



AHEAD

States Advancing All-Payer Health Equity
Approaches and Development Model

November 7, 2024

Stakeholder Webinar: Federally Qualified
Health Centers

Connecticut **AHEAD**

Topics

AHEAD overview

Health Equity

Hospital Global Budgets

Primary Care AHEAD

CT AHEAD Timeline

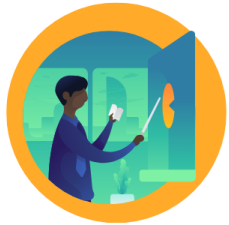
Questions

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Person-centered care

with providers who listen, take time to get to the root cause of behavioral, emotional and physical health concerns



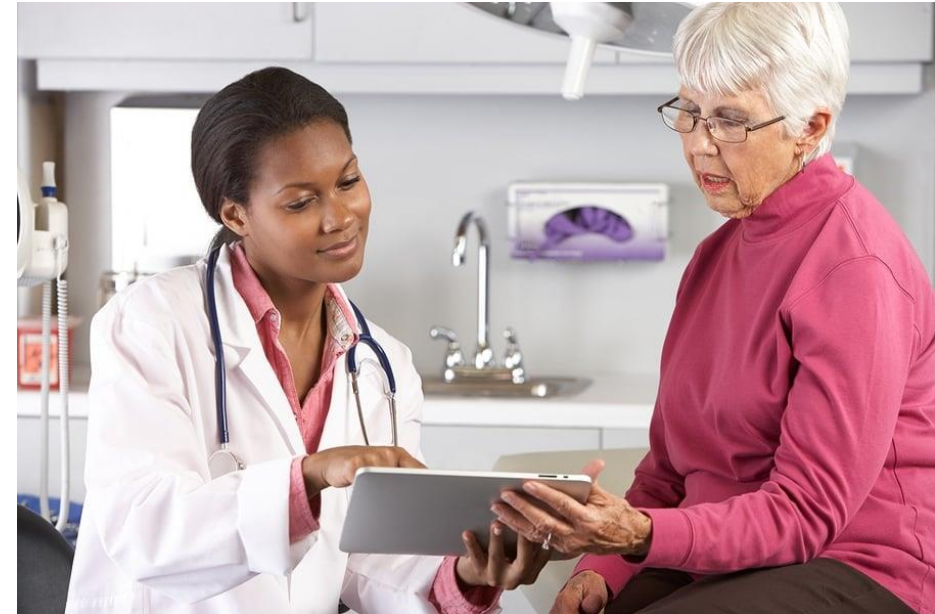
Quality

across the healthcare system



Coordination

of services, systems, payers



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Partnerships



Focus on
affordability



Quality-focused
Outcomes-based



Multi-payer
approach



Grounded in
health equity



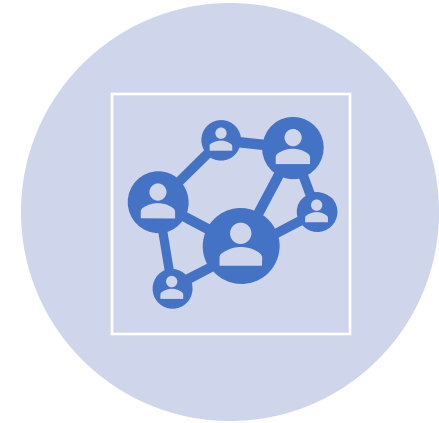
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HEALTHCARE BENCHMARKS
(COST, QUALITY AND EQUITY)



STATE PRIMARY CARE
INVESTMENT TARGETS



PERSON CENTER/INTEGRATED
AND COORDINATED CARE

Connecticut **AHEAD** Model Components



**HOSPITAL GLOBAL BUDGETS
PAYMENT MODEL**



**PRIMARY CARE AHEAD
TRANSFORMATION**



HEALTH EQUITY

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Advancing Health Equity



Develop State Health Equity Plan & Quality Targets for participating states, which will inform statewide equity strategies and support quality improvement.



Enhance Partnerships between State, Providers, and the Community to meet model goals.



Increase Safety Net Provider Recruitment among hospitals and primary care providers in the AHEAD Model to reach vulnerable populations.

