Geo AHEAD Participation Perspective (GAPP) Survey Office Hours

August 25, 2026

Mattan Alalouf, CMS:

All right; we'll get into it. Good afternoon and thank you for joining us today.

Welcome to the Geo AHEAD Participation Perspective Survey Office Hours and hopefully you all can still see the slides. Next slide please for our slide manager.

Before we get started, I'd like to cover a few housekeeping items and logistics for today's session. First, please note that this event is being recorded and the recording will be made available following the webinar. Closed captioning is available and can be accessed using the controls at the bottom of your screen. And for participants joining by phone, you'll also find the dial in information and webinar ID provided here.

Throughout today's session, we encourage you to submit your questions and comments using the Q&A feature located at the bottom of your screen. We'll be monitoring questions throughout the presentation, and we'll answer as many as time allows during the dedicated Q&A portion of the event. At the conclusion of today's webinar, we'll ask you to complete a brief survey and your feedback is extremely valuable and will help us improve future technical assistance activities. With those logistics covered, let's get started.

Today's presenters are from CMS, and they include myself, I'm Mattan Alalouf, I'm the Finance Lead for Geo AHEAD and my colleague Anjana Patel, who is the Geo AHEAD Operations Co-lead. Next slide please.

The purpose of today's webinar is to provide background on Geo AHEAD and provide contacts for the Geo AHEAD Participation Perspective GAPP Survey. We'll begin with a brief overview of Geo AHEAD and then discuss the purpose of the survey as well as provide information on how to complete the survey. We'll close today's session by highlighting available resources and providing time for any questions there may be about the survey.

Next slide, please.

Before we get into the details, I want to take a minute to level set on what we hope you'll take away from today's office hours. First, we'll provide an overview of the Geo AHEAD Model and walk through some of the key concepts that are important to complete the GAPP Survey, including attribution, payments, and the bidding process.

Second, we'll talk about the purpose of the GAPP Survey and, importantly, how CMS plans to use the information you provide.

Your feedback will help inform model design and give us a better understanding of the challenges, priorities, and support needs of organizations that may be interested in participating in Geo AHEAD.

Third, we'll cover the practical details of completing and submitting the survey, including the timeline, the format, and where you can go if you have questions or need assistance.

As a reminder, we're asking for one survey response per organization. We encourage you to coordinate internally before submitting so that your response reflects the perspectives of your leadership, clinical, operational, and financial perspectives.

If questions come up during today's session, please submit them through the Q&A pod. If you think of something afterward, you can always reach out to the Geo AHEAD team at AHEAD@cms.hhs.gov.

Finally, before you complete the survey, we encourage you to review the available Geo AHEAD resources that we'll reference today.

Our goal is for you to leave this session with the context and information you need to complete the survey with confidence and provide feedback that reflects what matters most to your organization. With that, let's get started.

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Thanks. And now let's take a deeper look at Geo AHEAD.

Next slide please.

For states considering participation, the AHEAD Model provides a comprehensive and flexible framework for system wide transformation. It allows states to build on work already underway while introducing new tools to improve quality, strengthen provider sustainability, and manage total cost of care growth. At the center of the model is shared accountability for cost and quality outcomes. The model supports that accountability through several key strategies including benefit enhancements, cooperative funding, multi payer alignment, choice and competition, and available waiver and legislative authorities.

These strategies are carried out through three alternative payment approaches. First, Primary Care AHEAD supports advanced primary care and aligns Medicare with state-led primary care efforts with an emphasis on prevention, behavioral health, health integration and stronger care coordination.

Second, Hospital Global Budgets AHEAD provides hospitals with more predictable revenue and opportunities to retain savings by reducing avoidable utilization and improving population health in ways that reflect community needs.

And third, Geo AHEAD introduces a geographically based accountable care approach that strengthens care management and coordination for eligible beneficiaries while providing supporting providers and hospitals in their broader transformation efforts.

Ultimately, these three approaches are designed to work together as part of coordinated statewide strategy supporting better health, greater patient choice, stronger competition, and more sustainable healthcare spending.

With that background on the AHEAD model in mind, I'm going to turn it over to my colleague Anjana to talk to you about Geo AHEAD and then about the Geo AHEAD Participation Perspective Survey in particular.

Anjana Patel, CMS:

Thank you, Mattan.

