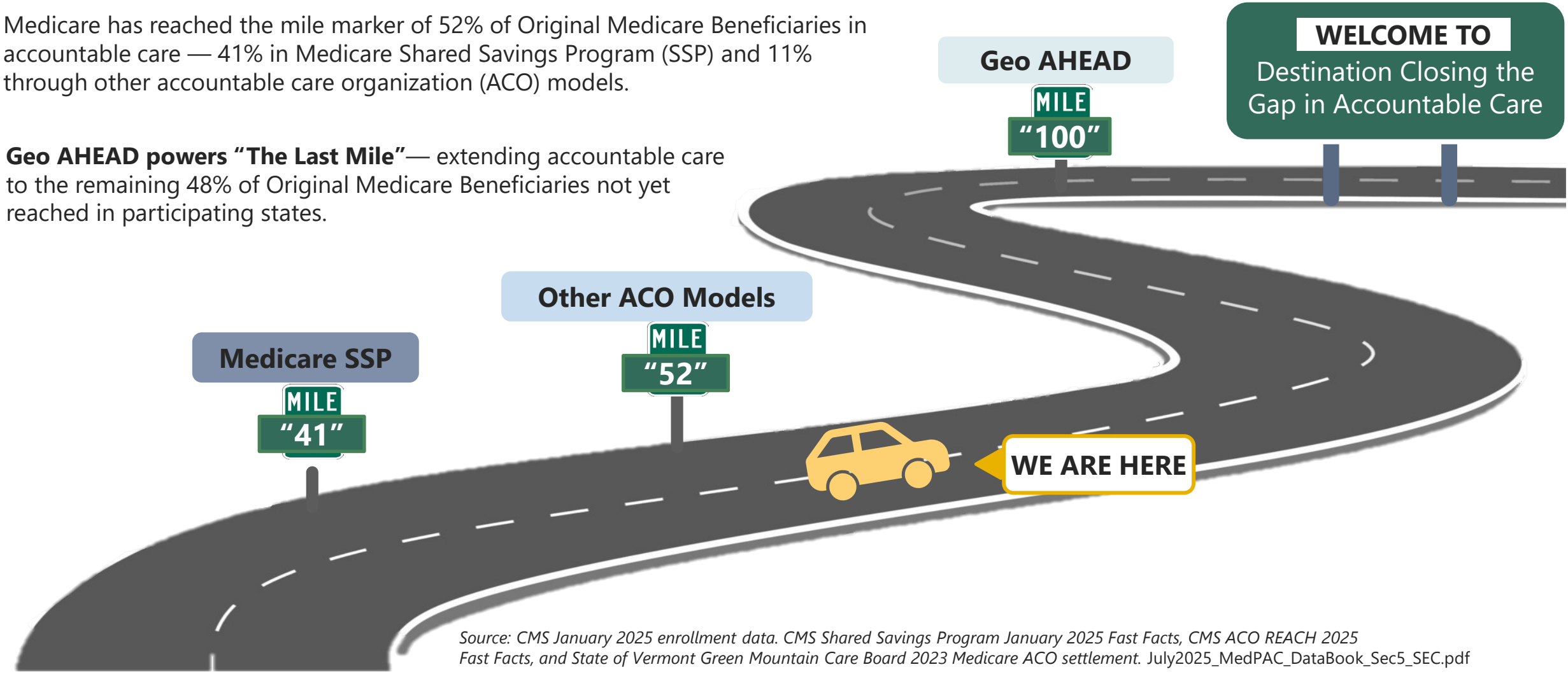
Geo AHEAD only operates in AHEAD States: Maryland, Rhode Island, New York, Hawaii, and Connecticut, and new states added for 2029.

Geo AHEAD: '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 total cost of care (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 accountable care organization (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.



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 AHEAD: Two Types of Geo Entities

Geo Entities can be provider-led groups, technology and digital health companies, health plans, hospitals, and other risk-bearing entities.

