

Advancing All-Payer Health Equity Approaches and Development (AHEAD) Model

January 23, 2024

Health Care Cabinet Meeting



AHEAD Model Introduction

- The Advancing All-Payer Health Equity Approaches and Development (AHEAD) is a CMMI-funded, voluntary, total-cost-of-care (TCOC) model that offers selected states the opportunity to take accountability for population health, health equity improvements, and all-payer and Medicare fee-for-service TCOC growth.
- The model is scheduled to operate for a total of 11 years. If Connecticut is selected to participate in the first cohort of states, the 18-month pre-implementation period will begin in July 2024, with performance year 1 beginning in January 2027.

AHEAD's Three Primary Components

- **Cooperative Agreement Funding:** States will receive funding to plan initial implementation activities for the AHEAD model, including recruiting hospital and primary care practices to participate.
- **Hospital Global Budgets:** AHEAD will offer participating hospitals located in participating states annual Medicare FFS global budgets, which will be set prospectively, and cover inpatient and outpatient services.
- **Primary Care AHEAD:** Primary care providers can choose to participate in Primary Care AHEAD, which will align with ongoing Medicaid transformation efforts within each participating state

AHEAD Stakeholders: Roles and Responsibilities

- **State leadership** is expected to work closely with CMS on model implementation and will be held accountable for statewide targets that align with model goals for Medicare FFS and across all payers. States will also be accountable for meeting statewide quality and equity targets and are expected to align with CMS in hospital global budgets and primary care transformation.
- **Hospitals:** As part of the global budget methodology, hospitals will be required to meet performance measures for quality and health equity.
- **Primary Care Practices:** Primary care practices participating in the model will be required to engage in state-led Medicaid transformation efforts and the aligned Medicare Primary Care AHEAD program and will receive a Medicare care management fee to meet care transformation requirements for person-centered care. Primary care practices will be responsible for reaching performance goals on model quality measures.

Health Equity Efforts Included in AHEAD

- All participating states will be required to develop a Statewide Health Equity Plan to define and guide Model activities aimed at reducing disparities and improving population health.
- Participating hospitals are required to create hospital health equity plans.
- Payment methodology for hospital global budgets and Primary Care AHEAD will include adjustments for social risk. Hospitals will also be eligible to earn a bonus for improved performance on disparity-focused measures.
- Participating hospitals and primary care practices will enhance demographic data collection and utilize health-related social needs screening to connect beneficiaries to community resources and address social needs.

AHEAD Model Governance Structure

- Participating states are expected to create a Model Governance Structure to guide model implementation. The structure will also be used to convene stakeholders with a wide range of perspectives to inform model activities and build partnerships to support model goals.
- These structures must include representation from any relevant state agencies, community-based organizations from underserved communities; health care payers, clinicians and provider organizations, and any other entities whose policies influence population health (e.g. food insecurity, housing, etc.)

Proposed Model Governance Structure for Connecticut

- Create a subcommittee of the Health Care Cabinet (HCC) to serve as the Model Governance Structure.
 - Co-led by OHS and DSS, in consultation with relevant state agencies i.e DPH, CID, OSC
 - Include some current HCC members and other stakeholders to meet AHEAD requirements
- Per CMMI requirements, the Model Governance Structure would assist with Model implementation by:
 - Providing diverse perspectives
 - Providing input into the selection of statewide population health measures, quality measures, and equity targets
 - Developing a statewide Health Equity Plan and assessing progress on the Plan annually
 - Assisting with the review of Hospital Health Equity Plans
 - Providing input on the use of Cooperative Agreement funding to support Model activities

Questions