So, let's get started here. Geo AHEAD introduces a new accountable care organization, or ACO program within the broader AHEAD model. It creates an additional pathway for providers to participate in AHEAD and uses a geographically based approach to expand accountable care to more Medicare fee-for-service beneficiaries at a high level.

Geo AHEAD is a geographically based two-sided risk ACO program available in participating AHEAD states. The goal is to create a more coordinated and sustainable healthcare ecosystem, one that can help curb total cost of care growth, improve population health, and expand access to value based care.

Geo Entities will be accountable for defined Medicare population within a geographic area. They will engage directly with providers and beneficiaries and help build the infrastructures and partnerships needed to improve care coordination and quality.

Importantly, Geo AHEAD is intended to complement the other components of the AHEAD model.

It strengthens the support for Primary Care AHEAD practices and creates a natural partner for hospitals participating in hospital global budgets, aligning the healthcare system around shared goals.

There are four key areas where Geo AHEAD is designed to drive value.

The first is system investment and stability. The model creates opportunities for organizations to invest in care transformation, population health, and the infrastructure needed to manage care more effectively while creating a more predictable framework for managing healthcare costs.

Second is provider incentives and innovation. By linking the financial accountability to performance, Geo AHEAD creates incentives for providers to redesign care, improve coordination, and adopt innovative approaches that can improve outcomes.

Third is expanded access and accountability. The model is intended to bring more Medicare beneficiaries into accountable care arrangements while holding participating organizations accountable for both quality and cost performance.

And 4th is the choice and competition. Geo AHEAD incorporates competitive benchmarking and bidding to encourage efficiency while preserving beneficiary choice.

So, at the core level of the program is accountability for total cost of care or TCOC. Entities take responsibility for the cost of care for a defined eligible original Medicare population. They competitively bid against a CMS defined total cost of care benchmark, effectively offering a discounted rate with opportunities for financial benefits. If they successfully manage cost and meet the model's quality requirements, they can be eligible for shared savings.

Quality is equally important. Participants will be responsible for improvement across 8 quality measures with a focus on areas such as reducing unnecessary utilization, strengthening prevention, improving better behavioral health, and enhancing the patient experience. Quality performance is directly connected to financial performance through scaled quality improvement scores that is applied to savings or losses.

Measures will also be aligned where applicable with Primary Care AHEAD and Hospital Global Budget measures. That alignment is important because the intent is for these different components of the AHEAD Model to reinforce one another rather than operate independently.

And finally, Geo AHEAD will operate in an AHEAD state as shown here - that currently includes Maryland, Rhode Island, New York, Hawaii, and Connecticut, with additional states anticipated for 2029. We'll get into more detail on how providers participate and how beneficiaries are attributed in the slides that follow next please.

So, on this slide, we are illustrating how Geo AHEAD is intended to help close the remaining gap in accountable care for Original Medicare Beneficiaries. Over the past several years, Medicare has made significant progress in expanding accountable care participation through the Medicare Shared Savings program. About 41% of Original Medicare Beneficiaries are currently in accountable care relationships. And that brings us to what we show here as mile marker 41.

Other accountable care organization models, including models such as ACO REACH and ACO Flex, account for an additional 11% of beneficiaries. Together, that brings overall accountable care participation to approximately 52% of Original Medicare Beneficiaries or mile marker 52 on this road. That is meaningful progress, but it also means that nearly half of Original Medicare Beneficiaries are still not connected to an accountable care relationship.

And that's where Geo AHEAD comes in. We think of Geo AHEAD as helping Medicare travel that last mile to accountable care. Geo AHEAD is designed to help participating states or sub-state regions in the case of New York, reach eligible Original Medicare Beneficiaries who are not already connected to accountable care. It does this through a geographic attribution approach that can connect beneficiaries to systems of care within the communities where they live.

Importantly, Geo AHEAD is not intended to operate in isolation. It works alongside the other components of the AHEAD Model, including Primary Care, AHEAD and Hospital Global Budgets to create a more connected healthcare ecosystem.

The goal is to ensure that more beneficiaries are connected to coordinated systems of care that are focused on improving patient outcomes while also managing total cost of care.

So as the visual shows, Medicare has already travelled a significant distance from mile marker 41 through the shared savings program to mile marker 52. When we include other ACO models, Geo AHEAD is intended to help close the remaining gap moving participating AHEAD states closer to mile marker 100. And that's what we mean when we describe Geo AHEAD as helping to close the last mile to accountable care.

Next, please.

