

Spotlight on Primary Care in the AHEAD Model

May 9, 2024

Agenda

Welcome from the AHEAD Model Team

Overview of AHEAD Model

Goals for primary care investment

Highlighting partnerships for delivery system and population health reform

Primary Care AHEAD: Enhanced Primary Care Payment mechanics, support, and impact

Frequently Asked Questions

Q&A

AHEAD Model At-A-Glance

The States Advancing All-Payer Health Equity Approaches and Development, or the AHEAD Model, is a flexible framework designed to improve health outcomes across multiple states.

Statewide Accountability Targets

Total Cost of Care Growth (Medicare & All-Payer)

Primary Care Investment (Medicare & All-Payer)

Equity and Population Health Outcomes via State Agreements with CMS

Components



Cooperative Agreement
Funding



Hospital Global Budgets
(facility services)



Primary Care AHEAD

Strategies

Equity Integrated
Across Model

Behavioral Health
Integration

All-Payer
Approach

Medicaid
Alignment

Accelerating
Existing State
Innovations

Primary Care Investments in the Context of a State-Based Model

Primary care is a public good.

While a well-funded and efficient primary care system also creates savings to payers over time, it is worth investing in simply to improve health outcomes.

Several states have already passed legislation for both all-payer primary care investment and all-payer cost growth benchmarking.

AHEAD Primary Care Investment Targets and TCOC Targets align with and accelerate these efforts.

AHEAD Model Goals for Primary Care Investment

Address chronic underinvestment in the primary care system

Build on state and national progress in the primary care investment space

Encourage targeted, equity-focused investment tactics across payers

Improve capacity for defining and measuring primary care spending

Bring Medicare FFS to the table for primary care investment efforts via Primary Care AHEAD

The Role of Primary Care Practices in AHEAD

Primary care providers are key partners in accomplishing equity/population health targets, delivery system reform initiatives, and affordability goals under AHEAD.

However, **they won't be working alone**. Primary Care AHEAD is not a standalone program, but rather an initiative to improve coordination across the healthcare delivery system, including with hospitals, specialists, and community-based organizations.



