

States Advancing All-Payer Health Equity Approaches and Development (AHEAD) Model Model Overlaps Policies Fact Sheet



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States, health care providers, and other entities may wish to participate in multiple CMS Innovation Center models or Medicare value-based care initiatives to accelerate innovation in care delivery, reduce the cost of care, and improve population health. This fact sheet details the AHEAD Model's policy regarding AHEAD participation overlapping with current CMS models and programs that will be concurrently operating. As new models and programs are announced, CMS will evaluate whether AHEAD participants may simultaneously participate in those new models and programs on a case-by-case basis; these policies will be described in subsequent updates to this document.¹

AHEAD may operate statewide or in a sub-state region. The following models and programs can concurrently operate within an AHEAD state or sub-state region, with certain conditions and restrictions:

- [ACO Realizing Equity, Access, and Community Health \(REACH\)](#)
- [Guiding an Improved Dementia Experience \(GUIDE\)](#)
- [Primary Care First \(PCF\)](#)
- [Innovation in Behavioral Health \(IBH\)](#)
- [Medicare Shared Savings Program \(Shared Savings Program\)](#)

Models that cannot concurrently operate within the participating AHEAD state or sub-state region:

- [Making Care Primary \(MCP\)](#)
- [Transforming Maternal Health \(TMaH\)](#)

The AHEAD Model offers eligible acute care hospitals, critical access hospitals, and rural emergency hospitals the opportunity to participate in hospital global budgets (HGBs). It also includes a Primary Care AHEAD program for primary care practices, Federally Qualified Health Centers (FQHCs), and Rural Health Clinics (RHCs). Under Primary Care AHEAD, participating primary care providers can receive an Enhanced Primary Care Payment (EPCP). Further, AHEAD will include statewide or sub-state Medicare FFS and All-Payer Total Cost of Care Targets (TCOC). Medicare FFS TCOC Targets will include spending for Medicare Part A and Part B spending for residents in the state or sub-state region.

Additional information on overlaps with each of these models and programs is provided below, including the impact on participating providers.² Overlaps will be further described in and subject to the terms of the AHEAD Model's State Agreements and Participation Agreements. Policies described in this fact sheet are subject to change and any such changes will be outlined in subsequent updates to this document and memorialized in the legal agreements.

Questions about these policies should be directed to AHEAD@cms.hhs.gov.

¹ A state/sub-state region's participation in AHEAD will not preclude them from participating in the recently announced Cell and Gene Therapy (CGT) Access Model. The Innovation Center will coordinate with the Center for Medicaid and CHIP Services (CMCS) and states on navigating potential intersections between the AHEAD and CGT models.

² For the purposes of overlaps, CMS will identify hospitals by their CMS Certification Number (CCN), primary care providers by their federal Taxpayer Identification Number (TIN) or collection of CMS Certification Numbers all enrolled under the same Medicare-enrolled TIN for FQHCs and RHCs, and Medicare beneficiaries by their Medicare Beneficiary Identifier (MBI).

ACO Realizing Equity, Access, and Community Health (REACH) Model

Overlaps Policies

The below policies are applicable only to AHEAD Cohort 1 States as ACO REACH is ending on December 31, 2026, and Cohorts 2 and 3 begin their Performance Period January 1, 2027. All providers in AHEAD states or sub-state regions can participate in ACO REACH during the AHEAD Pre-Implementation Period.

State / Sub-State Region – overlaps **permitted**

- ACO REACH entities may operate in an AHEAD state or sub-state region.
- Spending on beneficiaries aligned to ACO REACH entities (i.e., ACO REACH beneficiary utilization and shared savings/losses) will count towards the participating state/sub-state region's Medicare FFS TCOC Targets under AHEAD.

