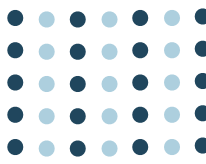


GREAT Health Program: Updates for Hospitals

Stuart Portman
Executive Director
Medical Assistance Plans Division

Date: May 1, 2026





1. AHEAD Overview

2. Anticipated AHEAD Timeline

3. Progress on AHEAD

4. Upcoming for AHEAD

5. LOI-Related RHTP Initiative Applications

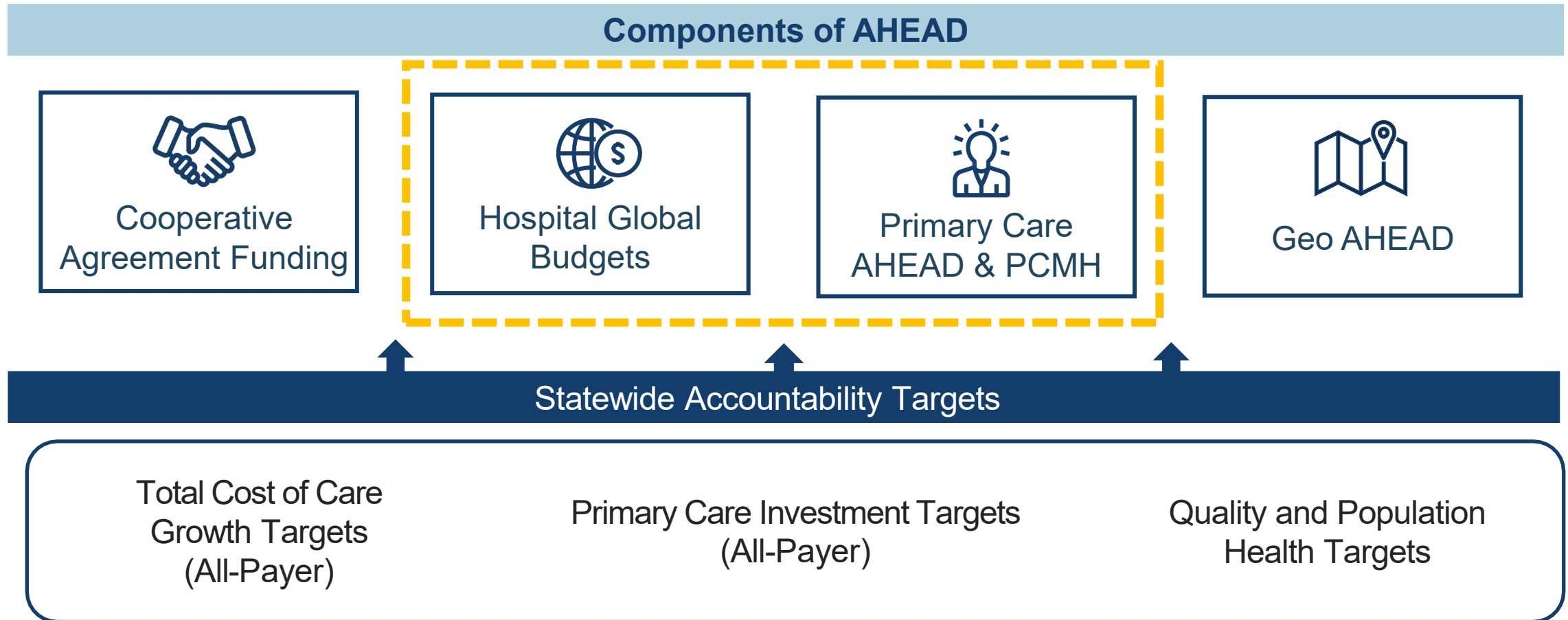
6. Q&A



AHEAD Program Components



The AHEAD model is comprised of four primary elements paired with key accountability targets to promote sustained primary care investment and coordinated population health improvements.





The State anticipates the following timeline for AHEAD model participation in advance of a projected Performance Year 1 start in 2029.

2026*



Readiness

- ✓ Hospitals sign Letters of Intent
- Hospitals apply to initial RHTP initiative grants
- AHEAD Cohort 4 NOFO released and awarded by CMS
- Tech, financial, and operational readiness assessments begin
- Hospital global budget development begins

2027



Pre-Implementation

- Hospital engagement continues
- Hospital global budget methodology fully developed and approved by CMS
- Primary Care AHEAD and PCMH approach finalized

2028



2029



Performance Year 1

- Hospital global budgets across all payers implemented
- Primary Care AHEAD and PCMH model implemented



To meet the AHEAD requirement for a Medicaid Primary Care Alternative Payment Model (APM), Georgia will seek to implement a Patient-Centered Medical Home (PCMH) program for primary care providers.

AHEAD Medicaid Primary Care APM Requirements

States must commit to implementing a Medicaid Primary Care APM if one does not already exist. This may be a patient-centered medical home (PCMH) program or another primary care value-based payment arrangement that includes **increased accountability** and care transformation structure for **care coordination, health-related social needs, and behavioral health/specialty integration**.

