

AHEAD Model Updates

CMS Innovation Center Strategic Direction

The Centers for Medicare and Medicaid Services (CMS) has updated the AHEAD model to align with the Trump administration's priorities outlined in the CMS Innovation Center Strategy – producing cost savings and improving health care quality.

Promoting evidence-based prevention

Empowering people to achieve their health goals

Driving choice and competition

- For more information, see: <http://www.cms.gov/priorities/innovation/about/strategic-direction>

Original AHEAD Model Components

Advancing All-Payer Health Equity Approaches and Development

Launch January 2027 through December 2034



HOSPITAL GLOBAL
BUDGETS PAYMENT MODEL



PRIMARY CARE AHEAD
TRANSFORMATION



HEALTH EQUITY

Updated AHEAD Model Components

Achieving Healthcare Efficiency through Accountable Design Model

Launch January 2028 through December 2035



HOSPITAL GLOBAL
BUDGETS PAYMENT
MODEL



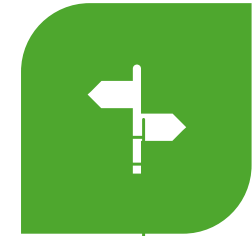
PRIMARY CARE
AHEAD



POPULATION HEALTH
ACCOUNTABILITY
PLAN



GEO AHEAD



CHOICE &
COMPETITION

There is an opportunity for additional states to join the model in new cohorts 4 and 5 with expected model start dates in 2028 or 2029.

Updated AHEAD Model Components

AHEAD Original Model	AHEAD Model Changes
Hospital Global Budgets	<ul style="list-style-type: none">• Medicare FFS Hospital global budget methodology version 3.0 remains the same
Primary Care Transformation	<ul style="list-style-type: none">• Remains as a voluntary model• Retains Enhanced PMPM Payments for Medicare FFS• New: Care transformation requirements• New: For Medicare FFS adds additional and <u>optional</u> alternative payment tracks
Health Equity Plan	<p>New: Population Health Accountability Plan</p> <ul style="list-style-type: none">• Retains the selection of quality benchmarks to monitor and evaluate model impacts to chronic disease, population health, healthcare quality and utilization.• Removes equity benchmarks and data stratification by race/ethnicity

New: Choice and Competition

- Policy expectations for participating states with the intent to increase transparency, reduce provider consolidation and empower consumers to make informed choices
- Requirement to choose 1 policy from a menu of options under both choice and competition

Competition

- Change scope of practice restrictions
- Remove certificate of need requirements for all non-hospital settings
- Expand access to care by revising network adequacy provisions in compliance with federal requirements
- Expand contracting flexibilities by repealing any willing provider laws

Choice

- Implement Medicaid site neutrality
- Improve access to new and/or additional modes of care delivery via telehealth
- Advance prescription drug price transparency
- Free up provider movement by banning non-compete clauses

Choice and Competition

Connecticut policy work started after the Notice of Award in July 2024 may count towards these choice and competition requirements

Drug Price Transparency

- Reference Pricing and PBM regulations (PA 25-167)

Reforming CON:

- Development of an emergency CON process (PA 25-2)

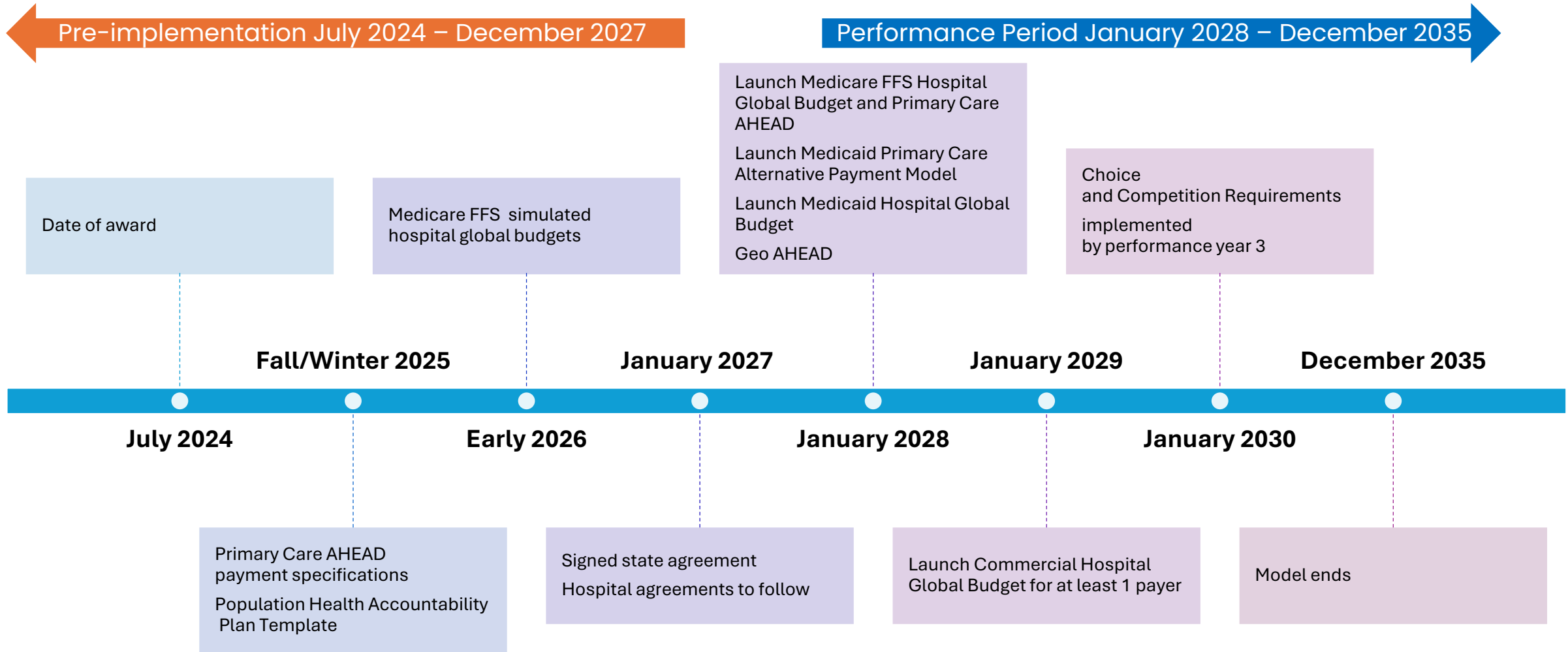
New: Geo AHEAD for Medicare FFS

- CMS' goal is for currently unattributed Medicare Fee-For-Service beneficiaries to be attributed to an accountable care organization (ACO)
- Geo ACOs are intended to serve as a tool to support the total cost of care goal and improve care coordination
- CMMI will administer the Geo AHEAD component
- Geo AHEAD accountable care organization entities may include provider-led, health system, payer, or technology entity

Geo AHEAD Goals

- Support total cost of care
- Improve care coordination
- Integrate TCOC accountability across care sites
- Greater coordination with upstream/downstream providers
- Shared savings

Updated AHEAD Model Timeline



Next Steps

- CMMI is expected to release ongoing written guidance and specifications this fall
- CMMI shared they will conduct a webinar for stakeholders in October on the changes
- The state will assess the changes and engage with key stakeholders including the AHEAD advisory committee, legislators, providers, hospitals and other stakeholders to inform them of the model changes and their implications and seek feedback
- CMMI tentative site visit in quarter 1 2026