Statewide Geo Entities

- Can be any type of risk-bearing entity, including technology and digital health companies, health plans, hospitals, provider-led, or other risk-bearing entities
- Bid on entire state or substate region (e.g., downstate New York)
- Accept and support attributed beneficiaries from all regions within the state or substate region

Substate Geo Entities

- CMS will consult with states to create substate divisions. Geo AHEAD will only operate in states (or substate regions) where CMS identifies the minimum required number of Geo Entities.
- Must be a provider-led entity (e.g., owned, managed, and controlled by a provider majority, ≥51%), and providers must practice in the area covered by Geo Entity
- Bid on one or more substate divisions (or entire state/substate region)
- Accept attributed beneficiaries from all areas covered by Geo Entity
- CMS will set aside one award in each substate division for a Substate Geo Entity

Example of How Geo Entities Cover a State:

U.S. State A has 180,000 attribution-eligible beneficiaries

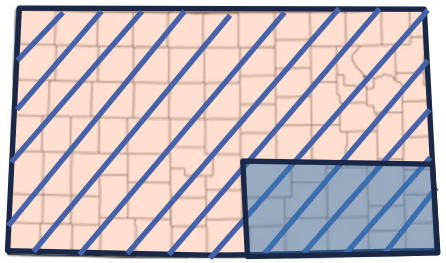
Two Statewide Geo Entities bid on the entire state

One Substate Geo Entity bid on a substate division in the state

Statewide Geo Entity 1

Statewide Geo Entity 2

Substate Geo Entity 1



Geo AHEAD: Two Ways for Medicare Enrolled Providers to Participate

Geo Entities contract with Primary Care Providers, Hospitals, Specialists, and Community Care Partners as Geo Participants, Geo Affiliates, or Geo Partners. Both Geo Participants and Geo Affiliates participate at the Tax Identification Number (TIN) level.

	Geo Participants **Medicare-enrolled provider/supplier**	**Geo Affiliates** **Medicare-enrolled provider/supplier**
Geo Entity Alignment	Align with **only one** Geo Entity	Align with **one or more** Geo Entities
Overlaps	**Cannot concurrently participate** in PC AHEAD or ACO models	**Able to concurrently participate** in PC AHEAD and/or other ACO Models
Claims-based Attribution	**Contribute** to claims-based attribution	**Do not contribute** to claims-based attribution
Payment Methodology	Primary Care Specialists participate in **capitation in lieu of Medicare FFS** for PC services and be eligible to receive capitated payments and Enhanced Primary Care Payment (**EPCP)** for care management	Receive **Medicare FFS payments as usual** and **do not receive EPCP**
Shared Savings	Eligible for **shared savings payments**	Eligible for **shared savings payments**
Accountability	**Accountable for financial and performance risk** with potential for shared savings/losses	**Support Geo Entity goals** (e.g., quality) with potential for shared savings/losses
Additional Requirements	• Must use CEHRT • Must enroll in Medicaid and PC APM • Qualifies as an Advanced Alternative Payment Model • Eligible for benefit enhancements and beneficiary engagement incentives • Hospital owned practices can only be Geo Participants if their parent hospital participates in HGB AHEAD	• Eligible for benefit enhancements • No required reporting, unless specified in financial arrangements with Geo Entity

Geo AHEAD: Bidding, Selections, and Operations

CMS will issue competitive Requests for Applications (RFA) and eligible Geo Entities will bid to participate in an AHEAD state or substate region.

RFA Released and Geo Entities Submit Bids

4-Year Contract Periods
- 2028-2031
- 2032-2035

CMS Provides State-Specific Data:
- TCOC benchmark methodology
- Attribution methodology
- Historical TCOC spending
- Attribution-eligible beneficiary data

CMS Evaluates Bids

Bids are evaluated against five domains across two steps
- Step 1: CMS evaluates 'Compliance Infrastructure' (pass/fail)
- Step 2: Bid evaluation score is developed on the remaining four domains:
  - Financial strength & benchmark alignment
  - Population health strategy
  - Care navigation capabilities
  - Beneficiary protections & experience

CMS Awards Geo Entities

Award Structure
- ≥2 Geo Entities in states with <200K eligible beneficiaries
- ≥3 Geo Entities in states with >200K eligible beneficiaries

This timeline applies to Cohorts 1-3 only: Cohort 4 states will have a different timeline.

Geo AHEAD: Beneficiary Attribution

Only Original Medicare beneficiaries can participate in Geo AHEAD and be attributed to a Geo Entity.

Beneficiaries must meet model eligibility criteria (e.g., enrolled in both Medicare Part A and B, reside in the United States) and not be aligned to another TCOC accountable model to be attributable to Geo AHEAD.

Step 1: Voluntary Attribution

Prioritize beneficiary choice by attributing beneficiaries with a Geo Participant as their primary clinician

Step 2: Claims-Based Attribution

Based on historical experience, for instance, receiving key services from a Geo Participant or aligning them to the Geo Participant with the plurality of primary care qualified evaluation and management (PQEM) spending.