**IMPROVE
POPULATION
HEALTH**

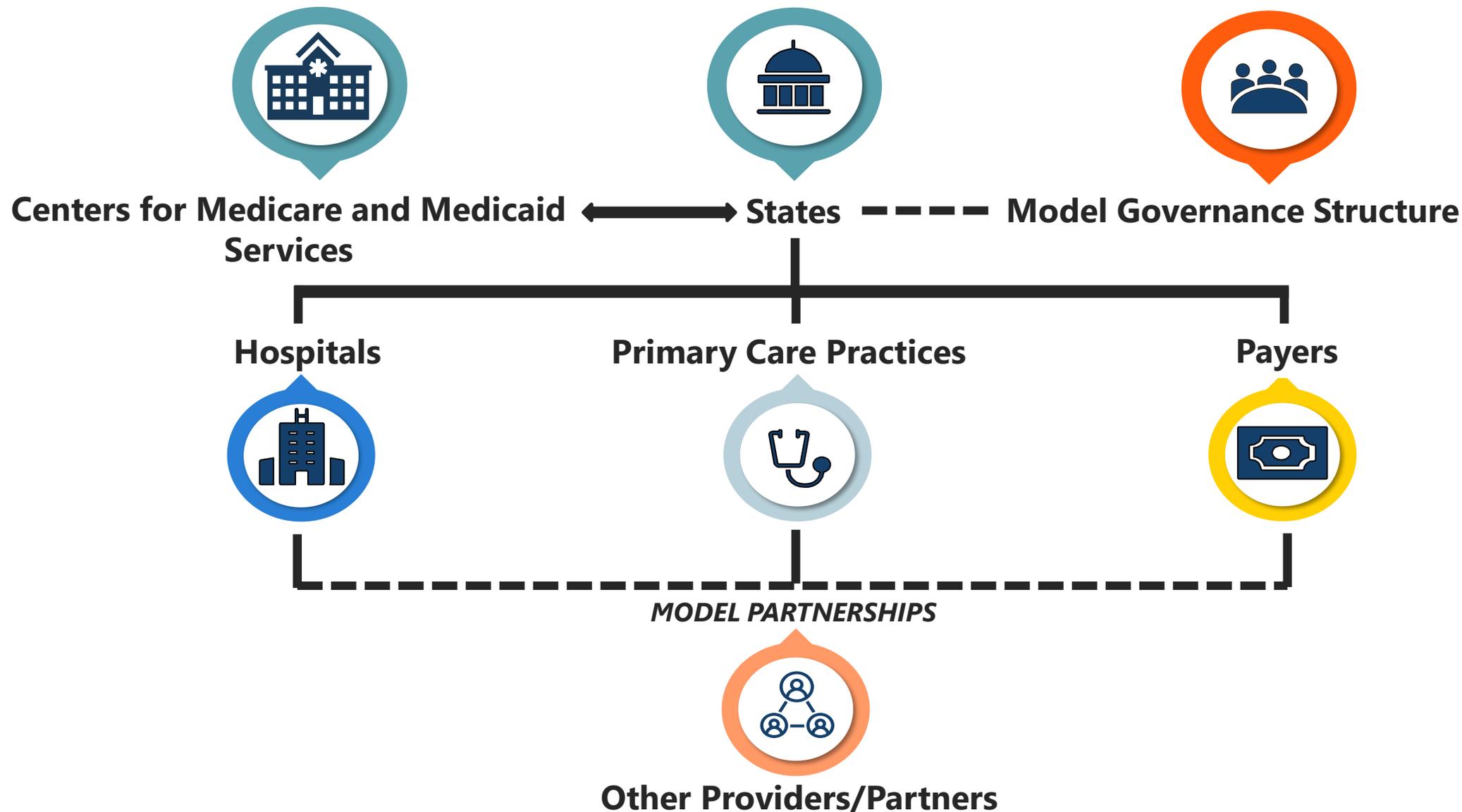


**ADVANCE
HEALTH
EQUITY**



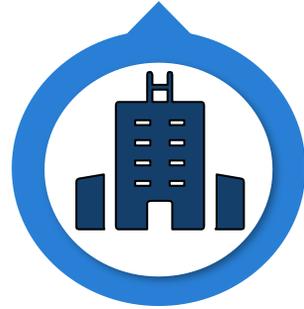
**CURB
HEALTHCARE
COST
GROWTH**

Partnerships for Healthcare Delivery System Reform



Partnership Spotlight: Hospitals and Primary Care Practices

Hospitals



Primary Care Practices



AHEAD brings hospitals and primary care together under the umbrella of **shared goals and incentives** for population health/quality improvement.

The AHEAD model aims to improve healthcare delivery in participating states by helping providers deliver care **in the right setting and at the right time**. This includes ensuring that both hospitals and primary care practices are **well-resourced and equipped** to provide coordinated, efficient healthcare services.

Technical assistance and learning systems will support both hospitals and primary care practices to bolster coordination across the two types of providers.

Primary Care AHEAD Goals



Increase Primary Care Investment

Increase primary care investment statewide as a percentage of the total cost of care



Align Payers

State-led primary care transformation:
Medicare aligns with Medicaid PC priorities



Support Advanced Primary Care

Advance behavioral health integration, care coordination, and HRSN-related activities for primary care delivery