Now let's talk about the two different types of Geo Entities that can participate in Geo AHEAD. There are statewide Geo Entities and sub-state Geo Entities, and each type has different participation requirements. Starting on the left with statewide Geo Entities, A statewide Geo Entity can be any type of risk bearing organization that could include a technology or digital health company, a health plan, a hospital, a provider led organization, or another risk bearing entity. These organizations bid on the entire state or the applicable sub-state region if selected. They are responsible for accepting and supporting attributed beneficiaries from all areas within the geography they cover. So, the key point for a sub-state Geo Entity is that its accountability extends across the full state or applicable sub-state region rather than being limited to a particular local division on the right side.

On the right are sub-state Geo Entities, which have somewhat different set of requirements. Unlike statewide Geo Entities, sub-state Geo Entities must be provider led. That means they must be owned, managed and controlled by a provider majority greater than 51% and the participating provider must practice within the geographic area covered by the Geo Entity. Health systems may also qualify as sub-state Geo Entities provided that their TIN is associated with hospital or another provider type.

CMS will work with states to establish the appropriate sub-state divisions and Geo AHEAD will operate only in states or sub-state regions where CMS determines that there is a sufficient number of Geo Entities to support the model. A sub-state Geo Entity can bid on one or more of those sub-state divisions. A provider-led entity could bid on the entire state if it meets the requirements across that full geography. Sub-state Geo Entities are responsible for beneficiaries attributed from the specific area that they cover.

The example at the bottom of the slide helps illustrate how statewide and sub-state entities can operate and overlap within the same state. In this example, the rectangle represents a hypothetical state with 180,000 attribution eligible beneficiaries. First, we have statewide Geo Entity 1 represented here in orange. Because it is a Statewide Entity, it covers the entire state. Next, we have statewide Geo Entity 2 represented by the blue stripes. It also covers the entire state. So, at this point we have two statewide Geo Entities operating across the same statewide geography. And finally, we add a sub-state Geo Entity represented here in blue. This entity covers one specific sub-state division rather than the entire state.

What this means is that within that particular sub-state division, all three Geo Entities overlap both statewide Geo Entities and the sub-state Geo Entity. This example is important because Geo AHEAD is not necessarily designed around exclusive geographic territories. Multiple Geo Entities may operate within the same geography, which creates opportunities for beneficiary attribution across participating entities while also supporting competition and provider-led participation. Together, these two approaches give Geo AHEAD flexibility to accommodate different types of organizations and different healthcare market structures across participating AHEAD states.

Next slide.

Now let's talk about how providers can participate in Geo AHEAD. The model provides multiple pathways for providers to engage, with the goal of giving organizations flexibility to choose the participation and financial arrangement that works best for them. Participation opportunities are available for primary care providers, hospitals, and specialists.

Importantly, Geo AHEAD is designed to work alongside the other components of the AHEAD Model, including Primary Care AHEAD and hospital global budgets, so that incentives are aligned around coordinated care, improved outcomes, and sustainable cost management for Medicare enrolled providers and suppliers.

There are two primary ways to participate as a Geo Participant or as a Geo Affiliate. Let's start with Geo Participants shown on the left. Geo Participants are Medicare enrolled providers or suppliers that align with only one Geo Entity. They cannot concurrently participate in PC AHEAD or another ACO model. Geo Participants play a more direct role in the Geo Entity's accountability. They contribute to claims based claims-based attribution and are accountable through their arrangement with Geo Entity for both financial and performance outcomes. Because they take on that deeper level of accountability, Geo Participants may be eligible to receive a shared savings and depending on their contractual arrangement, they may also have exposure to losses for primary care.

For primary care specialists, participating as Geo Participants, payment also works differently. Rather than receiving Medicare fee-for-service payments for certain primary care services, they participate in capitation in lieu of Medicare fee-for-service for those services. They may also receive an enhanced primary care payment, or EPCP, for care management. Those capitated primary care payments and EPCP payments flow from CMS through the Geo Entity to the participating provider based on the contractual arrangement between the provider and the Geo Entity. Similarly, any distribution of shared savings is determined through the financial arrangement established by the Geo entity.

Geo Participants also have several additional requirements. They must be certified, they must use certified electronic health record technology, or CEHRT, and they must enroll in Medicaid and the state's primary care alternative payment model. Their participation can qualify as an advanced alternative payment model, and they may also be eligible for benefit enhancements and beneficiary engagement incentives for hospital owned practices. There is an additional condition - they can only participate as your participants if their parent hospital participates in the hospital global budget component of AHEAD.