Step 3: Geographic Attribution

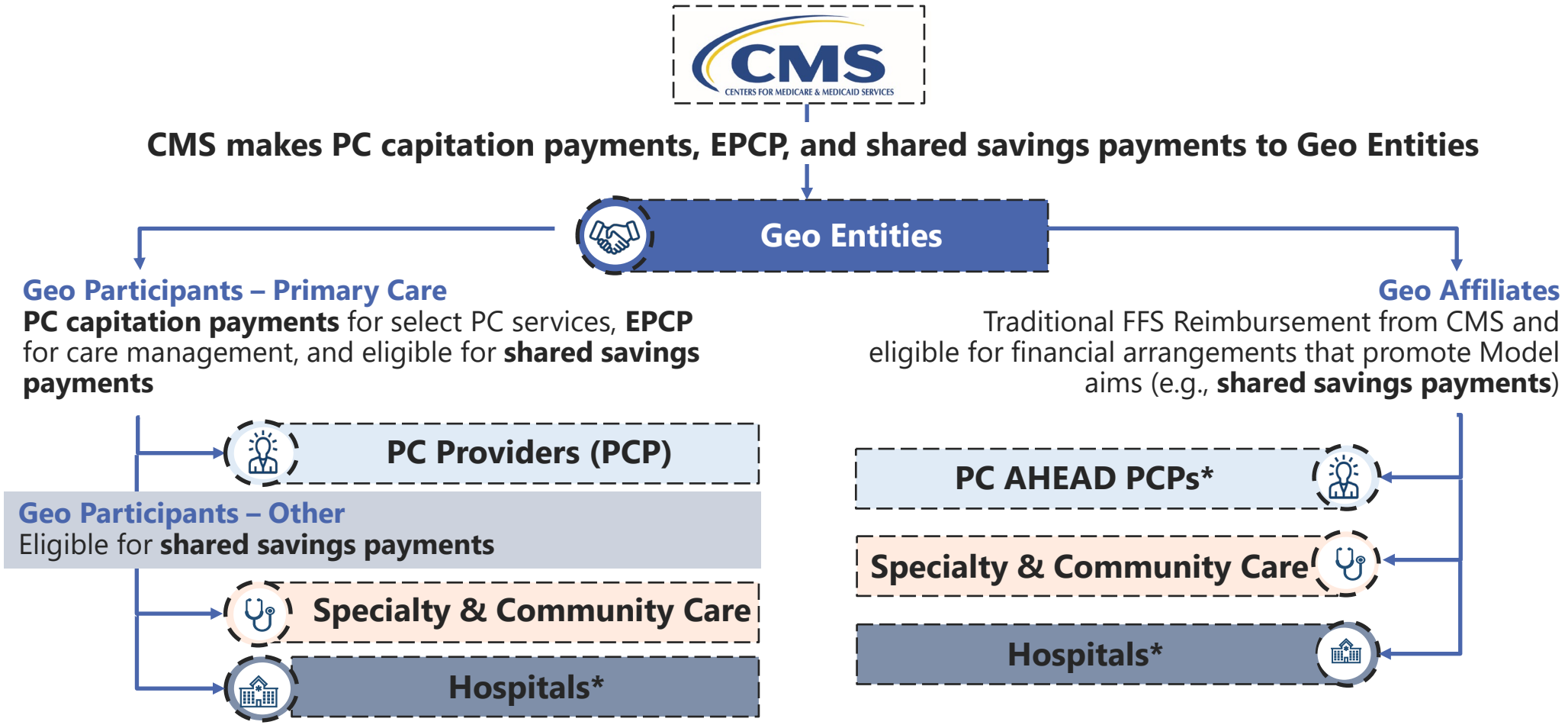
Based on care relationship with a Geo Affiliate or having a household member who receives care primary care from a Geo Participant.

All remaining beneficiaries, including those aligned to a Primary Care AHEAD provider, will be attributed through weighted random geographic attribution

Geo Entities with no broad delivery system may enroll as Medicare Part B suppliers to enable voluntary attribution.

Geo AHEAD: Payment Approaches

CMS makes payments to Geo Entities through multiple financial arrangements to support and reinforce cost containment, quality improvement, and coordinated care across providers and settings. Prospectively calculated PC capitation payments and EPCP are based on voluntary and claims-based attributed beneficiaries



Geo Participants and Geo Affiliates receive different categories of payments directly from Geo Entities.