Progress on PCMH



Completed landscape analysis of PCMH in Georgia



Engaged with NCQA on accreditation process and requirements

Ongoing PCMH Discussions



Quality Metric Targets



Implications on the broader Primary Care AHEAD program



The AHEAD model utilizes Hospital Global Budgets to promote hospital funding stability, aligning payers under a single unified framework and reducing payer fragmentation and administrative burden.



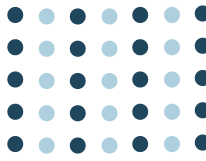
Hospital Global Budget

DESCRIPTION

- A **defined budget cap (i.e. ceiling or maximum)** from each participating payer (Medicare, Medicaid, commercial) that covers a **defined set of hospital-related services** for a defined set of patients whose care is paid for by the participating payers.
- Calculated based on an **analysis of Medicare, Medicaid, and commercial payments in previous years**, with updates to reflect inflation, changes in populations served, and services provided.
- Goals of global budgets include a focus on **care quality and efficiency** over patient volume while providing stability of revenue.

WHAT IS INCLUDED

- Defined population and set of services administered by hospital (e.g., inpatient, outpatient, lab/radiology, emergency department).



DCH is currently in initial development of the timelines, documentation, strategy and necessary decisions for Hospital Global Budget (HGB) methodology and operationalization.

Progress on HGBs

- Assessing and defining **initial HGB structure** under existing CMS guidelines in anticipation of the revised Notice of Funding Opportunity (NOFO)
- Analyzing **HGB potential parameter considerations and scenario testing** (baseline year(s), services, risk mitigation, payment mechanisms, etc.) with available in-house historical Medicaid program data

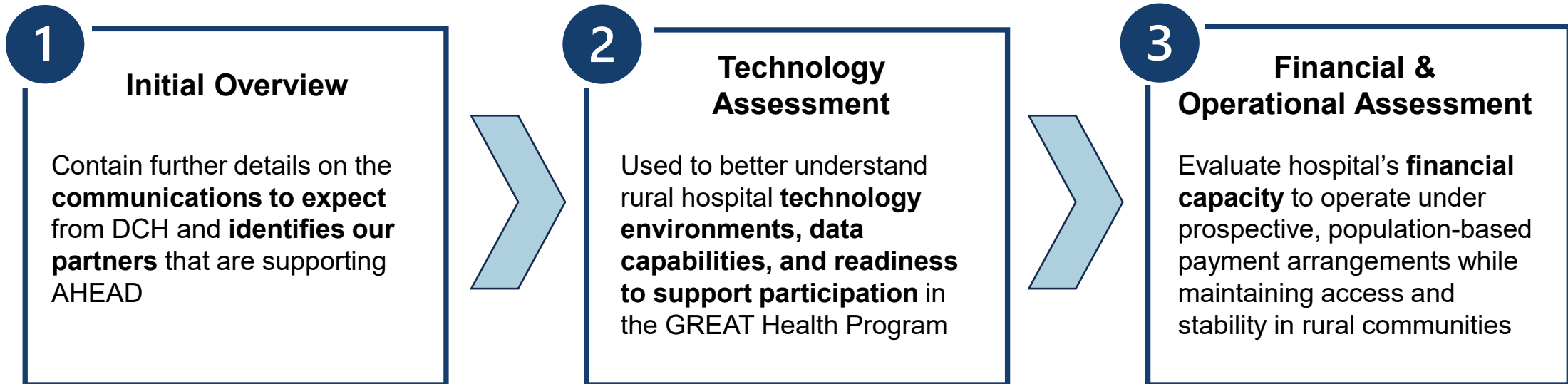
Upcoming HGB Actions

- Confirm any **changes to hospital global budget requirements** in the anticipated NOFO
- **Develop & Define parameters** for proposed methodology
 - Identification of included services & populations
 - Payment arrangements by five payer types
- **Prepare documentation** for proposed methodology
- **Engage with hospitals** to communicate and discuss proposed methodology
- Evaluate **regulatory next steps** for implementation of hospital global budgets



DCH is anticipating sending email communications to hospitals that have signed an LOI on assessments in the coming weeks; concurrently, DCH expects to receive the official NOFO for AHEAD soon and begin the application process.

Expected Communications to LOI Hospitals



The new AHEAD NOFO is expected to confirm the following program changes for Cohort 4:

- Performance Year start dates
- Geo AHEAD
- Choice & Competition Policies
- Population Health Accountability Plans



As part of signing the Letter of Intent, hospitals receive certain services and prioritized placement in identified GREAT Health initiatives, several of which will be live for application within the next two months.