Broaden Participation

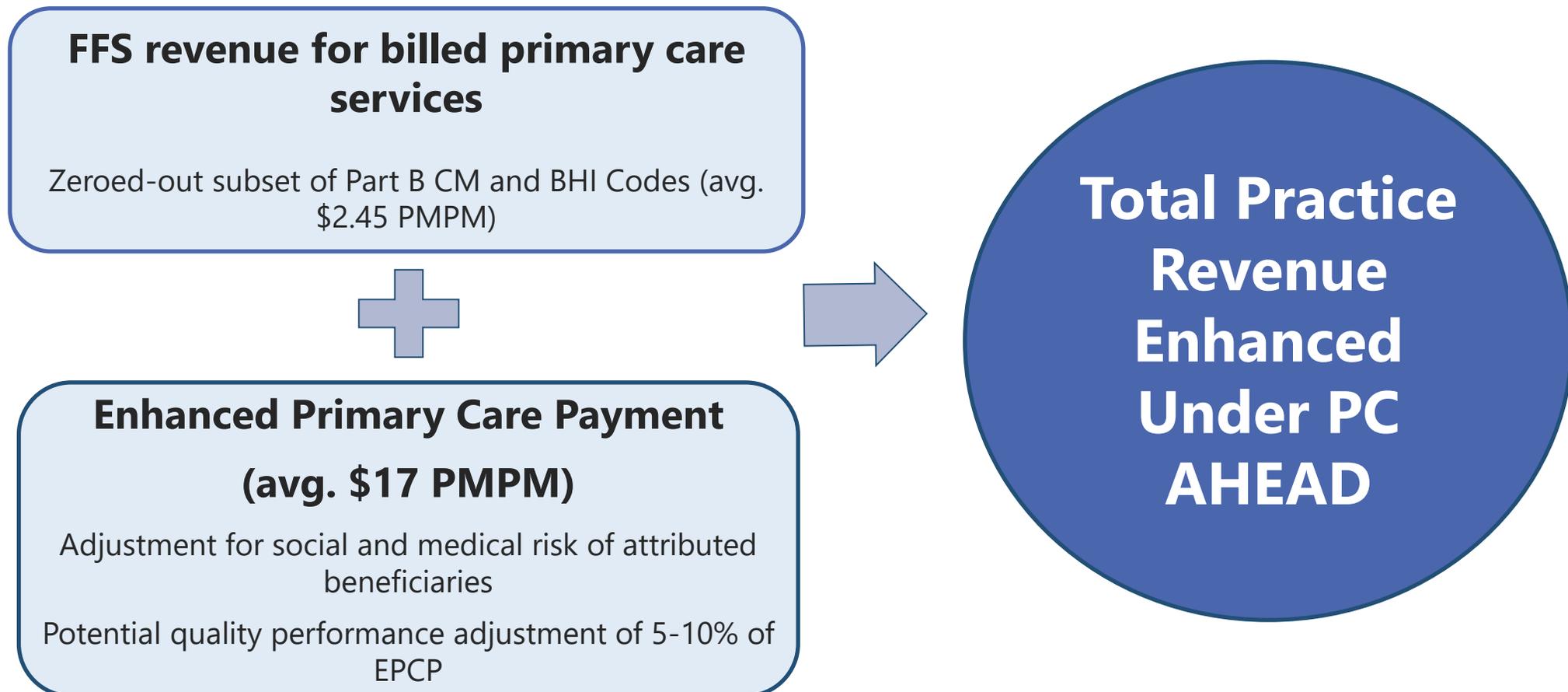
Facilitate successful participation by small practices, Federally Qualified Health Centers, and Rural Health Clinics

CMMI will introduce primary care options with partial and/or full capitation for primary care services in the future. Any future Primary Care AHEAD tracks will align with these program goals.

Enhanced Primary Care Payment

The Enhanced Primary Care Payment (EPCP) replaces and enhances a subset of Part B care coordination and behavioral health integration codes. FQHCs and RHCs will have their CCM and BHI G-codes replaced and enhanced by the EPCP.

CMS will work with participating states to help practices considering the program understand the impact of the EPCP on their total revenue.



What is Medicaid's Role in Primary Care AHEAD?