***HGB AHEAD hospitals can join as either Geo Participants or Geo Affiliates, and PC AHEAD PCPs can join Geo Entities as Geo Affiliates.** They will receive their respective AHEAD HGB or EPCP/PC capitation directly from CMS.

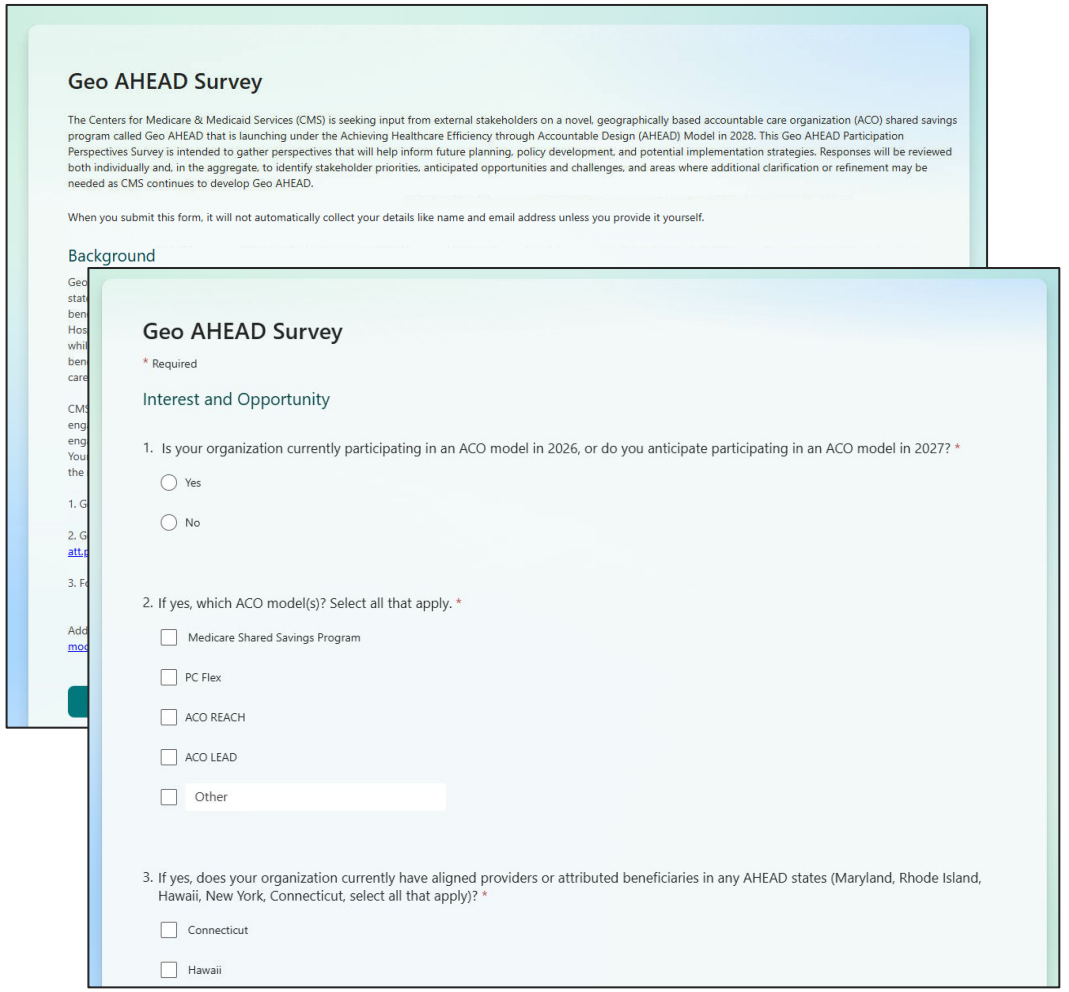
GAPP Survey

Geo AHEAD GAPP Survey

This Geo AHEAD Participation Perspectives (GAPP) Survey will gather perspectives to help inform Geo AHEAD planning, policy development, and potential implementation strategies.