LOI-Related Initiative Applications Going Live on 5/15



Pre-Implementation funding

\$750K for hospitals to address priority service line needs and prepare to implement AHEAD



Care to Consumer:
Point of Care Telepods

Regionally connected community access sites to provide rural residents with 24/7 provider access and hospital-supported follow-up care

LOI-Related Initiative Applications Going Live on 6/15



Workforce Retention
Technology

Upfront costs for surgical robots for rural hospitals to expand access to higher-precision, less invasive care



Telehealth Enhancements

Enhancements to allow for the development of a statewide, digitally enabled rural care network to promote a coordinated system of care



Hospitals must apply to receive the Year 1 Pre-Implementation funding; as part of the application, hospitals will describe how they are using the funding to prepare for AHEAD.

Use of Pre-Implementation Funding



In support of hospital migration to AHEAD



Inclusive of sustainability plans



Aligned to a GREAT Health initiative goal

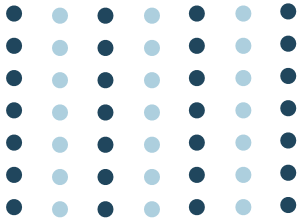
RHTP Approved Funding Usage

- Technology and infrastructure modernization
- Workforce recruitment and retention
- Innovative care models and service delivery
- Strategic partnerships

Key RHTP Limitations on Use of Funds

- New construction
- To replace or duplicate existing or planned government funding for healthcare services
- To replace clinical services that could be paid for by insurance

For more information on RHTP funding usage and limitations, please see the [RHTP NOFO](#)

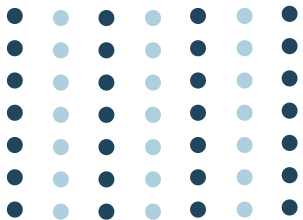


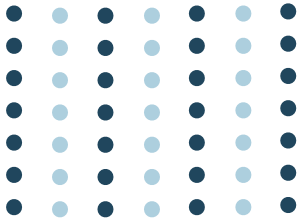
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Questions?

Submit them in the chat or use the question icon.

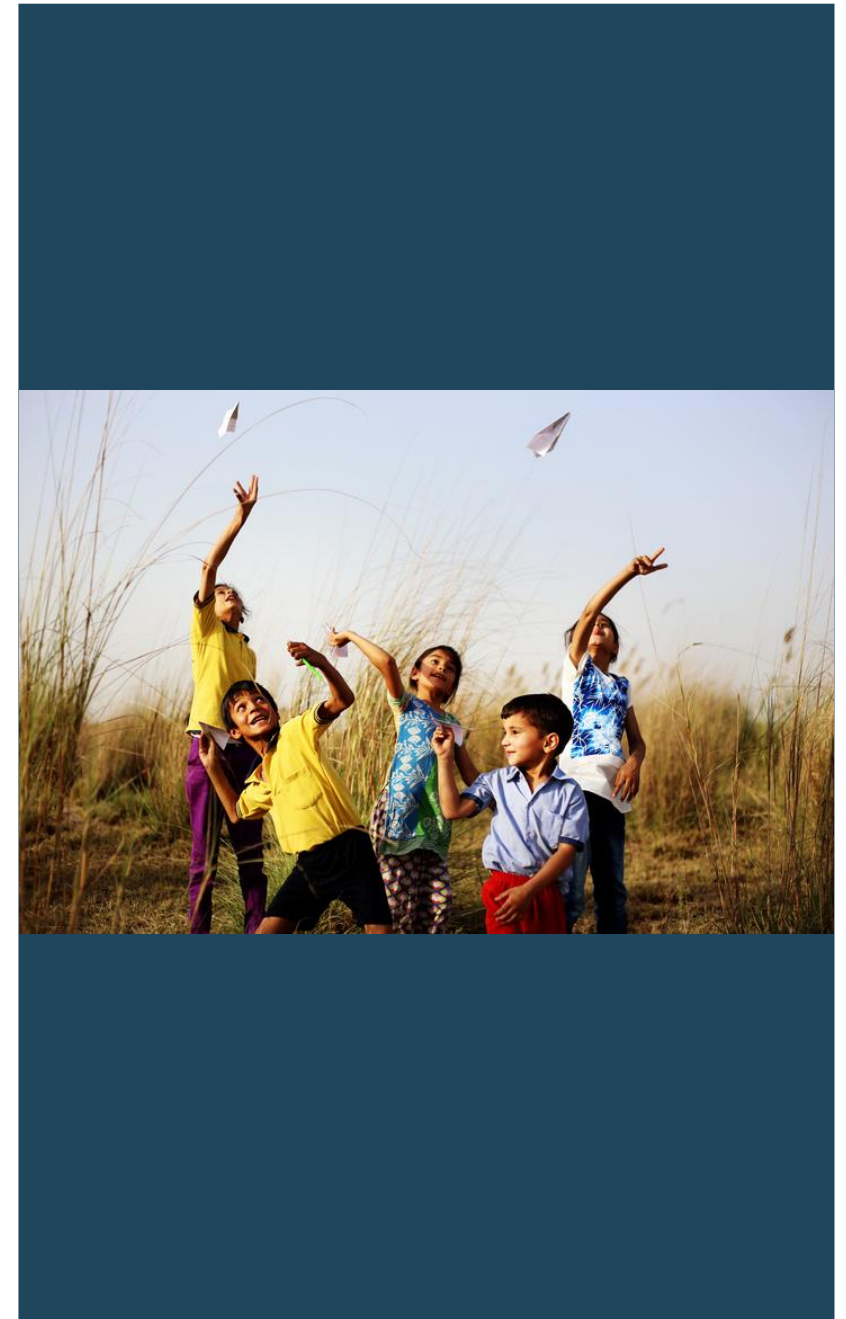
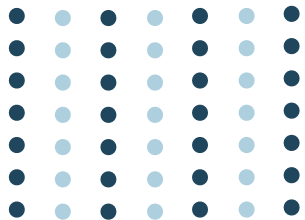