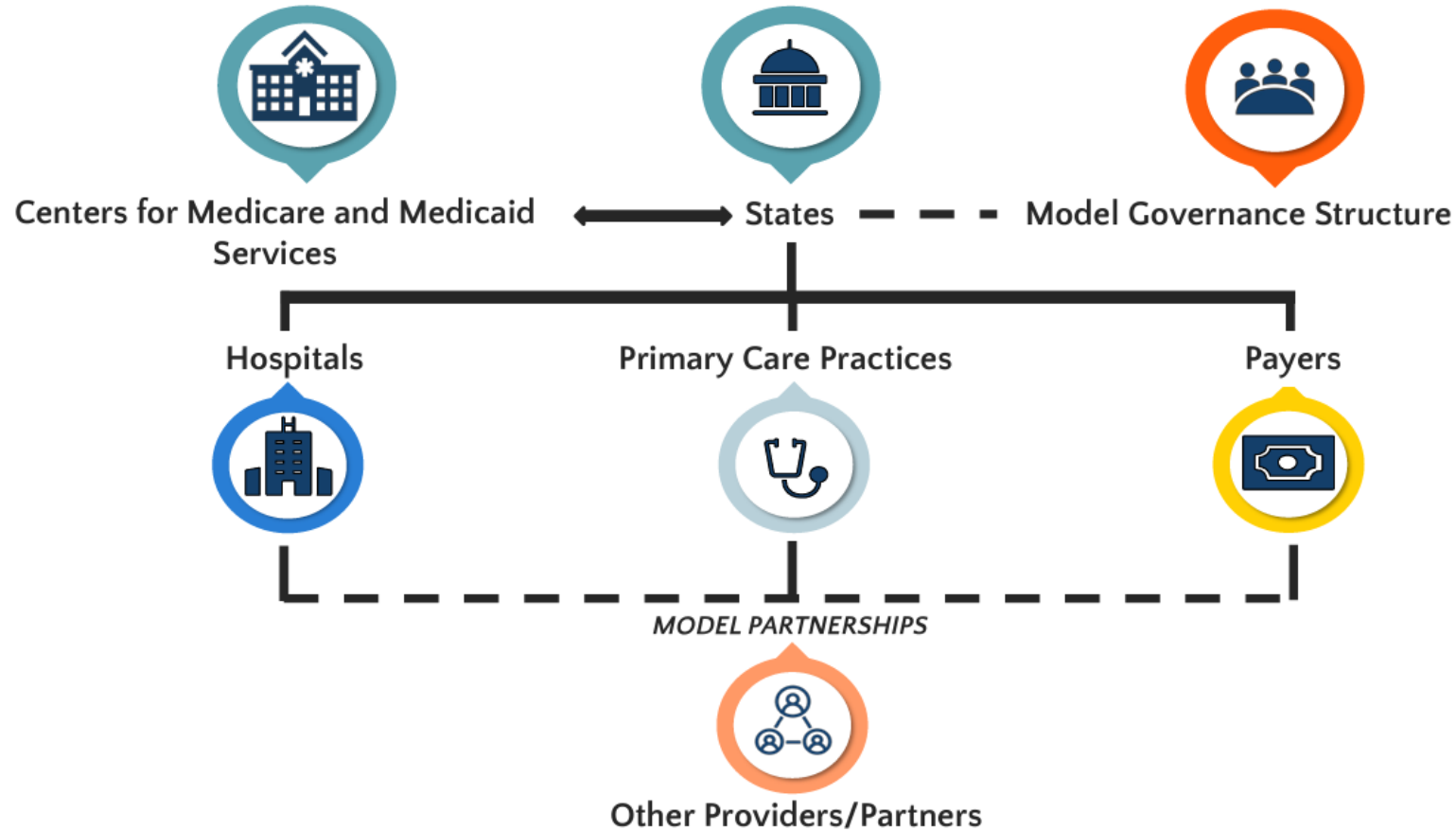


Use Social Risk Adjustment of provider payments to increase resources available to care for vulnerable populations.

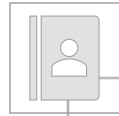


Utilize Health Related Social Needs Screening Among Hospitals and Primary Care Providers to identify unmet needs and connect patients to community resources.

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Federal (CMS/CMMI)

- Support the implementation of Medicare FFS Global Budget
- Support states and partners in developing and implementing model components through funding, technical assistance and learning collaboratives
- Monitor progress and model activities including unintended consequences through existing hospital reporting measures.



