The AHEAD Model
Model Components and Governance

NASHP | NATIONAL ACADEMY FOR STATE HEALTH POLICY

Mathematica®
Progress Together

About NASHP

The National Academy for State Health Policy (NASHP) is a nonpartisan organization committed to developing and advancing state health policy innovations and solutions.

NASHP provides a unique forum for the productive exchange of strategies across state government, including the executive and legislative branches.

NASHP

NATIONAL ACADEMY FOR STATE HEALTH POLICY

- To improve the health and well-being of all people across every state.
- To be of, by, and for all state by providing nonpartisan support for the development of policies that promote and sustain healthy people and communities, advance high quality and affordable health care, and address health equity.

How NASHP Accomplishes Our Mission

- **Advance innovation** by supporting states in the development of new policies and programs.
- **Surface and support the implementation and spread of best practices** by engaging states to inform data driven policy making at the state and federal level.
- **Ensure states have the information, data, and tools** to successfully design and implement policy.
- **Encourage sustainable cross sector solutions** by strengthening partnerships across state agencies, executive and legislative branches, and the private sector.
- **Elevate the state perspective** for a broad group of stakeholders, partners, and the public.

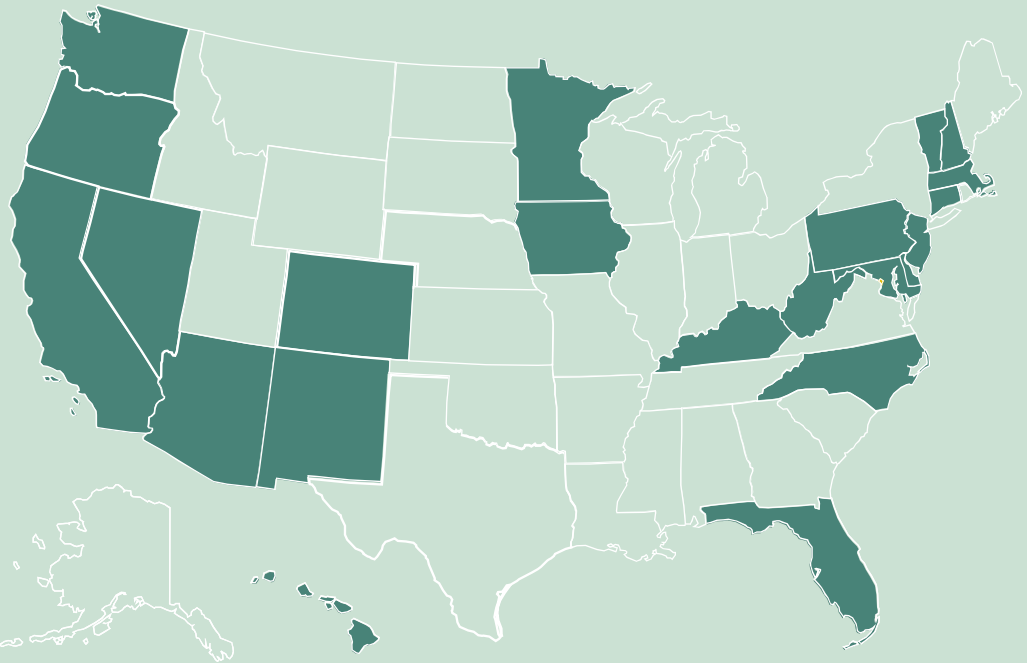
About Mathematica | Focus Area Health

Our Health team **collaborates with clients to improve the health and well-being of our most vulnerable populations** through transformation to an equitable, data-driven, value-based health care system.

Our Mission

Improve public well-being by bringing the highest standards of quality, objectivity, and excellence to bear on the provision of information collection and analysis.