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Thank You!

For additional questions or to request a follow-up meeting,
please contact ahead@dch.ga.gov





Georgia Rural Enhancement And Transformation of Health (GREAT Health) Program

- Five initiatives, based on the five strategic goals of the RHT Program:
 - Transforming for a Sustainable Health System
 - Strengthening the Continuum of Care
 - Connecting to Care to Improve Healthcare Access
 - Growing a Highly Skilled Healthcare Workforce
 - Leveraging Technology for Healthcare Innovations
- Each initiative has various strategies to help achieve the overall goal.



- Rural *populations* are healthier, live longer, have an improved quality of life, and can both live and work in the communities they love.
- Rural *places* have healthcare that is high quality, more abundant, and more effective.
- Rural *progress* creates systems-level change that leverages technology, drives innovation, and improves quality, while maintaining a patient focus and embracing patient voice.

For more information, please visit: dch.georgia.gov/georgias-application-rht-program



The AHEAD model is a CMS Innovation Center program offering states the opportunity to leverage federal funding to make broad changes in the way health care is provided and paid for.

Achieving Healthcare Efficiency through Accountable Design (AHEAD) is a state **total cost of care (TCOC) model** that aims to drive state and sub-state-regional health care transformation and **multi-payer alignment** to improve the total health of a state's population while lowering costs.

The AHEAD model aims to:	
<p>Curb the Growth</p> <hr/> <p>of health care costs across all payers while maintaining or improving quality</p>	<p>Strengthen Primary Care</p> <hr/> <p>through increased, predictable investment and care management supports</p>
<p>Improve Population Health</p> <hr/> <p>by enhancing preventive care statewide and addressing whole person needs</p>	<p>Align Medicaid</p> <hr/> <p>and commercial payers with Medicare to reduce fragmentation and administrative burden</p>



The 2023 NOFO and 2025 FAQs outline specific application elements that must be included in the submission.

AHEAD NOFO Background

- CMS will offer the opportunity for up to 2 new states to join AHEAD in July 2026 and begin performance in 2028 or 2029.
- Anticipated application requirements are based on the 2023 NOFO and CMS guidance.

Key Application Requirements

- **State Accountability Targets** demonstrating an investment in TCOC and primary care
- **Hospital Global Budget Methodology**, including participation from Medicaid, Medicare, and commercial payer(s)
- **Primary Care Transformation / Medicaid Alternative Payment Model (APM) or Patient-Centered Medical Home (PCMH)**, focusing on enhanced care coordination services, including behavioral health integration
- **State Population Health Accountability Plan**, with a focus on preventive care, including chronic disease prevention
- Two policies focused on **promoting choice and competition** in their health care markets



The AHEAD model utilizes Hospital Global Budgets (HGB) and a state total cost of care (TCOC) to create a unified, predictable funding model that aligns incentives across payers and providers.

STRATEGY



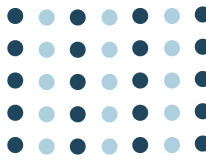
Total Cost of Care (TCOC)

DESCRIPTION

- A payment approach that holds providers and payers accountable for **total spending and quality of care** delivered to a defined population for a defined set of services
- Takes place across **all health care payers**, including Medicare, Medicaid, and private health insurers and plans
- Spending is **overseen by the State**
- Goals of TCOC include **improving patient outcomes, refocusing on preventative care**

WHAT IS INCLUDED

- Defined set of providers (e.g. primary care, specialists)
- Defined set of services (may include inpatient, outpatient, professional, pharmacy, other medical services including primary care and behavioral health providers)



The 2023 NOFO outlines requirements for the operation of a Medicaid Primary Care APM.

Alternative Payment Models

States must commit to implementing a Medicaid Primary Care APM if one does not already exist. This may be a patient-centered medical home (PCMH) program or another primary care value-based payment arrangement that includes **increased accountability** and care transformation structure for **care coordination, health-related social needs, and behavioral health/specialty integration**.