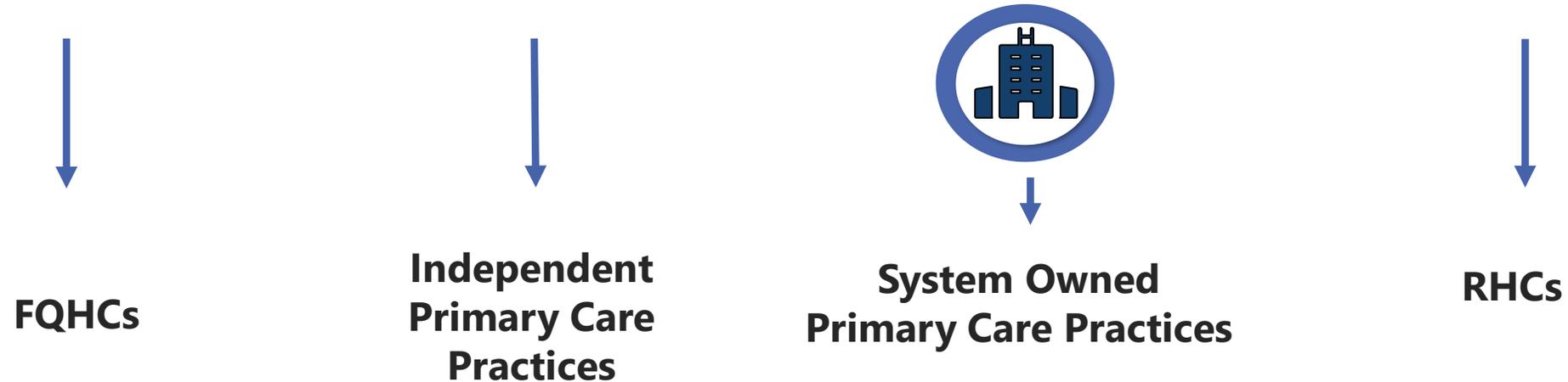


State Medicaid Responsibilities

- Identify opportunities and partnerships to strengthen primary care across the state or substate region
- Operate a Medicaid primary care Alternative Payment Model or Patient-Centered Medical Home by the start of PY1 to provide primary care support for Medicaid populations
- Encourage broad participation in the Medicaid primary care APM or PCMH program and Primary Care AHEAD

Eligibility for Primary Care AHEAD

**State's Medicaid Primary Care Alternative Payment Model or Patient-Centered Medical Home:
Foundation for Primary Care AHEAD Practice Eligibility**



Hospital-owned practices will only be eligible to participate in Primary Care AHEAD if the affiliated hospital is participating in AHEAD hospital global budgets for that performance year. Hospital-owned FQHCs and RHCs are exempt from this requirement.

There is no minimum beneficiary count to participate in PC AHEAD.

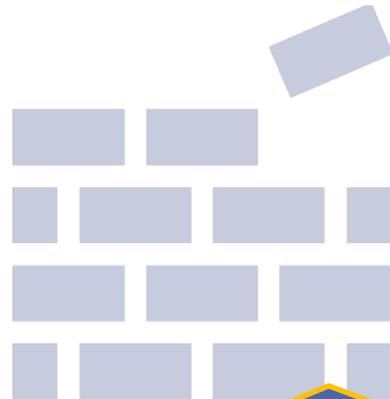
FQHCs and RHCs in Primary Care AHEAD

Based on experience in past primary care models, Primary Care AHEAD is designed to minimize administrative burden and complexity for FQHCs and RHCs. Examples of program features for FQHCs and RHCs include:

- **FQHCs and RHCs will not have underlying PPS rates changed to receive the EPCP.**
- **CMS gives flexibilities for hospital-owned FQHC and RHC eligibility for participation in PC AHEAD.**
- **FQHCs and RHCs will receive extra technical assistance and reporting flexibilities for quality reporting and performance.**



Broaden reach to rural and urban underserved communities



Build on innovations FQHCs and RHCs are leading in Medicaid



Increase FQHC and RHC capacity for participation in multi-payer value-based payment arrangements

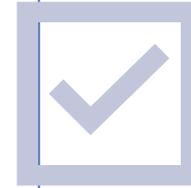


Provide risk adjusted, targeted primary care investments tailored to the needs of communities

How is Primary Care AHEAD Designed for the Success of Primary Care Teams?