Now let's move to the right side of the slide and talk about Geo Affiliates. Geo Affiliates are also Medicare enrolled providers or suppliers, but they have more flexibility in how they participate. Unlike Geo Participants, Geo Affiliates can align with one or more Geo Entities. They may also participate concurrently in PC AHEAD or other ACO models, subject to the applicable participation rules and TIN arrangements. A major distinction is that Geo Affiliates do not contribute to claims based attribution. They also do not assume the Geo Entities full financial and performance accountability. Instead, they support the Geo Entity's goals, for example, around quality improvement and care coordination, and may still have the opportunity to share in savings or losses based on this specific financial arrangement they negotiate with the Geo Entity. Geo Affiliates continue to receive their usual Medicare fee-for-service payments and they do not receive the enhanced primary care payment through the Geo AHEAD. That distinction is especially important for organizations participating in other AHEAD components. For example, a PC AHEAD Practice participating as a Geo Affiliate would continue to receive its PC AHEAD payments directly from CMS. Similarly, a hospital global budget participant would continue to receive its hospital global budget payments directly from CMS.

Geo Affiliates also have participation requirements. They are not required to enroll in the state's Medicaid Advanced Primary Care program unless they are also participating in PC AHEAD. They may be eligible for benefit enhancements and there is no additional reporting requirement unless it is specified in the financial arrangement with the Geo Entity. For both Geo Participants and Geo Affiliates, participation occurs at the tax identification number, or TIN level, which is consistent with the broader AHEAD Model participation approach.

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So, let's take a look at the Geo AHEAD bidding and selection process for cohorts 1-3. Geo AHEAD will operate through 2 four-year contract periods, the 1st from 2028 through 2031 and the 2nd from 2032 through 2035. Cohort 4 states will follow a different timeline.

CMS will issue a competitive request for applications, or RFA, and eligible Geo Entities will submit bids to participate in an AHEAD state or sub-state region or sub-state division.

As part of the bidding process, CMS will establish a total cost of care benchmark for the eligible Original Medicare population in each geographic area. Prospective Geo Entities will bid on the

percentage discount they can offer relative to that CMS defined benchmark and their opportunity for savings will be tied to achieving the discount included in their bid.

To support bid development, CMS will provide state specific summary level historical information including total cost of care and utilization data, attribution methodology, risk and quality information, and a benchmark workbook. CMS will not provide beneficiary level data.

CMS will then evaluate the bids across 5 domains in two steps. First, CMS will assess compliance and infrastructure on a pass or fail basis. Entities that pass that first step will then be scored across four additional areas, which are financial strength and benchmark alignment, population health, population health strategy, care navigation capabilities, and beneficiary protections and experience.

Finally, CMS will make awards based on the competitive process. The model requires at least two Geo Entities in areas with fewer than 200,000 eligible beneficiaries and at least three in areas with more than 200,000 eligible beneficiaries.

Prospective Geo Entities may apply for more than one state or sub-state region in the case of New York, but each application will be evaluated and awarded separately.

If the provider-led applicant bids on multiple divisions within a single state or sub-state division, all those divisions will be considered in a single application.

And one important point, if CMS cannot select the minimum required number of Geo Entities or if a required geographic area does not have sufficient coverage, Geo AHEAD will not operate in that state for the first performance year.

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Now let's focus specifically on beneficiary attribution which is one of the more defining features of Geo AHEAD. Only eligible Original Medicare Beneficiaries can be attributed to a Geo Entity. Beneficiaries must meet the model’s eligibility criteria including being enrolled in both Medicare Parts A and B, be residing in the United States, and not already being aligned to another total cost of care accountable model for eligible beneficiaries.

Attribution follows a three-step process. Step one is voluntary attribution. Beneficiary choice comes first. A beneficiary can voluntarily align by selecting a provider who is a Geo Participant as their primary clinic clinician. This is an important feature of the model because it allows beneficiaries to express a preference based on an existing care relationship. Geo Entities and their participants are encouraged to conduct outreach and beneficiary education to increase awareness of this option. For Geo Entities that do not have a broad delivery system, they may enroll as Medicare Part B suppliers to help enable voluntary attribution.