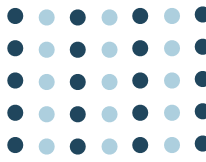
States should consider:

Proposed Authority such as regulatory, legislative, or waiver actions

Eligibility Criteria including eligibility of FQHCs, FQHC lookalikes, RHCs, and small practices

Payment Model such as shared savings or population-based payments

Timeline and commitment to implement by the beginning of Performance Year 1



The 2023 NOFO outlines requirements for the operation of a Medicaid Primary Care APM.

Considerations for PCMH Implementation

PCMHs are considered a shared saving model and have only upside risk. Core PCMH practice components include a **whole-person, team-based approach** to care that uses data to continuously improve care and manage populations proactively. Key considerations for the State include:

- **Engaging with stakeholders** on model design
- Submitting a **State Plan Amendment**
- Providing a **per-member-per-month (PMPM) enhancement** to primary care physicians to manage the population
- Meeting the core and **elective criteria for certification** by a recognized body like NCQA
- Using a certified **electronic health record** system
- **Reporting** on quality measures
- Amending **CMO contracts** to require their participation



The State will leverage Rural Health Transformation projects to assist hospitals in preparing for AHEAD model participation.

2026*



Readiness

- Letters of Intent distributed to rural hospitals
- Letters of Intent expressing interest submitted to DCH
- AHEAD Cohort 4 NOFO released and awarded by CMS
- Financial assessments begin
- Tech/EMR assessments begin
- Year 1 Service delivery and technology improvement funds released

2027



Pre-Implementation

- Hospital and provider recruitment begins
- Hospital assessments completed
- Hospital EMR grants awarded
- Consumer Engagement Enhancement implementation begins
- Year 2 Service delivery and technology improvement funds released

2028



2029

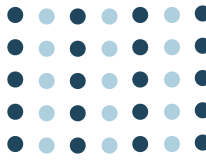


Performance Year 1

- Medicaid Alternative Payment Model / PCMH implemented
- Medicaid hospital global budgets implemented
- TCOC calculations determined

*Dates presume participation in AHEAD Cohort 4B and are subject to change

Source: [CMS AHEAD Model Page](#), [CMS AHEAD Model FAQs](#)



SERVICES PROVIDED



AHEAD Assessment

- An assessment by DCH to review all necessary **financial and care delivery data** to share a complete report on the hospital's readiness to participate in AHEAD



Technical Advisor

- Grant funds to bring on a **technical advisor** to assist in next steps for model compliance



Service Line Support

- Up to \$750K each year for three years to address **service line needs** based on the assessment

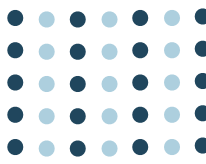


Engagement Platform

- Access for all Medicaid, Medicare, and State Health Benefit Plan members in catchment areas to a **consumer engagement platform**

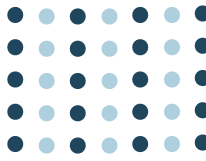
Additional Support

- Ability to access risk mitigation funds in fiscal years 2029 and 2030 for hospitals participating in the AHEAD model



PRIORITY PLACEMENT

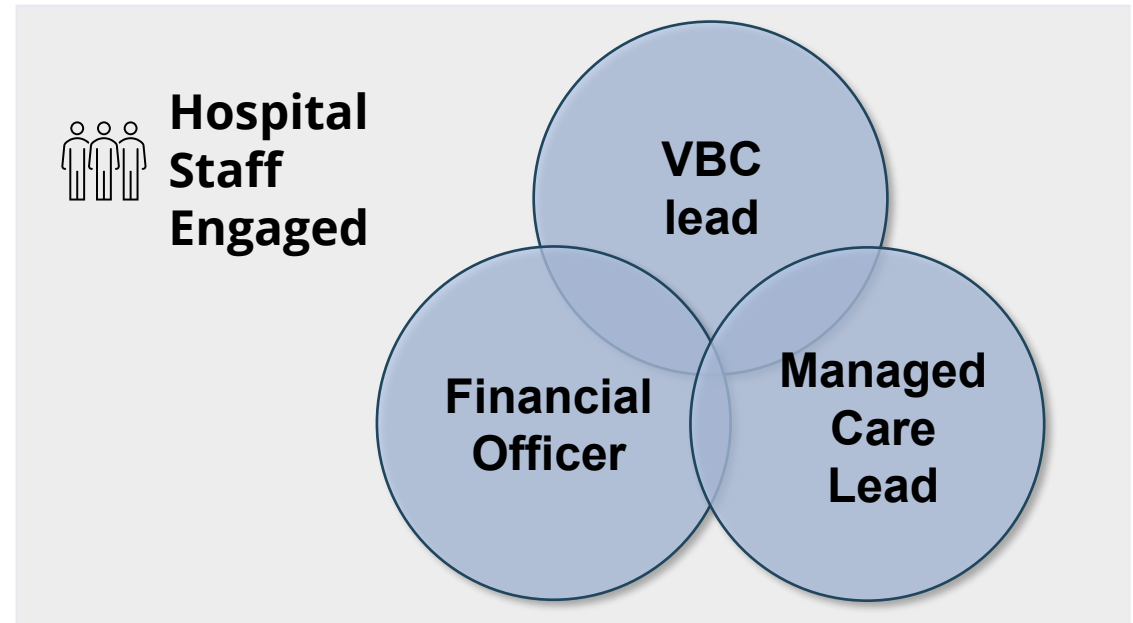
- Assessment and funds to improve population health elements of **EMR systems**
- Assessments, funds, and partnerships for increased **cybersecurity**
- Evaluation for funding for physician workforce retention technology for **surgical robotic systems**
- Assessment and funding for **multi-hub telehealth connections and improvements**
- Funding for **point-of-care telehealth pods**
- **Emergency preparedness assessments** and funding for enhancements to improve sheltering in place facilities
- Rural Stabilization Grant (RSG) funding for **service line improvements**