Hospital Facilities

- Overlaps **not permitted** between AHEAD HGBs and ACO REACH Participants and Preferred Providers receiving Total Care Capitation (TCC), Primary Care Capitation (PCC), and/or Advanced Payment Option (APO) payments. Hospitals may not simultaneously receive capitated payments from ACO REACH and AHEAD; therefore, they must choose to receive a hospital global budget from AHEAD or capitated payments from ACO REACH during the AHEAD Implementation Period.
- Overlaps **permitted** between AHEAD HGBs and ACO REACH Preferred Providers not receiving TCC, PCC, or PCC and APO payments. Hospitals receiving AHEAD HGBs may serve as Preferred Providers in ACO REACH, so long as they are not receiving TCC, PCC, or PCC and APO payments.
- AHEAD and ACO REACH will work closely together in advance of the 2026 Performance Year to ensure hospitals can make informed decisions about model participation.

Hospital-Based Professionals (e.g., cardiac surgeon) – overlaps **permitted**

- Professionals practicing at AHEAD hospitals can participate in ACO REACH and receive capitated payments for professional services from ACO REACH.

Primary Care Providers – overlaps **permitted**

- Primary care practices, including FQHCs and RHCs, may participate in both Primary Care AHEAD and ACO REACH, and can concurrently receive AHEAD's EPCP and ACO REACH's capitated payments (PCC/TCC) for the same/overlapping Medicare beneficiaries.

Medicare Beneficiaries – overlaps **permitted**

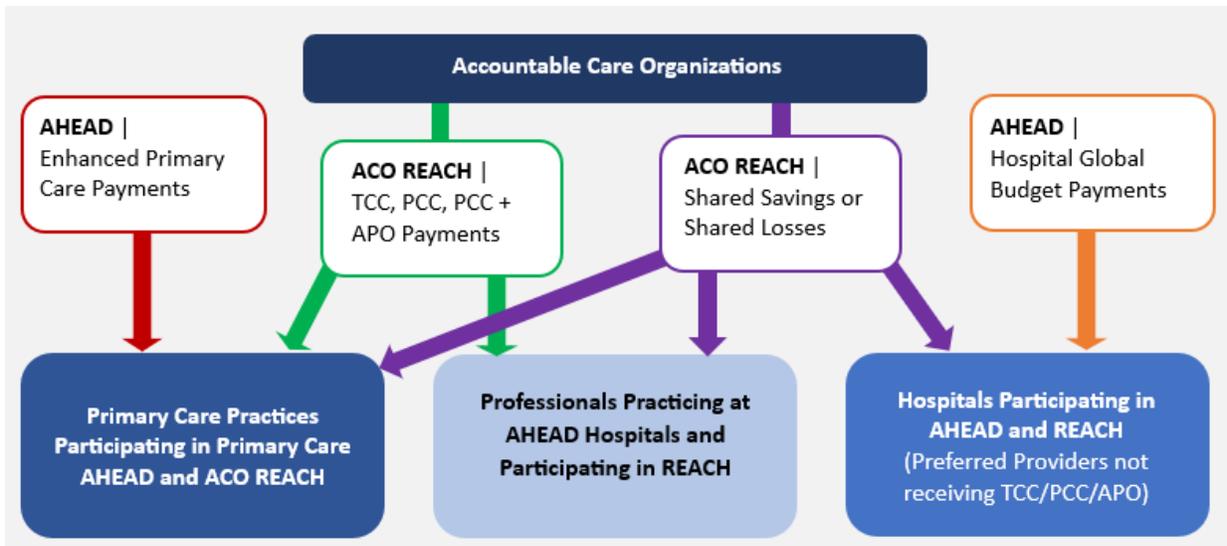
- Medicare beneficiaries may be attributed simultaneously to primary care practices participating in Primary Care AHEAD and ACO REACH entities.
- Medicare beneficiaries (including those aligned to ACO REACH entities) may seek care at hospitals participating in AHEAD HGBs, as AHEAD does not restrict a beneficiary's freedom to select the provider(s) of their choice.

Impact to ACO REACH Entities and their Financial Calculations

- REACH ACOs will not be held accountable for AHEAD **EPCP spending** on ACO-aligned beneficiaries at financial settlement for the purposes of determining shared savings/losses.
- REACH ACOs will be accountable for **hospital spending** on ACO-aligned beneficiaries at financial settlement for the purposes of determining shared savings/losses. This includes costs incurred at hospitals participating in AHEAD HGBs, whether those hospitals are ACO REACH participants or not.
- The costs for services rendered at hospitals participating in AHEAD HGBs for attributed ACO REACH beneficiaries will be determined using no-pay claims (hospitals participating in HGBs will submit claims for services as normal, however the portion of claims that are covered by the hospital global budget will not be paid via FFS as they will be instead paid through the global budget).