State

- Establish Model Governance
- Implement Statewide Health Equity Plan
- Set all-payer cost growth targets
- Increase primary care investment
- Design Medicaid & Commercial Global Budgets and primary care transformation
- Facilitate multi-payer alignment and engage with State Employee Health Plans and Marketplace Plans



Hospital

- Can participate in global budgets, transform care, and improve population health
- Pursue opportunities for quality improvement and identify efficiencies
- Create hospital health equity plans to close disparity gaps and improve health outcomes



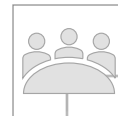
Primary Care Practices

- Can participate in Medicaid transformation efforts and Primary Care AHEAD for Medicare FFS
- Meet care transformation requirements for person-centered care
- Pursue opportunities for quality improvement and improved care coordination



Payers

- Contribute to all-payer cost growth target and Primary Care Investment Targets
- Participate as an aligned payer in global budgets and primary care transformation



Community Organizations

- Participate in Statewide and hospital Health Equity Plans
- Opportunity to partner with hospitals and primary care practices on HRSNs referrals and care coordination
- Elevate and facilitate consumers voices in planning

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What suggests the AHEAD model can be effective?

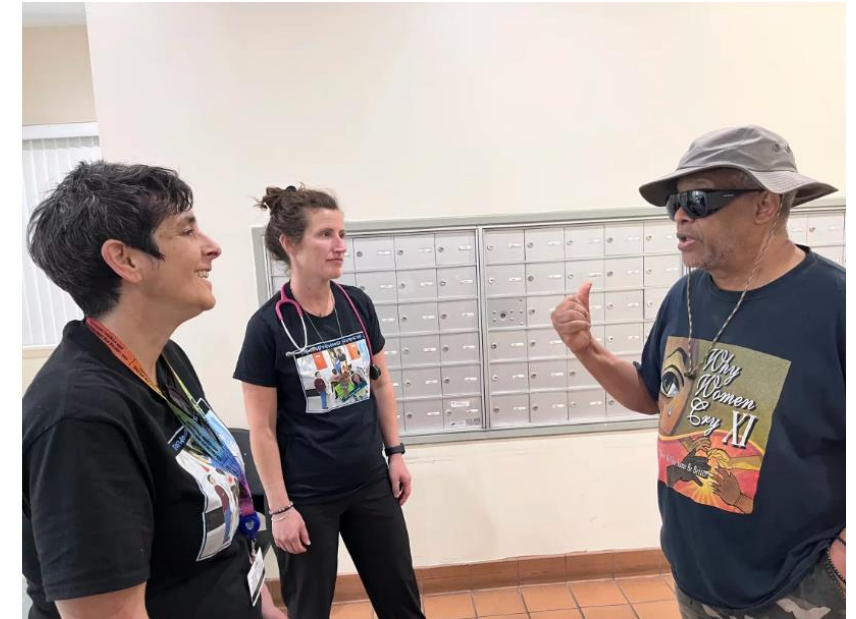
- AHEAD builds on the demonstrated success of existing models in other states
 - Vermont All-Payer Accountability Care Organization (VT-ACO)
 - Maryland Total Cost of Care (MD TCOC)
 - Pennsylvania Rural Health (PARHM)
- These states have *expanded access to primary care, behavioral health services and care for underserved populations*

In Baltimore, nurses go door-to-door to bring primary care to the whole neighborhood