Step 2 is claims based attribution for beneficiaries who have not voluntarily aligned. CMS will then look at historical claims and care patterns. For example, a beneficiary may be attributed to a Geo Participant if they have received key services from their provider or if their provider accounts for the plurality of the beneficiary’s primary care, qualified evaluation, and management spending. So, at this stage, attribution is based on beneficiaries demonstrated care relationships.

Step 3 is geographic attribution. Any eligible beneficiaries who remain unaligned after the first two steps will then be attributed geographically. This approach will still take existing care relationships into account where possible. For example, it may consider whether a beneficiary has a relationship with a Geo Affiliate or whether someone in the beneficiary's household receives primary care from a Geo Participant. For the remaining beneficiaries, Geo AHEAD will use a weighted random geographic attribution methodology to assign them to a Geo Entity. This step is particularly important because it allows Geo AHEAD to reach beneficiaries who may not otherwise be connected to an accountable care organization. Beneficiaries aligned to a Primary Care AHEAD provider will also be geographically aligned to Geo AHEAD, whether or not that provider is participating as a Geo affiliate.

Attribution will generally occur before the start of the performance year with the potential for additional attribution points. Beneficiaries eligible will also be reassessed during the year and beneficiaries who are not, who are no longer eligible, can be removed from attribution.

So, if you think back to the last mile concept we discussed earlier, this attribution methodology is the mechanism Geo AHEAD uses to reach that remaining population.

It starts with beneficiary choice, then looks at existing provider relationships and finally uses geographic attribution to connect the remaining eligible Original Medicare Beneficiaries to accountable care. The overall goal is to bring more beneficiaries into coordinated accountable care relationships while preserving beneficiary choice and existing care relationships where possible.

Next slide, please.

Now let's walk through how payments work under Geo AHEAD. CMS makes payments to Geo Entities through both prospective and retrospective payment approaches to support cost containment, quality improvement, and coordinated care. Prospective primary care capitation payments and enhanced primary care payments, or EPCP, are based on beneficiaries attributed through voluntary and claims-based attribution. Retrospective shared savings payments are based on the Geo Entities performance across all attributed beneficiaries, including voluntary claims based and geographically attributed beneficiaries as shown here.

CMS makes primary care capitation payments, or EPCP, and shared savings payments to the Geo Entity, and the Geo Entity then distributes those funds to Geo Participants and Geo Affiliates based on their negotiated financial arrangements. Primary care providers participating as Geo Participants may receive PC capitation payments, EPCP, and shared savings. Other Geo Participants, including specialty community care and eligible hospital providers may also be eligible for shared savings.

Geo Affiliates continue to receive their traditional Medicare fee per service payments directly from CMS and may also participate in financial arrangements with the Geo entity including shared savings.

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So that completes our brief overview of Geo AHEAD. We are available to answer questions about Geo AHEAD later on during the Q&A session. For now, we will discuss the upcoming Geo AHEAD Participation Perspective, or GAPP, survey.

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The GAPP survey is designed to gather perspectives that will help inform Geo AHEAD planning, policy development and potential implementation strategies. CMS is specifically assessing feedback in three areas.

First, participation structure, including how Geo Entities, Geo Participants, and Geo Affiliates are defined and how organizations see themselves fitting into those roles.

Second, financial benchmarking and methodology, including how the total cost of care benchmark is established and how the bidding and discount process could work in practice.

And third, data and operational supports, specifically what organizations may need to support implementation and ensure alignment with statewide accountability goals and the AHEAD initiatives already underway.

The feedback gathered through the GAPP survey will help CMS better understand stakeholder perspectives across each of these areas as we continue to develop Geo AHEAD.

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The GAPP survey is available through Microsoft Forms, and the survey link was distributed by e-mail to organization organizations and individuals on the AHEAD listserv on August 4th. The survey will remain open through September 4th at midnight.

The purpose of the survey is to gather stakeholder perspectives that can help inform future Geo AHEAD planning, policy development, and potential implementation strategies. The survey's open to

potential Geo Entities as well as providers and suppliers that may be interested in participating. We intentionally kept participation broad because we also want to hear from organizations that are still considering how they may engage in Geo AHEAD.

Responses will be viewed both individually and in aggregate to identify common priorities, anticipated opportunities and challenges, and areas where additional clarification may be needed. Respondents will also indicate how they currently see themselves participating as a Geo Entity, Geo Affiliate, or Geo Participant, or whether they need more information before making that determination. Finally, the feedback will be considered, feedback will be consolidated and summarized and will help inform version two of the Geo AHEAD specifications which are planned for winter or quarter one of 2027.