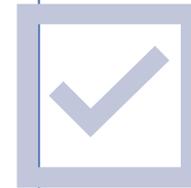
Flexible Care Transformation Requirements aligned with Medicaid



Minimal reporting requirements for care attestation



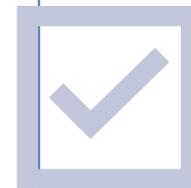
Targeted quality component based on 4 Medicaid-aligned quality measures



Payment directly to participating practices

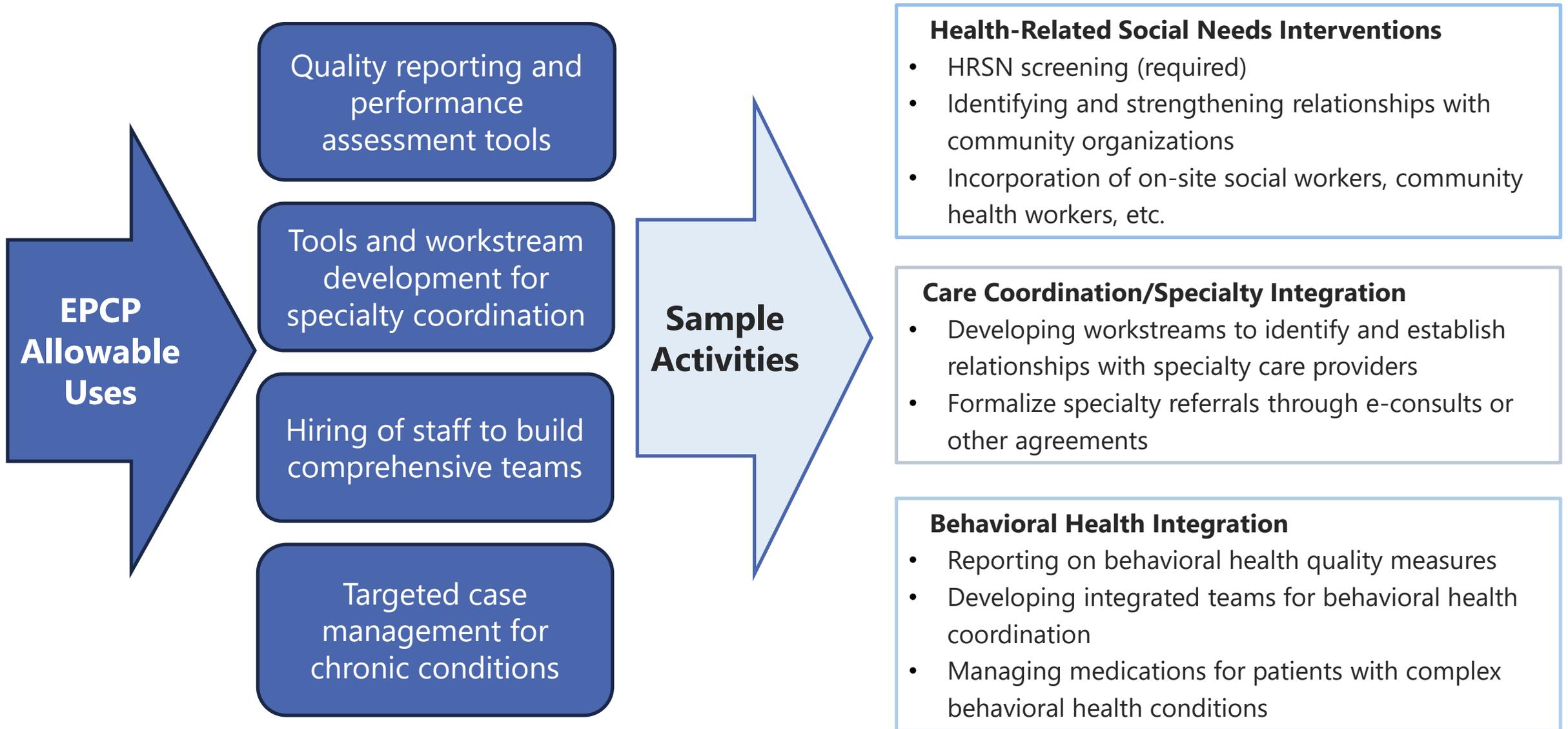


Enhanced, prospective funding via the EPCP

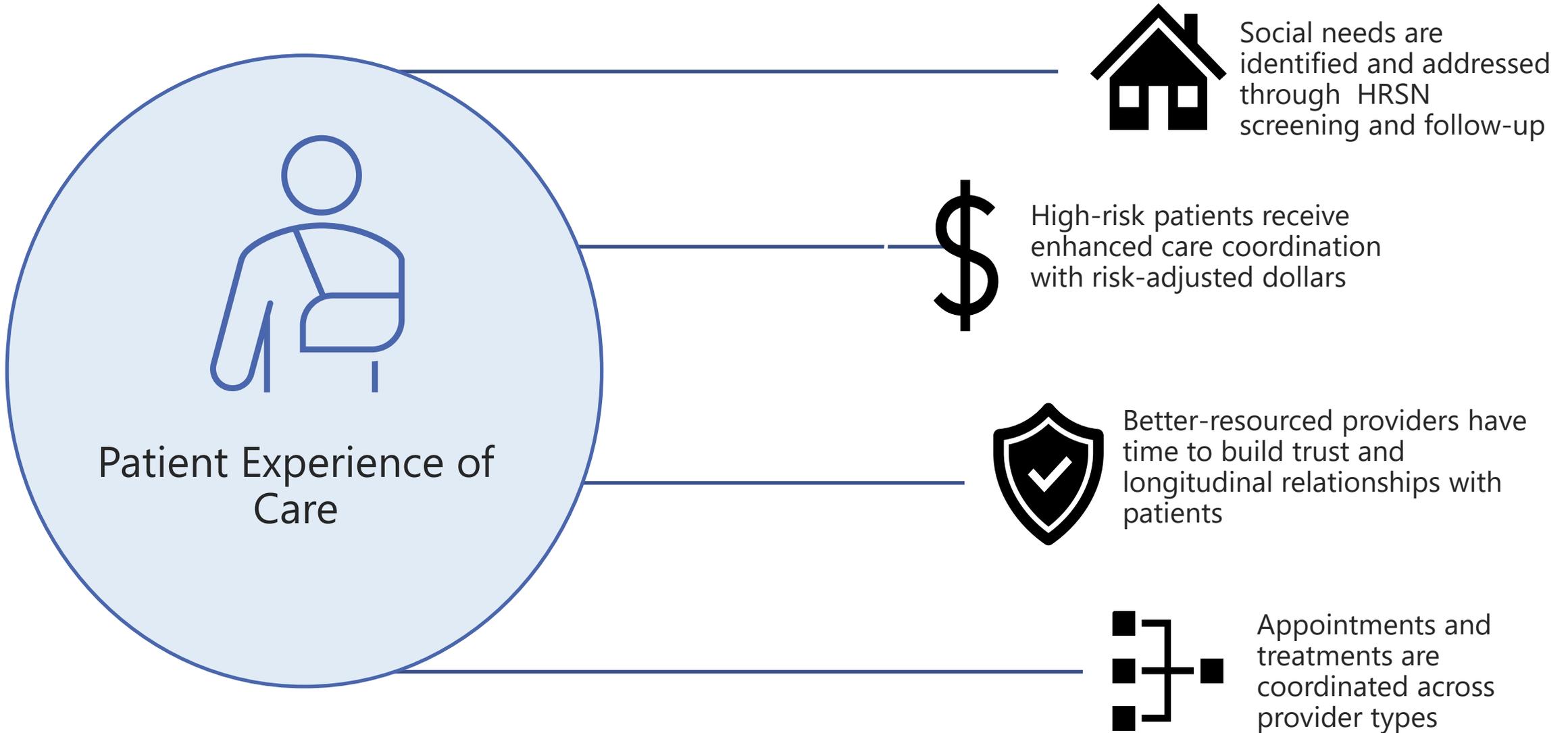


Waivers for Nurse Practitioners and Physician's Assistants to address workforce shortages

How Will Primary Care AHEAD Resource Participants to Provide Excellent Care?