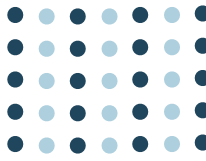


DCH and contracted partners will work with hospital policy and operations leaders to create a strategic roadmap to achieve AHEAD model goals as outlined by Georgia and CMS.

Assessment Areas

- Governance, Leadership, and Strategic Alignment
- Financial Stability and Risk Readiness
- Payment Model Experience and Contracting Capacity
- Workforce Capacity and Readiness
- Behavioral Health and Social Drivers of Health Integration
- Community and Regional Collaboration
- Medicaid Alignment and State Policy Readiness
- Change Management and Implementation Capacity
- Rural-Specific Constraints and Assets





DCH and contracted partners will work with hospital IT leaders to conduct rural hospital technology assessments to prepare for data enablement.

Assessment Area & Purpose

Conduct assessment of rural hospital's **technology environment** to identify and document available data sources and to **inform integration approaches, technical dependencies, and potential limitations**

Technologies in Scope



EMR platforms



Scheduling and management systems



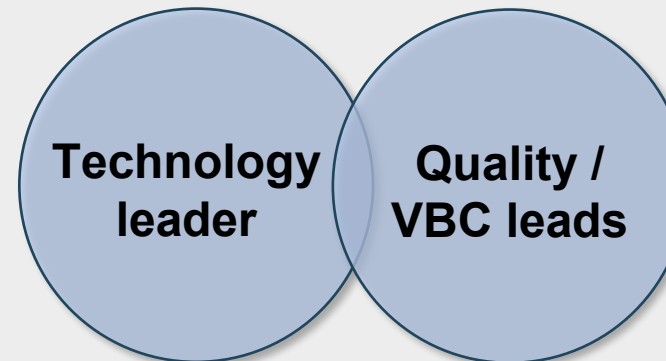
Care coordination tools

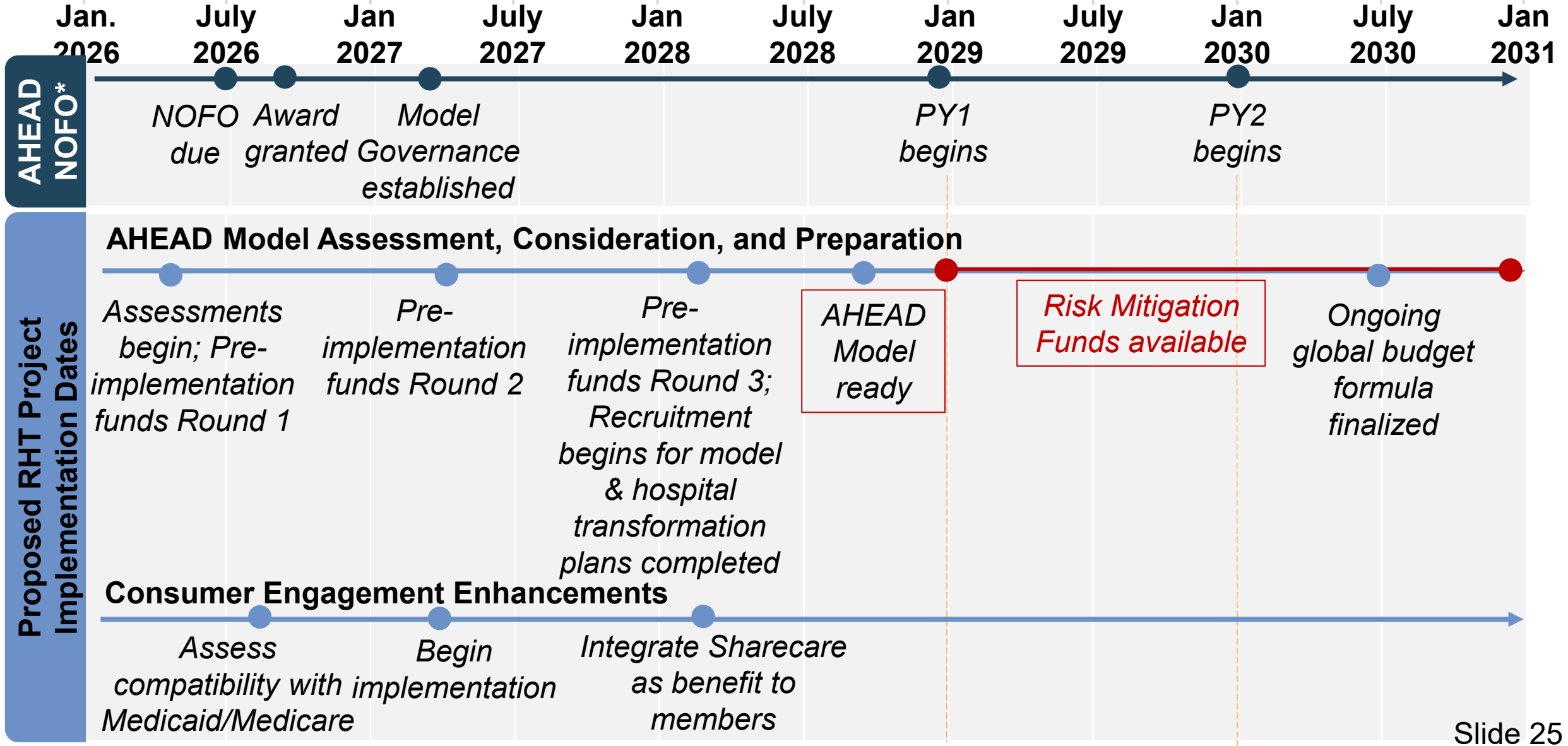


Quality reporting capabilities



Hospital Staff Engaged





*The dates for the new cohort are not yet available. The dates noted in Cohort 4 are speculative, based on timelines from the other cohorts