State Health Footprint I Project Highlights



- Pennsylvania Rural Health Model
- Vermont All-Payer Model
- Maryland Total Cost Model and Evaluation
- California and New Jersey Total Cost and Primary Care Benchmarks
- NASHP Hospital Cost Tool
- Medicaid 1115 waiver and Primary Care Model evaluations
- National/State Medicaid, Medicare and Commercial claims analytics

AGENDA

- Initial Discussion Series Topics
- Review of AHEAD Model Components
- Model Governance
  - State Governance
  - Governance Structure

Discussion Series – Initial Topics

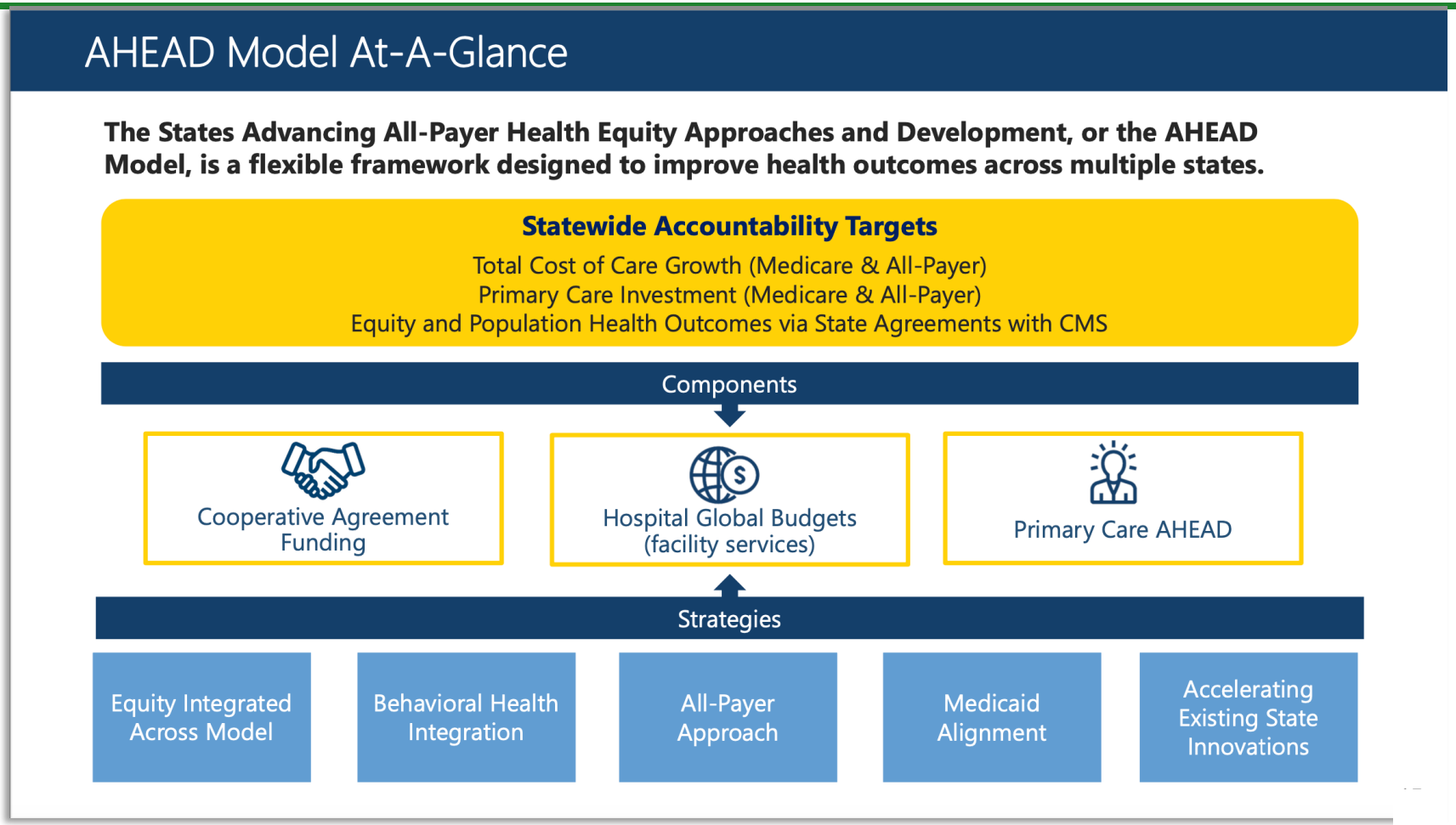
- Today – AHEAD Model Components and Key Focus on Governance
- January 11, 2024, 2:00 p.m. EST – Considerations for Hospital Global Budgets
- January 18, 2024, 2:00 p.m. EST – Considerations for Primary Care AHEAD
- Additional sessions TBD