The aforementioned policies will be memorialized in ACO REACH's financial methodology documents and Participation Agreements for the appropriate Performance Year(s).

ACO REACH: Flow of Payments



Medicare Shared Savings Program (Shared Savings Program)

Overlaps Policies

State / Sub-State Region – overlaps **permitted**

- Shared Savings Program ACOs may operate in an AHEAD state/sub-state region.
- Spending on beneficiaries aligned to Shared Savings Program ACOs, as well as shared savings or losses payments to Shared Savings Program ACOs, will count towards the participating state/sub-state region's Medicare FFS TCOC Targets under AHEAD.

Hospital Providers – overlaps **permitted**

- Hospital facilities may simultaneously participate in AHEAD HGBs and Shared Savings Program ACOs.
- Professionals (e.g., cardiac surgeon) practicing at hospitals participating in AHEAD HGBs may simultaneously participate in Shared Savings Program ACOs.

Primary Care Providers – overlaps **permitted**

- Primary care practices may participate in both Primary Care AHEAD (and receive enhanced primary care payments) and Shared Savings Program ACOs.

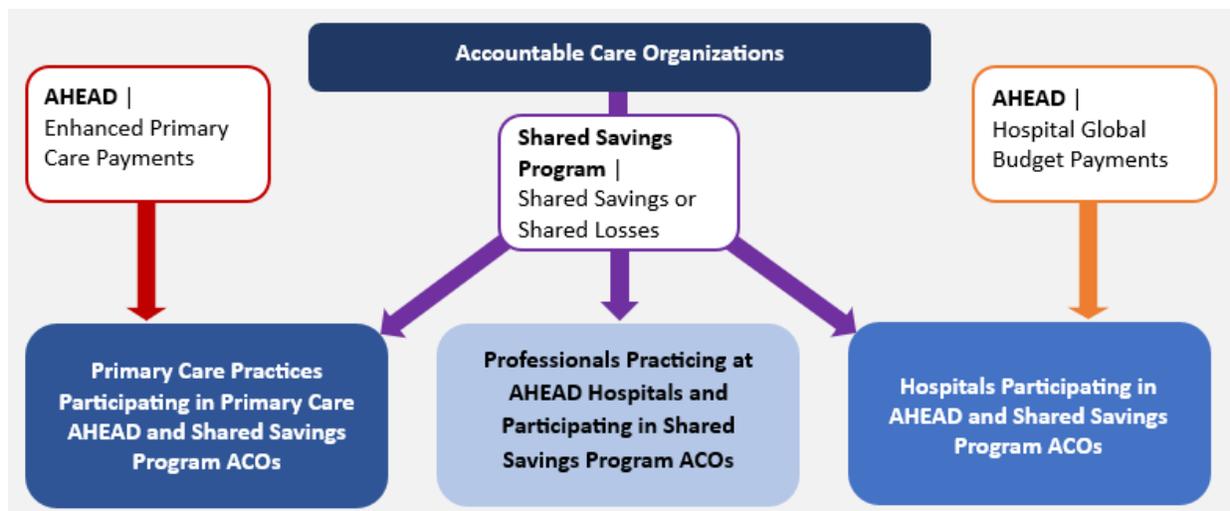
Medicare Beneficiaries – overlaps **permitted**

- Medicare beneficiaries may be attributed to both primary care practices participating in Primary Care AHEAD and Shared Savings Program ACOs.