JUNE 11, 2024 · 5:00 AM ET

FROM TRADEOFFS

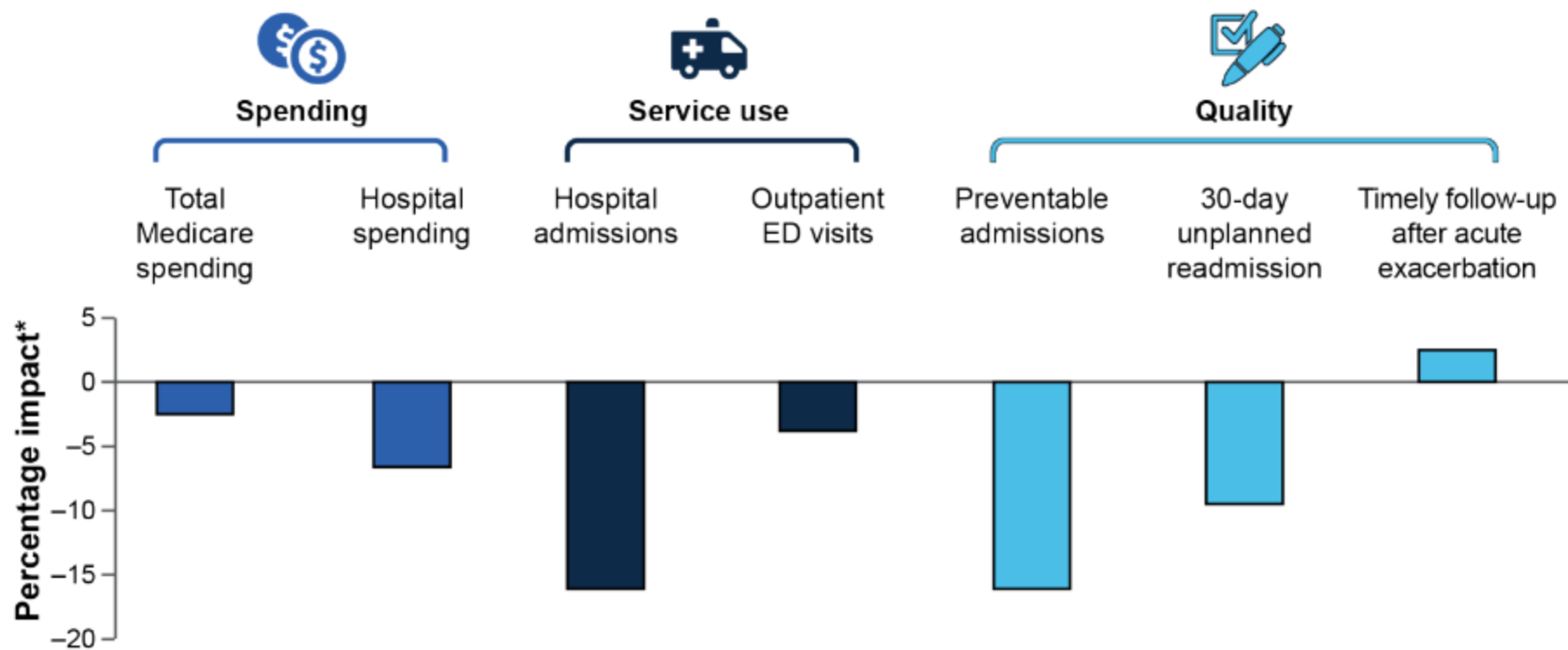
By Leslie Walker, Dan Gorenstein



<https://www.npr.org/sections/shots-health-news/2024/06/11/nx-s1-4997717/nurses-primary-care-community-baltimore-costa-rica>

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Maryland TCOC model Findings



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Hospital Global Budgets by Payer



Medicare FFS

CMS-designed
Medicare FFS Global
Budget Methodology

Medicaid

State (DSS) develops
Medicaid
methodology

Commercial Medicare Advantage

State (OHS) develops
methodology

Payer participation
voluntary; CT must
recruit at least one
commercial payer by
2028 (PY2)

Participation ties
larger portion of
hospital revenue to
global budget

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Primary Care **AHEAD**

- **Voluntary** participation in this patient-focused model provides prospective, flexible and enhanced payments intended to increase the capacity to deliver advanced primary care services
- Designed to align Medicare with state-led primary care efforts
- Flexible framework of care transformation
- Expands whole-person-centered care, care coordination, community connections, behavioral health integration and health-related social needs interventions
- Minimize provider burden

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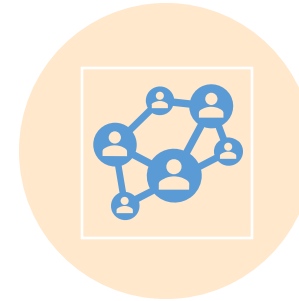
Primary Care **AHEAD** – Who is eligible?