NASHP

Mathematica
Progress Together

Major AHEAD Components

What is the AHEAD Model



Source: CMMI Presentation on AHEAD Model, September 18, 2023

AHEAD Goals/Strategy

- Goals
  - Improve Population Health
  - Advance Health Equity
  - Curb Healthcare Cost Growth
- Strategy
  - Increase investment in primary care
  - Financial Stability for hospitals
  - Support beneficiary connections to community resources

Source: CMS Notice of Funding Opportunity

AHEAD Model

- Cooperative Agreement (CoAg)
- Waivers may be necessary and run through CMS
- Funding up to $12M CoAg funding to support planning and implementation activities, including behavioral health infrastructure and capacity building.
- Maximum of eight states or subregion – must have at least 10K Medicare Part A and B recipients – competitive application
- Multiple application periods – two early cohorts (3/18/24), one later cohort (8/12/24).
- Longer time-period compared to earlier models, 10-year program including pre-implementation

Source: CMS Notice of Funding Opportunity

NASHP

Mathematica
Progress Together

Model Governance

Considerations re Internal Model Governance

- Lead agency (May affect Overall Governance Structure)
    - Can be Medicaid agency, state public health agency, state insurance agency or other entity with rate-setting or budget authority.
    - Can be joint application, but one lead for CoAg.
    - Medicaid agency must be a sub-recipient if not lead.
    - Medicaid and Health agencies must play a leading role in bringing together this group of individuals representing various entities interests, and geographies within the state or sub-state region.
- How are states positioning themselves for the application process and post-award?
    - Are states using internal capacity or using outside assistance?

Governance Structure – Required Composition

- Required to have a multi-stakeholder **formal** governance structure.
- Role can be advisory
- Can build on pre-existing boards/workgroups
- Must include –
  - Representation from other relevant state agencies (e.g., Departments of Insurance or other state agency with hospital rate or budget setting authority);
  - Patients/advocacy orgs, community-based orgs from underserved communities, payers (commercial and public), clinicians and provider organizations, local tribal organizations, other entities whose policies influence population (e.g., transportation, housing, food insecurity)

Source: CMS Notice of Funding Opportunity

Governance Structure – Required Activities

- Award recipient required to work with the Governance Structure to (at minimum)–
  - Provide input on statewide population health and quality and measures and equity targets
  - Develop statewide equity plan and review and support of hospital equity plans
  - Input on Cooperative Agreement investment
  - Ensure that Model implementation is informed by diverse perspectives and provide input to the award recipient as it plans investments and activities to meet AHEAD's quality and cost growth objectives. (May include input into the all-payer cost growth targets and primary care investment targets.)
- States must ensure that the individuals and entities described above are able to participate in Model-related activities and decision-making
- Must be setup within 6 months of award, anticipated CH1&CH2: May 2024, CH3: October 2024

Source: CMS Notice of Funding Opportunity

Governance –Key Decisions

- Existing or New
- Balance of membership and diverse perspectives
- Expertise in model components and responsibilities
- Individual members - decision making authority
- Formalizing the structure
- Coordination with other boards/ work groups
- Other topics for governance structure
- Staffing the governance structure
- Sustainability planning -post CoAg

Next Time - Preview

- Considerations for Hospital Global Budgets, January 11, 2024
- Considerations for Primary Care AHEAD, January 18, 2024

- If you have any questions you would like to discuss during the next calls, please email them to weltri@nashp.org

Appendix - BIOS

Dr. Sule Gerovich

(Shooleh Gherovich),Pronounce: She/Her

- Over 15 years of experience in health services research and policy
- Expertise in health care payment policy, quality and performance measurement
- Hospital global budget implementation in three states: PA, MD, VT
- Strategic assessment of CMS models, including CMS Community Health Access and Rural Transformation (CHART) Model for Washington State
- Total cost benchmarking and all-payer claims analytics: CA, MA, MN, VT, MD and NASHP Hospital cost tool

- Senior Fellow at Mathematica
  Ph.D., Johns Hopkins University School of Public Health