Patient Experience in Primary Care AHEAD

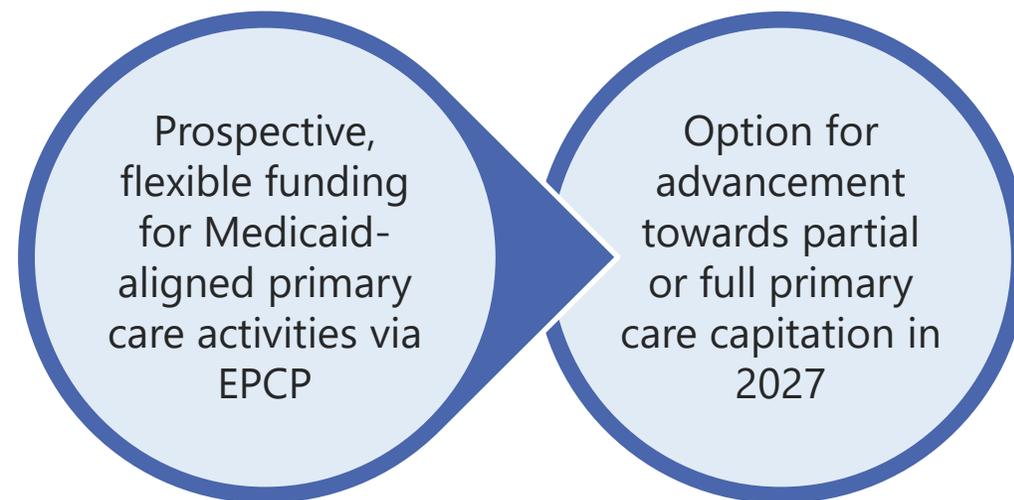


Future Tracks and Option for Capitation

CMS recognizes that states and practices may be interested in an opportunity to progress towards partial or full primary care capitation in the future under Primary Care AHEAD.

We are in the process of designing additional tracks for Primary Care AHEAD that will include capitation. Any additions to the Primary Care AHEAD program will continue to emphasize:

- ✓ Increased primary care investment
- ✓ Medicaid-led innovations and care transformation
- ✓ Safety-net provider participation with no downside risk to PPS/AIR
- ✓ Financial literacy for complex methodologies and data resources for practices



Key Takeaways

Flexibilities

State Medicaid Agencies will drive recruitment and the vision for care transformation in primary care.

CMS will work with states to maximize multi-payer alignment for quality and care transformation.

Partnerships

Primary care teams will operate in partnership with other Model participants and CMS.

Hospital and primary care APMs are designed to compliment one another and increase coordination across the delivery system.

Supports

AHEAD helps primary care practices provide whole-person care with enhanced funding.

CMS, states, and external partners will develop financial literacy, data sharing, and care transformation tools

Payment Design

Primary Care AHEAD minimizes administrative burden and complexity for primary care providers.

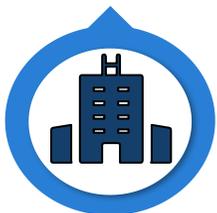
The Enhanced Primary Care Payment provides up-front, streamlined funding for care coordination.

Call to Action



States: Begin stakeholder engagement for design of Medicaid primary care APMs and/or practice recruitment.

Hospitals: Engage with state agencies early. Strengthen relationships with primary care in your community and invest in care coordination infrastructure.



Decisionmakers and Partners: Stay engaged with the local primary care landscape and with CMS. Partner with Medicaid Agencies and CMS to aid in championing Primary Care AHEAD.

Primary Care Practices: Encourage health system and commercial participation in AHEAD; engage with your SMA on APM design and care transformation needs.



CMS: Act on ongoing commitment to provide specific tools and resources for practices to assess CMS primary care model options.