Impact to Shared Savings Program ACOs and their Financial Calculations

- Shared Savings Program ACOs will not be held accountable for **EPCP spending** on ACO-aligned beneficiaries at financial settlement for the purposes of determining shared savings/losses because EPCP payments are not final until quality performance is calculated several quarters later.
- Shared Savings Program ACOs will be accountable for **hospital spending** on ACO-aligned beneficiaries at financial settlement for the purposes of determining shared savings/losses. This includes costs incurred at hospitals participating in AHEAD HGBs, whether those hospitals are Shared Savings Program participants or not.
- The costs for services rendered at hospitals participating in AHEAD HGBs for attributed Shared Savings Program ACO beneficiaries will be determined using no-pay claims (hospitals participating in HGBs will submit claims for services as normal, however the portion of claims that are covered by the hospital global budget will not be paid via FFS as they will be instead paid through the global budget).

Medicare Shared Savings Program: Flow of Payments



Guiding an Improved Dementia Experience (GUIDE) Model

State / Sub-State Region – overlaps **permitted**

- GUIDE dementia care programs (DCPs) may operate in an AHEAD state or sub-state region.
- GUIDE dementia care management payments (DCMP) and respite payments will count towards the participating state or sub-state region's Medicare FFS and All-Payer TCOC Targets under AHEAD.

Primary Care Providers – overlaps **permitted**

- Primary care practices may participate in both Primary Care AHEAD and GUIDE.
- Practices participating in both models can concurrently receive AHEAD's EPCP and GUIDE's DCMP and payments for respite services.

Medicare Beneficiaries – overlaps **permitted**

- Medicare beneficiaries may be attributed simultaneously to primary care practices participating in Primary Care AHEAD and GUIDE participants.

Transforming Maternal Health (TMaH) Model

State / Sub-State Region

- AHEAD and TMaH are **not permitted** to operate in the same geographic area.
- AHEAD and TMaH are **permitted** to operate in different sub-state regions within the same state.

Opportunities for Maternal Health Improvement in AHEAD

- AHEAD states may choose to focus on improving maternal health in their Statewide Health Equity Plan and select from the optional measures included in AHEAD's statewide quality measures and targets.
- The Medicaid hospital global budget methodology for AHEAD provides states flexibility to use hospital maternal care measures as the disparities sensitive measures to adjust HGB payments - similar in goals to TMaH's Quality and Cost Performance Incentives.
- States implementing both AHEAD and TMaH in separate sub-state regions could implement the maternal care delivery innovations and covered services statewide.

Making Care Primary (MCP) Model

State / Sub-State Region

- AHEAD and MCP are **not permitted** to operate in the same geographic area.
- AHEAD and MCP are **permitted** to operate in different sub-state regions within the same state.

Innovation in Behavioral Health (IBH) Model

State / Sub-State Region – overlaps **permitted**

- IBH may operate in an AHEAD state/sub-state region.
- IBH integration support payments (ISP) will count towards the participating state/sub-state region's Medicare FFS and All-Payer TCOC Targets under AHEAD.

Hospital and Primary Care Providers – overlaps **not permitted**

Provider Types in IBH and AHEAD

- Primary Care AHEAD engages primary care providers, including Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs), who primarily serve the physical health needs of beneficiaries and integrate behavioral health as part of Primary Care AHEAD's care transformation requirements.
- IBH engages community-based BH organizations, including safety net providers to serve the behavioral health needs of beneficiaries and integrate physical health as part of IBH's care delivery framework.
- Hospitals, including critical access hospitals (CAHs), may not simultaneously receive HGB payments from AHEAD and ISP payments from IBH.
- Primary care providers, including FQHCs and RHCs, may not simultaneously participate in Primary Care AHEAD and IBH.

Medicare Beneficiaries – overlaps **permitted**

- Medicare beneficiaries may be attributed simultaneously to primary care providers participating in the respective payments for both Primary Care AHEAD (i.e., EPCP) and IBH (i.e., ISP).

Primary Care First (PCF) Model

State / Sub-State Region – overlaps **permitted**

- States/sub-state regions that are PCF regions may not begin their AHEAD Implementation Period until the PCF Performance Period has concluded (December 31, 2025 or December 31, 2026).
- States/sub-state regions may participate in AHEAD's Cohort 2 or Cohort 3 and receive Pre-Implementation funding from AHEAD during PCF's Performance Period.