CHANGES TO THE AHEAD MODEL, *Explained*

On September 2, 2025, the Centers for Medicare & Medicaid Innovation (CMMI) announced new policy and operational changes to the Achieving Healthcare Efficiency through Accountable Design (AHEAD) Model, formerly known as the All-Payer Health Equity Approaches and Development Model. While the Model's focus on curbing health care spending, promoting population health, and improving care coordination remains the same, the changes announced provide states with additional opportunities to achieve these goals. Additional details on the specifics of these changes are forthcoming from CMMI, which also announced it would allow two new states to join AHEAD in summer 2026, for a total of ten AHEAD states, and begin performance in 2028 or 2029.

The chart below reviews the Model's core components and lists relevant changes and additions. More information about the Model more broadly, including an overview as well as communications support, can be found here and here.

AHEAD Model Component		Original Requirement	Updated Requirement
MODEL OPERATIONS	Model start date	Performance period begins in 2026 for cohort 1 (Maryland) and 2027 for cohorts 2 and 3 (all other states)	Performance period begins in 2026 for cohort 1 and 2028 for cohorts 2 and 3
	Model end date	Sunsets December 2034	Sunsets December 2035
	Cooperative agreement funding	Allocates $12 million to participating states for Model planning and implementation over multiple years.	No change
	Multiplayer alignment	Requires states to adopt a multi-payer approach by aligning Medicare, Medicaid, and commercial payers to improve health outcomes and care coordination.	No change
	Spending targets	Establishes total cost of care (TCOC) growth and primary care investment targets to increase spending on primary care while bending overall per-capita spending growth below the national average.	No change
	Data and transparency requirements	Requires states to collect data on population health, TCOC growth data, and primary care investment targets.	Requires states to incorporate new, yet-to-be-announced requirements related to transparency around TCOC and primary care investment targets.
ALL-PAYER HOSPITAL GLOBAL BUDGETS	Hospital global budget transition	Requires states to gain CMS approval of predetermined, fixed annual budgets for hospital services to meet cost growth targets.	No change
	Medicare FFS global budget methodology	Allows states with statewide hospital rate-setting authority (e.g. Maryland) to design their own Medicare fee-for-service (FFS) hospital global budgets (HGB) methodologies.	Removes states' authority to design their own Medicare FFS HGB methodologies, allowing CMS to retain the responsibility to set the HGB for Medicare.

AHEAD Model Component	Original Requirement	Updated Requirement
Primary Care AHEAD	Allows participating primary care providers to receive enhanced Medicare payments to support better care coordination, behavioral health integration, and other care transformation activities.	No change
Addressing health care disparities and outcomes	Requires states to establish Health Equity Plans (HEPs) to reduce disparities and improve population health.	Replaces HEPs with Population Health Accountability Plans (PHAPs), with a focus on preventive care/chronic disease prevention.
"Choice and competition" policies	Not included	Requires states to adopt two policies to promote "choice and competition."
Geo AHEAD	Not included	Establishes a geographic-based ACO-like program to lower costs, improve outcomes, and coordinate care led by a provider, health plan, or digital health company.

NEW PROGRAMMATIC REQUIREMENTS AND CONSIDERATIONS FOR STATE ADVOCATES

While AHEAD remains a promising model for states, they may have to revisit their implementation plans to ensure they align with the Model's new requirements listed below.

Policies to support choice and competition

States are now required to enact one policy from each of the two "choice" and "competition" buckets below during the Model's implementation phase:

Policies to promote choice

- **Medicaid site neutrality**
- **Expanding access to telehealth**
- **Prescription drug price transparency**
- **Bans on non-compete clauses**

Policies to promote competition

- **Scope of practice changes (for both physician assistants and nurse practitioners)**
- **Removing certificate of need requirements for all non-hospital settings**
- **Revising network adequacy provisions**
- **Repealing any-willing-provider laws**

States are required to implement these policies through the regulatory process. When identifying which policies to pursue, advocates should work with states to consider the impact of each policy on people's access to care as well as the resources needed for implementation, which may differ significantly. Certain policies may also draw opposition from stakeholders who may be otherwise supportive of the Model.

Geo AHEAD

The AHEAD changes also include an all-new geographic-based Accountable Care Organization program known as Geo AHEAD. Similar to a model that was shelved before implementation in 2022, Geo AHEAD focuses on improving outcomes and coordinating spending for an entire geographic region across payers. State advocates should ensure that affected enrollees are notified about the transition to Geo AHEAD before it goes into effect and monitor how Geo AHEAD may impact people's access to affordable, understandable care.