FQHC



INDEPENDENT PRIMARY
CARE PRACTICES

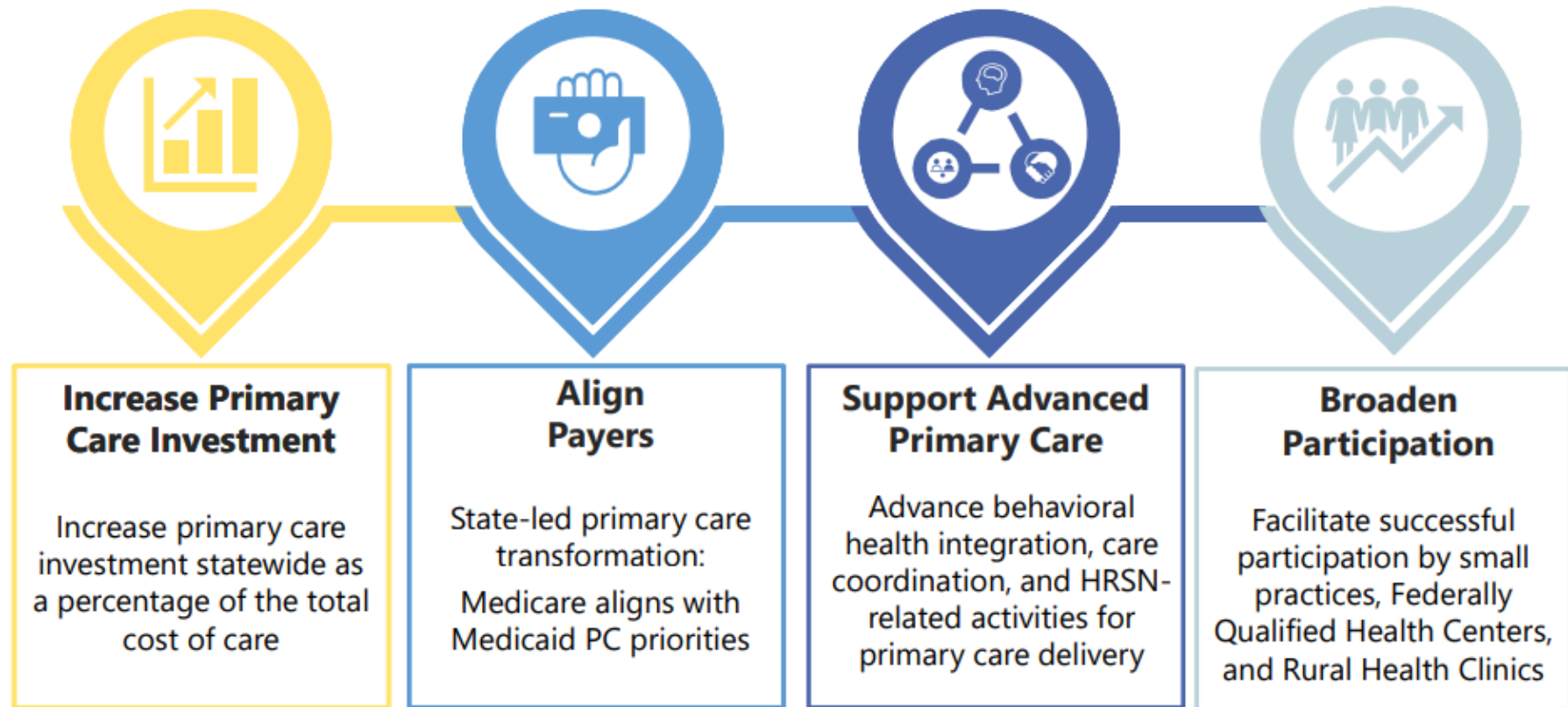


SYSTEM OWNED PRIMARY
CARE PRACTICES*

*Hospital-owned practices are eligible if the affiliated hospital is participating in the AHEAD hospital global budget in the same performance year

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Primary Care **AHEAD** Goals



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Primary Care **AHEAD** Program Components



CARE
TRANSFORMATION
ACTIVITIES



ENHANCED PAYMENT



LEARNING
COLLABORATIVES &
SUPPORTS



DATA & TECHNICAL
ASSISTANCE

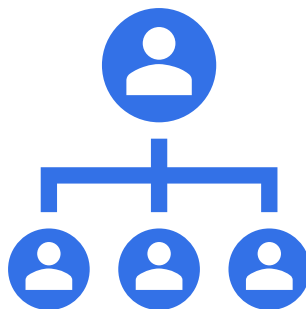
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Primary Care **AHEAD** Care Transformation



Behavioral Health
Integrated with
Primary Care

Care Management &
Specialty Coordination



Addressing Health
Related Social
Needs

Medicare Fee-for-Service Primary Care AHEAD



Medicare Enhanced Primary Care Payment (EPCP)

The EPCP is a prospective, per-beneficiary payment. The anticipated average statewide EPCP is \$17 per beneficiary per month (PBPM) paid quarterly.