CMS is assessing opportunities to enhance Geo AHEAD's:

- **Participation structure**
- **Financial benchmarking methodology**
- **Data and operational supports to ensure alignment with statewide accountability goals and existing AHEAD initiatives**



GAPP Survey Use and Participation

The GAPP Survey is available through Microsoft Forms and a link was distributed via email to interested stakeholders and potential participants from the AHEAD list serve on **August 4, 2026.** The survey will close on **September 4, 2026, at midnight.**

Survey Use

- Gathers stakeholder perspectives to help inform future planning, policy development, and potential implementation strategies.

Survey Participation

- Open to potential Geo Entities as well as providers and suppliers who are interested in participating.
- Anonymized responses reviewed individually and, in the aggregate, to identify stakeholder priorities, anticipated opportunities and challenges, and areas needing clarification as CMS continues to develop Geo AHEAD.
- Respondents indicate their intended role: **Geo Entity, Geo Affiliate, or Geo Participant** — or that they need more information.

What happens next. Feedback will be consolidated, summarized, and used to inform version 2 of the specifications (winter [Q1] 2027).

GAPP Survey Contents

The survey includes 35 questions, across **six sections, plus a closing open-comment section.**

Section	Description
Interest and Opportunity	• Assess interest in Geo AHEAD participation and awareness of ACO models • Identify initial model opportunities and concerns
Financial Parameters	• Understand experience with value-based payment and risk arrangements • Gather feedback on financial support needed for successful participation
CMS Administered Risk Arrangements (CARA)	• CARA reduces certain financial and administrative responsibilities associated with risk • Evaluate interest in CMS-supported risk mitigation options such as CARA
Data, Tools, and Technical Support Needs	• Prioritize data, analytics, and technical assistance tools that would best support participation
Operational Readiness and Implementation Considerations	• Assess readiness for the Geo AHEAD implementation timeline
Risk, Concerns and CMS Mitigation Strategies	• Understand concerns that may limit participation and gather recommendations for reducing barriers
Additional Insights (open comments to CMMI)	• Capture insight not addressed in other survey sections

Survey questions include a variety of formats: Multiple choice (one response), Multiple choice (multiple responses), Open-ended questions, Scale ratings

GAPP Survey Sample Questions (Slide 1 of 3)

The opening section establishes who each respondent is and how they deliver care.

Organization type (Q5)

Which category best describes your organization?

- Technology company
- Healthcare provider (e.g., physician group, clinic)
- Health plan / payer
- Hospital / health system
- Accountable Care Organization (ACO)
- Community-Based Organization (CBO)
- Other

Care model (Q6)

Please briefly describe your organization's care model; (Include how you currently use—or plan to use—technology to help deliver care).

For example: telehealth, remote monitoring, or care coordination platforms.

Open response

Section: Interest and Opportunity
Why it Matters: These questions helps CMS to organize responses and understand how model elements may affect specific participant types.

GAPP Survey Sample Questions (Slide 2 of 3)

Respondents describe who they contract with today and their reaction to the model.

Contracting relationships (Q7)

- Medicare Fee-for-Service
- Medicare Advantage plans
- Medicaid / State programs
- Commercial health plans
- Employers
- Providers / health systems / ACOs
- Direct-to-consumer (patients paying directly)
- Other

Reaction and understanding (Q10)

Having reviewed the Geo Fact Sheet and Specification previews, how would you describe your reaction to Geo AHEAD?

- Very favorable
- Somewhat favorable
- Neutral
- Somewhat unfavorable and/or limited understanding
- Very unfavorable and/or no understanding

Section: Interest and Opportunity,
Why it matters: Together these show who is at the table and how well the model is currently understood.

GAPP Survey Sample Questions (Slide 3 of 3)

The Financial Parameters section asks what organizations need in order to participate in Geo AHEAD.

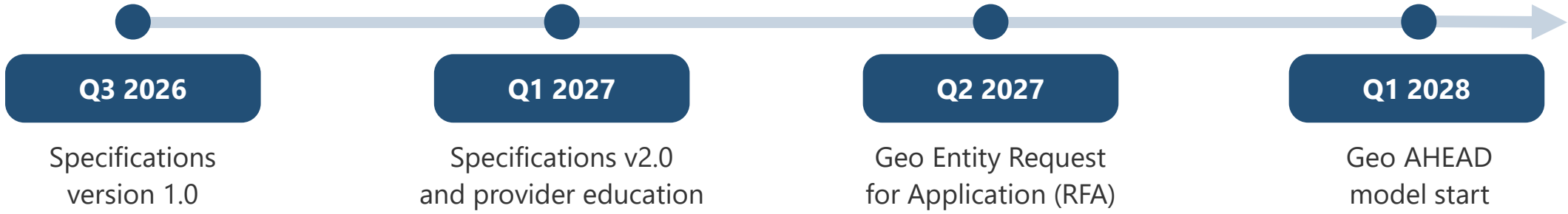
Readiness to participate (Q16)

- Contracting support
- Financial modeling and forecasting tools
- Policy and regulatory guidance
- Operational infrastructure
- Staffing resources
- Education and training on the model
- Other

Section: Financial Parameters
Why it matters: These responses tell CMS what technical assistance to build alongside the model.