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Now that we have reviewed the purpose of the survey, let's take a closer look at the survey structure and the types of feedback we are seeking. The survey includes 35 questions across 6 core sections, followed by an open comment section. The goal is to gather both quantitative and qualitative feedback while keeping the response burden reasonable.

The first section, Interest and Opportunity, looks at awareness of Geo AHEAD, current participation in accountable care models and interest in participating. The second section, Financial Parameters, focuses on organization's experience with value-based payment and risk arrangements as well as the financial support they may need to participate successfully. The third section covers CMS Administered Risk Arrangements, or CARA. This section explores whether CMS supported risk arrangements could help reduce financial and administrative barriers to participation. The fourth section, Data Tools and Technical Support Needs, asks what data analytics, technical assistance, and operational resources organizations would need to participate effectively. The fifth section, Operational Readiness and Implementation Considerations, assesses how prepared organizations are for the anticipated Geo AHEAD implementation timeline. The 6th section, Risk Concerns and CMS Mitigation Strategies, focuses on potential barriers to participation and what CMCMS could do to help address those concerns. Finally, respondents have an opportunity to provide additional open-ended feedback on topics that may not have been addressed elsewhere in the survey.

The questions used a mix of formats including single and multiple response questions, rating scales, and open-ended responses so we can capture both structured feedback and more detailed stakeholder perspectives.

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The next few slides show a sample of survey questions so you can get a sense of the level of detail we are asking for and help route the survey to the right people in your organization.

These first two questions come from the interest and opportunity section and are intended to help us understand who is responding and how their organization delivers care. The first asks respondents to identify the category that best describes their organization. Options include technology companies, healthcare providers such as physicians groups and clinics, health plans and payers, hospitals and health systems, ACOs, community-based organizations, and other organization types.

The second is an open response question asking respondents to describe their organization's care model, including how they currently use or plan to use technology to support care delivery. Examples include telehealth, remote monitoring, or care coordination platforms.

These questions help CMS organize responses and better understand how different model elements may affect different types of potential participants.

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These next two questions help us understand who is at the table and how well AHEAD is currently understood. First asks who your organization contracts with today and respondents can select all that apply. Options include Medicare Fee-for-Service, Medicare Advantage, Medicaid and state programs,

commercial health plans, employers, providers, health systems and ACOs, direct to consumer arrangements and other.

The second asks respondents, after reviewing the Geo AHEAD fact sheet and specification previews, to describe their overall reaction to Geo AHEAD and their level of understanding of the model.

Responses range from very favorable to very unfavorable, including options that reflect limited understanding of the model.

Together, these questions help CMS understand the types of organizations responding to the survey and how stakeholders are currently reacting to and understanding Geo AHEAD, next slide please.

Lastly, let's look at a question from the financial parameters section.

Question 16 asks what you would need to build readiness to participate in Geo AHEAD. Options include contracting support, financial modeling and forecasting tools, policy and regulatory guidance, operational infrastructure, staffing, resources, and education and training on the model.

The goal of these questions is to help CMS understand what kinds of technical assistance and implementation supports may be most useful as Geo AHEAD is further developed.

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The last area the survey asks respondents to react to is the Geo AHEAD implementation timeline. The timeline begins with the initial specification in 2026, followed by specifications version two, along with provider education in early 2027.

The Geo Entity Request for Applications, or RFA, is targeted for 2027, followed by the start of the Geo AHEAD model in Q1 of 2028.

The survey asked two key questions about this timeline. First, what is the minimum amount of lead time your organization would need after the RFA is released to operationalize participation effectively, including staffing, infrastructure, compliance, and contracting needs? Second, the survey asks whether any of these milestones would need to change for your organization to successfully apply to participate or successfully apply or participate, and if so, which milestones and how.

The overall goal is to understand whether the proposed timeline gives organizations enough time to prepare and what adjustments, if any, may be needed to support successful participation.

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Before we close, I want to highlight a few additional resources. The AHEAD Model website is the central hub for information on Geo AHEAD, Primary Care AHEAD, and hospital global budgets. For Geo AHEAD specifically, you can review the Geo fact sheet and the available specification previews on entities and bidding, beneficiary attribution, and payment approaches. Additional materials including the total cost of care, benchmark preview and technical specifications will be coming soon. We encourage you to review these resources as you complete the GAPP Survey.