The EPCP may be adjusted up to \$21 or down to \$15 PBPM based on a participating state's total cost of care performance and recruitment of hospitals.



Beneficiary Risk Adjustments & Quality Adjustments

Risk Adjustments: At the provider level, CMS will apply beneficiary risk adjustments (based on social and medical risk).

Quality Adjustments: A small portion of the EPCP (5% to start, scaled up to 10% by PY8 or PY9) will be tied to performance on select quality measures and utilization each year.



Final Provider EPCP Amount

The final provider EPCP amount results from the participating state's PBPM average and adjusted for 1) attributed beneficiaries' social and medical risk and 2) provider quality performance.

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Overlaps (accepted) with certain conditions/restrictions

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

Overlaps (NOT accepted)

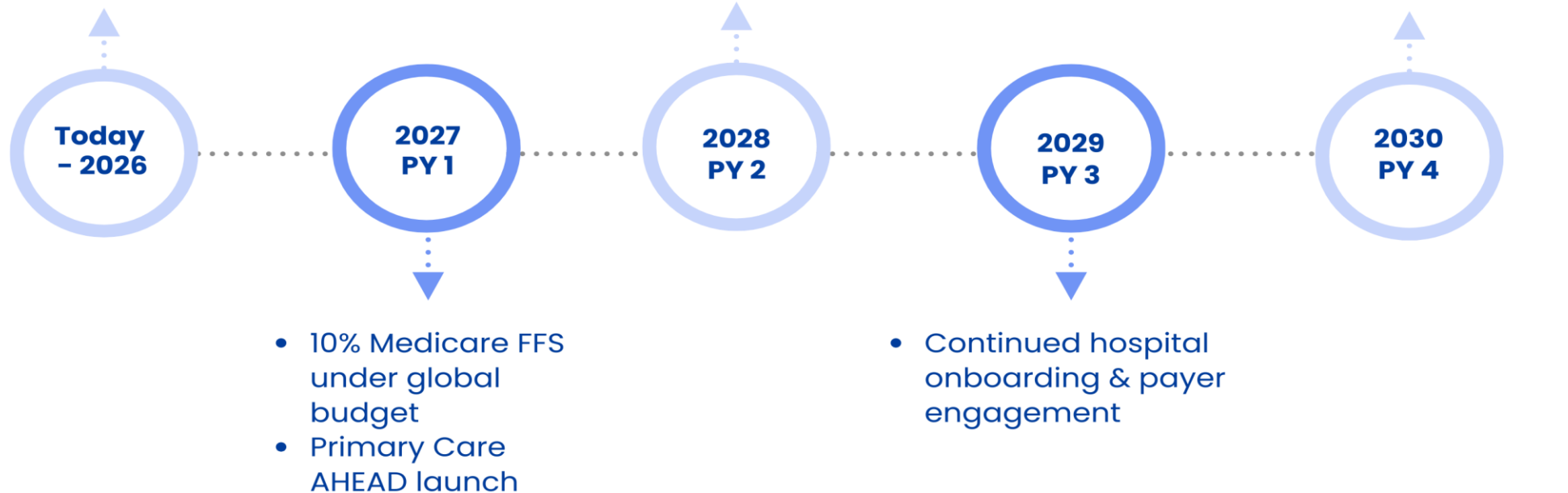
- Making Care Primary (MCP)
- Transforming Maternal Health (TMaH)
- ACO Primary Care Flex Model*

* 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

** CT is not a participant in these models*

Connecticut **AHEAD**

- Pre-implementation
- Stakeholder engagement
- Global Budget Technical Design
- Statewide Health Equity Planning



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We want to hear from you! Please share feedback, questions, thoughts with us.

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