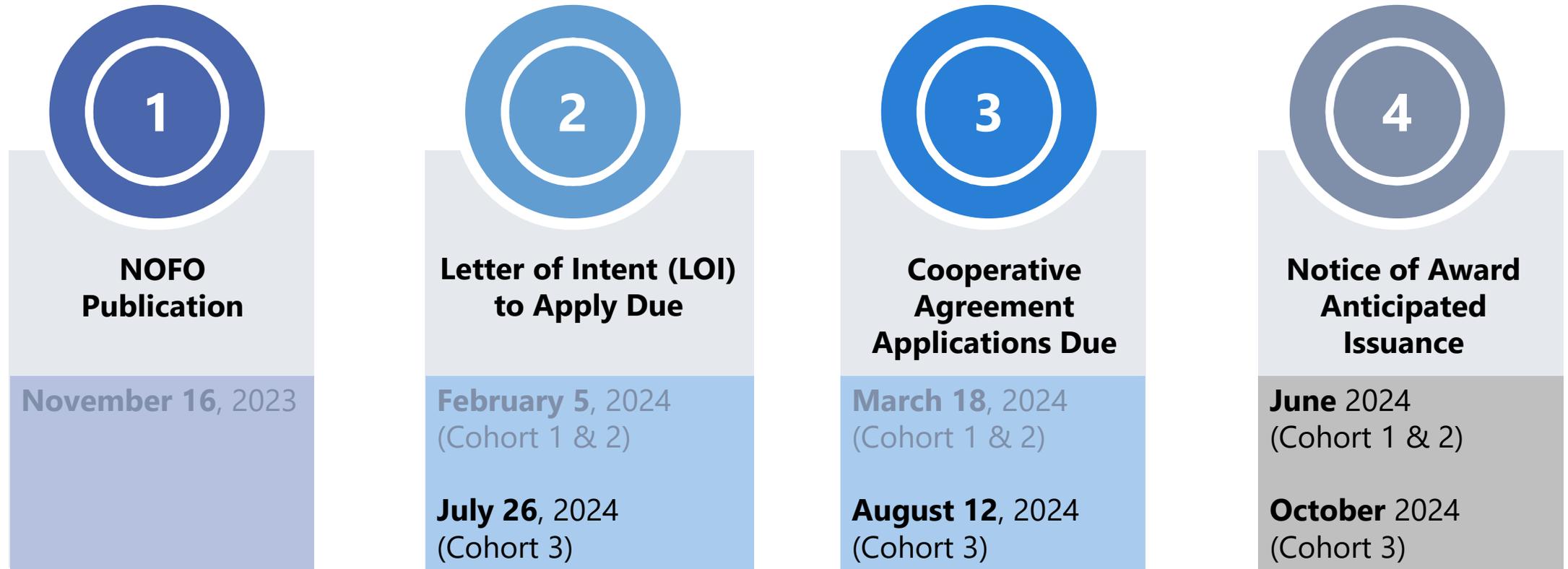
Commercial Payers: Assess ability to align with key components of Primary Care AHEAD.



FAQ

- [CMMI Primary Care Model Comparison resource](#) and [CMS Innovation Center's Strategy to Support High-Quality Primary Care](#)
- **Making Care Primary states or regions are not allowed to participate in the AHEAD model.**
- **Providers may participate in MSSP and Primary Care AHEAD.**
- **Providers may not participate in PC FLEX and Primary Care AHEAD.**
 - PC Flex may operate in AHEAD states or sub-state regions.
 - Medicare primary care investments made in PC FLEX will count towards AHEAD statewide (or sub-state region) Primary Care Investment Targets.

FAQ: State Selection Process and Timeline



FAQ: AHEAD Model Timeline

	Cohort 1	Cohort 2	Cohort 3
Pre-Implementation Period	18 months July 2024- December 2025	30 months July 2024- December 2026	24 months January 2025- December 2026
Model Implementation Period	9 years January 2026- December 2034	8 years January 2027- December 2034	8 years January 2027- December 2034

Q&A

Appendix

FAQ: Primary Care AHEAD vs. Primary Care FLEX

	Goal	Dollar Flow	Investment Approach	Capitation	Medicaid Alignment	ACO Participation
PC AHEAD	Funds and facilitates enhanced care management to strengthen primary care delivery and increase multi-payer investments	Participation at the practice level (prospective payments flow directly to practices)	Increases investment in primary care by providing enhanced payments on top of FFS to all participants	To be offered in 2027	Required	Not required
PC FLEX	Tests prospective primary care payments in ACO setting with shared savings structure and increased investments	Prospective payments flow through ACOs to PCPs	Increases investment in primary care by targeting boosts at low-revenue ACOs	Included in prospective primary care payments	Not required	Required