Geo AHEAD Timeline in the GAPP Survey

The survey asks respondents to react to the Geo AHEAD milestone timeline below.



What the survey asks about this timeline:

- Minimum lead time needed after the RFA release to operationalize participation.
- Whether any milestone would need to change, and how.

Additional Resources

If you have questions while completing the survey, contact AHEAD@cms.hhs.gov.

For more information regarding the AHEAD Model, please review the following resources:

- AHEAD Model Webpage
- Geo GAPP Survey
- Geo Fact Sheet
- Geo Previews
  - Geo AHEAD Specification Preview: Entity and Bidding
  - Geo AHEAD Specification Preview: Beneficiary Attribution
  - Geo AHEAD Specification Preview: Payment Approaches
  - Geo AHEAD Specification Preview: TCOC Benchmark (**Coming Soon**)
- Geo Technical Specifications (**Coming Soon**)

Q&A

Live Q&A Session

Open Q&A

Please **submit questions via the Q&A pod** at the bottom of your screen.
Questions specific to your organization can be submitted to AHEAD@cms.hhs.gov.

Closing

Thank You

Thank you for your time and interest in the AHEAD Model's GAPP Survey!

Please take the survey following this Office Hour so we can learn how to improve our events.

Do you still have questions? View additional resources on the AHEAD Model webpage or email your comments and feedback to AHEAD@cms.hhs.gov with subject line ***GEO AHEAD GAPP Survey.***

Thank You!

Definitions

Term	Definition
Accountable Care Organization (ACO)	A legal entity participating in a CMS ACO model that is accountable for the quality and cost of care for an assigned or attributed population of Medicare beneficiaries.
Attribution	The methodology used by CMS to assign beneficiaries to an ACO for purposes of accountability and performance measurement.
Benchmark	The expenditure target established by CMS against which actual expenditures are compared to determine savings or losses.
Beneficiary Engagement Incentives (BEIs)	Financial or non-financial incentives intended to encourage beneficiary participation in care management, preventive services, or other model-related activities.
Beneficiary Enhancements (BEs)	Model-specific benefit design features or service supports intended to improve beneficiary access, experience, and health outcomes, as permitted under the model.
CMS Administered Risk Arrangement (CARA)	The CMS-provided digital data-sharing and payment system that creates a structured yet flexible framework to support ACO development of customized risk-sharing arrangements with Geo Affiliates (Preferred Providers in other ACO models).
Financial Arrangement	The payment and risk-sharing structure between a Geo Entity and its Geo Participants, Affiliates, or other contracting entities, as permitted under the model.
Geo Affiliate	A Medicare enrolled provider, identified by TIN, that has a contractual relationship with one or more Geo Entities and may contribute to geographic attribution.
Geo AHEAD	The CMS Innovation Center model described in CMS materials that incorporates geographic accountability and related payment and delivery system reforms.
Geo Participant	A Medicare enrolled provider, identified by TIN, that has a contractual relationship with a single Geo Entity, contributes to Claims-Based and Voluntary Attribution, and is enrolled in primary care capitation.
Geo Entity	An entity that enters into a participation agreement with CMS under the Geo AHEAD model and is accountable for model performance, consistent with CMS documentation.
Risk Adjustment	The methodology used to adjust payments or benchmarks to reflect the health status of attributed beneficiaries.
Voluntary Attribution	Beneficiaries actively choosing a Geo Participant with which they want to align via electronic or paper-based attestation. Attribution flows from the Geo Participant to Geo Entity.
Claims-Based Attribution	The prospective logic that utilizes prior utilization to align beneficiaries with Geo Entities where they have received Key Services or the plurality of their Primary Care Qualified Evaluation and Management services.
Geographic Attribution	The process by which all remaining attribution-eligible beneficiaries are aligned to Geo Entities.