And of course, if you have any questions while completing the survey, please contact us at AHEAD@cms.hhs.gov.

Next, please. Thank you for your attention to the overview portion of this webinar. We'll now have time for Q&A regarding Geo AHEAD and GAPP survey

Mattan Alalouf, CMS:

I will take over for the Q&A from here. Thank you, Anjana, for that excellent presentation.

For the Q&A portion, we're going to start off with some of the questions that we've received by e-mail in advance. Thank you to those of you who sent those over. Unfortunately, we don't have the ability for attendees to come off of mute to ask questions.

I see there are a handful of people with questions or hands raised, but please feel free to continue to submit your questions via the Q&A pod at the bottom of your screen. Any unanswered questions that you submit can be shared in future resources. So, I will turn to the pre-submitted questions right now.

I plan to read them out loud as well as our response and then I'll post those in the Q&A for all the audience members to review.

So, our first question that we have here, will the GAPP instrument capture responses by specialty and specifically will it distinguish behavioral health providers from other specialty and community care providers? If results blend behavioral health into a general specialty category, participation barriers specific to that group will not be visible in the findings. We want to call out that the survey does not specifically call out behavioral health providers as a response option, but there is a free response other which allows organizations to self-identify. So, we encourage you to be specific in your self-categorization in the other option to ensure an accurate response categorization.

Second, what states are likely to be in the next cohort? Current AHEAD states include Maryland in Cohort 1, Connecticut and Hawaii are in cohort 2, and Rhode Island and downstate New York are in cohort 3. Geo AHEAD will operate within all participating AHEAD states. CMS is offering the opportunity for up to two new states to apply to participate in AHEAD beginning in 2028 or 2029, and the announcement of those additional states will be made by CMS on the AHEAD model website, which we'll post in the Q&A pod.

Geo AHEAD or Geo Entities are accountable for total cost of care for attributed beneficiaries, which necessarily includes behavioral health spending. None of the forehead components appear to contain a behavioral health payment mechanism. Two questions. Can an outpatient behavioral health provider organization participate in a Geo Entity or bid as one? And is CMMI publishing guidance on how Geo Entities are expected to manage behavioral health spending and access within their attributed populations. Yes, Medicare enrolled outpatient behavioral health organizations can potentially participate with a Geo Entity or apply to become a Geo Entity if they meet the broader eligibility and risk requirements. Should behavioral health providers opt to engage with an ACO as a Geo Participant, behavioral health services are included in the primary care qualified evaluation and management services that inform beneficiary attribution, as well as primary care capitation. Additionally, behavioral health is one of the five domains that comprise Geo AHEAD quality measures set.

Will patients be assigned by region, like in total cost of care? Will local health systems have the first opportunity to manage their region versus an ACO residing outside county boundaries? Beneficiaries in AHEAD states will contribute to the state's total cost of care if the beneficiary's place of residence is in an AHEAD state. For Geo AHEAD, beneficiaries won't be assigned based only on geography. CMS will first look at a beneficiary's voluntary provider election, then existing care relationships to determine beneficiary attribution to an ACO. If no prior relationship exists, then we'll use geographic attribution. All potential Geo Entities must competitively bid on a state or in the case of a provider led organization, sub-state division and CMS will set aside at least one award in each sub state division for provider led Geo Entity. Potential Geo Entities are assessed on a number of criteria and does not give local health systems an automatic first right over other qualified applicants.

Another question - main concerns are around overlap and attribution with LEAD. The key principle is that a beneficiary cannot be attributed to both Geo AHEAD and other total cost of care models such as LEAD. At the same time, there are also different rules for providers depending on whether they participate as a Geo Participant or a Geo Affiliate. CMS will use its overlap and attribution precedence processes to resolve those situations.

Another question, can you talk more about the practice level impact for non-hospitals? For a non-hospital practice, the impact depends on how it participates. A practice could join as a Geo Participant and be involved in attribution, care coordination, performance, accountability, and primary care payments if applicable. Or they could participate more flexibly as a Geo Affiliate. The specific financial arrangement, including any shared savings, would be set by the Geo Entity. Both Geo participants and affiliates would have access to benefit enhancement waivers and beneficiary engagement incentives through the participating ACO.

