

5 Key Considerations of the New CMS AHEAD Model

Yesterday, September 5, 2023, the CMS Innovation Center released the AHEAD Model focused on improving overall population health of a specific state or region, advancing health equity by reducing disparities in health outcomes and curbing the growth of health care costs. Key aspects of the model:

- State accountability and alignment with Medicaid Waivers: States will be accountable for constraining overall growth in health care expenditures while increasing investment in primary care and improving population health and health equity. States with related 1115 Medicaid waivers, such as the soon to come New York State 1115 Waiver amendment, will be encouraged to align them with this and other CMS programs such as Making Care Primary.
- All-payer participation: The model is designed to engage all payers in the state, including Medicare, Medicaid, commercial insurers, and self-insured employers. The goal is to create a more aligned and coordinated system of care.
- Focus on primary care: The model will provide states with resources to invest in primary care services, which are essential for preventing chronic disease, managing complex conditions, and improving overall health outcomes.
- Addressing social determinants of health: The model will also support states in addressing the social determinants of health, such as housing, food security, and transportation, which play a major role in health outcomes.
- Builds on existing Innovation Center state-based models such as those in Maryland, Pennsylvania and Vermont.

All states required to in one of two windows in the Fall 2023 or Spring of 2024, selecting one of three options and with up to \$12 million total funding per state::

- Cohort 1: 18-month pre-implementation period, tentatively July 2024 – December 2025 for states ready to apply and implement the AHEAD Model as soon as possible. First performance year will tentatively begin in January 2026, with a total of nine performance years
- Cohort 2: 30-month pre-implementation period, tentatively July 2024 – December 2026. States ready to apply to the AHEAD Model but needing additional time to prepare for implementation, such as developing Medicaid components, recruiting health care providers to participate, and developing data infrastructure. Cohort 2's first performance year will tentatively begin in January 2027, with a total of eight performance years.
- Cohort 3: 24-month pre-implementation period, tentatively January 2025 – December 2026. States that need additional time to apply to the AHEAD Model should apply to join Cohort 3. Cohort 3's first performance year will tentatively begin in January 2027, with a total of eight performance years.

Please reach out to us at info@copehealthsolutions.com for more information on how you as a provider or payer can best engage with your state in this program, and leverage it to improve success across all managed care lines of business and CMS/ CMMI VBP programs, should your state choose to participate.



Allen Miller
Principal & CEO



Dan Serrano
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If you have any questions, please contact us at info@copehealthsolutions.com or call (213) 259-0245.