Another one - how will Geo AHEAD Entities be chosen? Will state policy makers have a role in the choice? CMS will select Geo Entities through a competitive application process and bidding process that was described by Anjana earlier in the presentation to the question. Applicants will be reviewed

for readiness, financial viability, population health strategy, care navigation, beneficiary protections, and the proposed discount to the CMS defined benchmark. States will help define eligible geographic areas, but CMS will make the final selection decisions.

When will states be able to apply to participate in the Geo AHEAD program? CMS expects to release the first Geo Entity application in the second quarter of 2027 for a January 1st, 2028, start. Geo AHEAD is not a stand-alone model. However, Geo AHEAD will only operate in states that apply to and are selected to participate in the full AHEAD program.

Will voluntary alignment be available to beneficiaries for Geo AHEAD? If a beneficiary voluntarily aligns to a Geo AHEAD entity with such an election, supersede claims-based alignment to MSSP, LEAD, or other CMMI shared savings models. Yes, voluntary alignment will be available under Geo AHEAD. Within AHEAD, a valid Geo AHEAD voluntary choice takes priority over claims-based attribution. However, beneficiaries cannot be in Geo AHEAD and another total cost of care model like MSSP or LEAD at the same time. And CMS is still finalizing voluntary choice priority rules. More details will be included in the version 1 specifications and review the AHEAD Overlaps Policy fact sheet for additional details on model overlap policies that's available in the links that Anjana covered, and we'll post that in the Q&A pod as well.

New York only has a regional global budget AHEAD program. Must Geo AHEAD conform to the same geography as hospital global budgets or could it go statewide? Geo AHEAD participation is limited to the AHEAD participating states or sub-state regions, and in the case of New York, the sub-state region includes Bronx, Kings, Queens, Richmond, and Westchester counties. Counties outside the sub-state region are not eligible for inclusion in Geo AHEAD and beneficiaries in those states won't be attributed to Geo Entities or sorry, beneficiaries in those counties like outside of the five listed will not be eligible for attribution.

Another question about the beneficiary attribution approach. For questions on that, we encourage you to refer to the Geo AHEAD specification preview for beneficiary attribution for additional information on the beneficiary attribution methodology. Again, that's included in the links that Anjana had covered, and we'll post that to the Q&A pod.

Those cover the questions that we received in advance. Give me one moment as we go through or I take a look at some of the questions you all have submitted and thank you. I see a couple of questions here that we will need to take back to our team.

So, for example, this question on MDPCP AHEAD participation, we will - it's a great question. We will take that back internally and provide a response. Thank you for that.

In terms of states that have already signaled a commitment to the Geo AHEAD model, unfortunately we're not able to provide more information about that at this time. All right.

I'm able to share more information about the MDPCP overlaps. MDPCP AHEAD participants at the TIN level may participate in Geo AHEAD as Geo Affiliates but are not permitted to participate as a Geo Participant. Overlaps are not permitted at the MDPCP AHEAD and Geo Participant level due to the alternative payments generated by participation. So that's the enhanced primary care payment and primary care capitation.

And we received a question requesting clarification on how Geo AHEAD will affect primary care providers and primary care providers want new patients, but what needs to be done by the PC providers. Geo AHEAD is designed to create opportunities for primary care providers to participate in value-based care, support beneficiary attribution, and receive prospective payments for certain primary care services. However, CMS is still finalizing several operational details, including overlaps, policies, participation requirements, attribution processes, and payment mechanics.

As a result, the specific actions required on primary care providers will depend on how they participate in Geo AHEAD and any existing participation in AHEAD components or other CMS models. Additional guidance on provider participation requirements and operational expectations will be released in future Geo AHEAD materials.

And I think we're running out of time. I see a couple more questions filtering in, in the chat, in the Q&A pod, and we hope to incorporate those into our future materials.

We want to save these last two minutes just to wrap up and leave you with the final bit of information.

So, Lewin, if you don't mind turning to the next slide, please. This completes today's Q&A session. Thank you again for your time and interest in the AHEAD Model. We hope you'll apply for the exciting opportunity to drive meaningful care transformation in your state. If you have additional questions, you can visit the AHEAD Model web page. For more information e-mail the AHEAD team directly at AHEAD@cms.hhs.gov.

We look forward to continuing the conversation and partnering with states interested in advancing accountable aligned healthcare delivery. Thank you. The survey will be sent out as a link in the post office hour announcement, and the link can be added to the chat at the end of the webinar.

Thank you so much for your participation and thank you again for your time. We hope you all have a great afternoon and for those of you joining us from Hawaii, a great rest of your day.