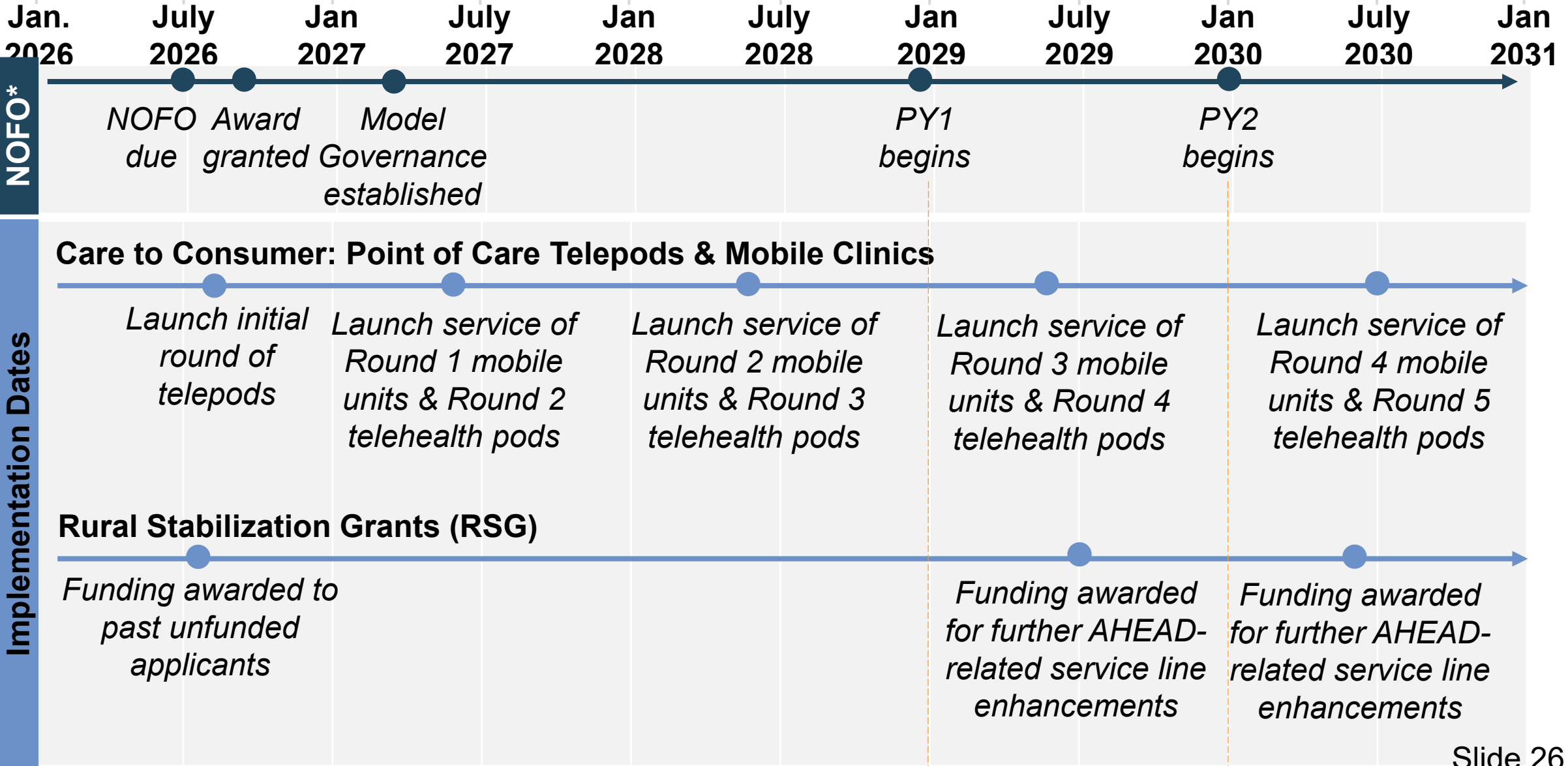


Anticipated Milestones for RHT Projects (2 of 4)



AHEAD NOFO*

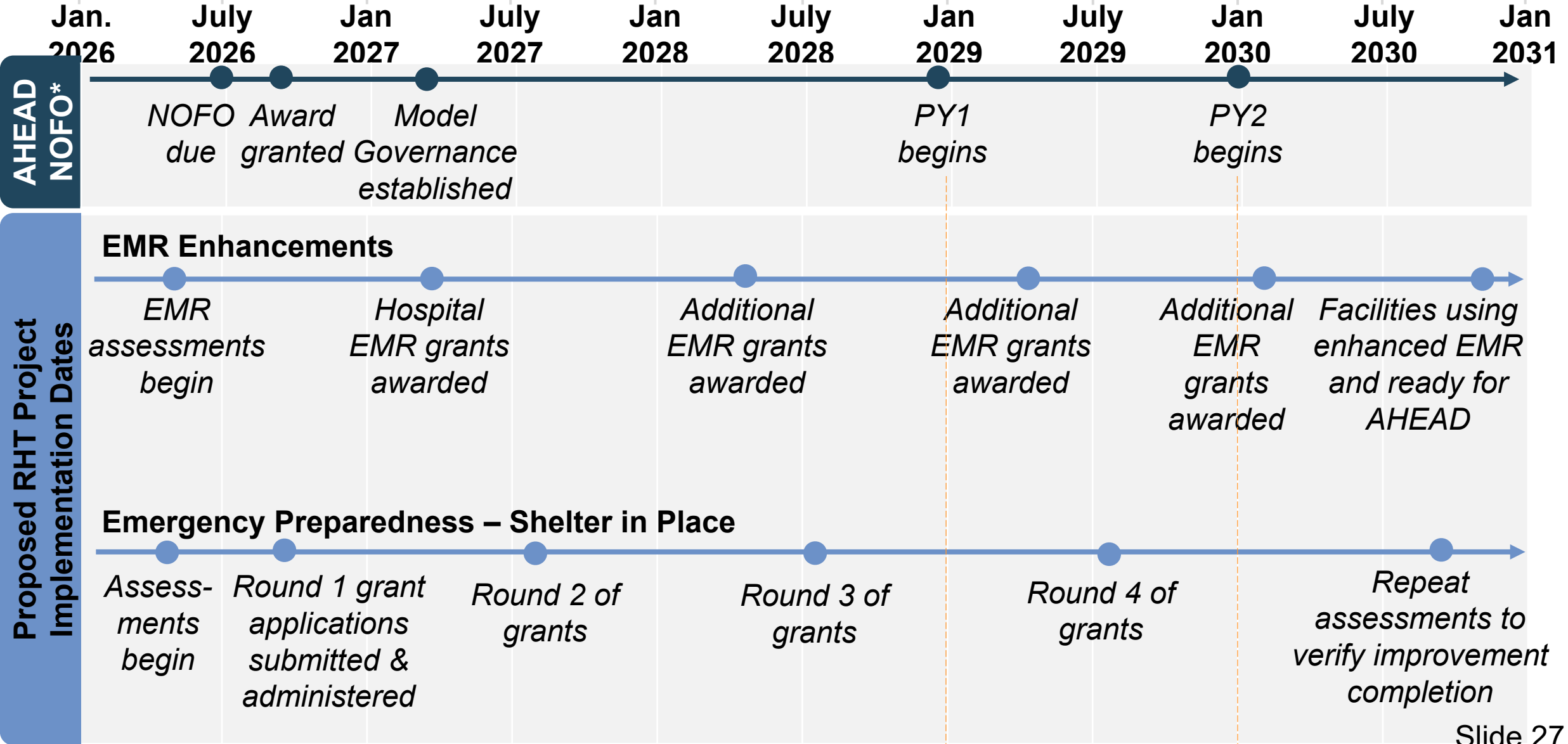
Proposed RHT Project Implementation Dates



*The dates for the new cohort are not yet available. The dates noted in Cohort 4 are speculative, based on timelines from the other cohorts



Anticipated Milestones for RHT Projects (3 of 4)



*The dates for the new cohort are not yet available. The dates noted in Cohort 4 are speculative, based on timelines from the other cohorts

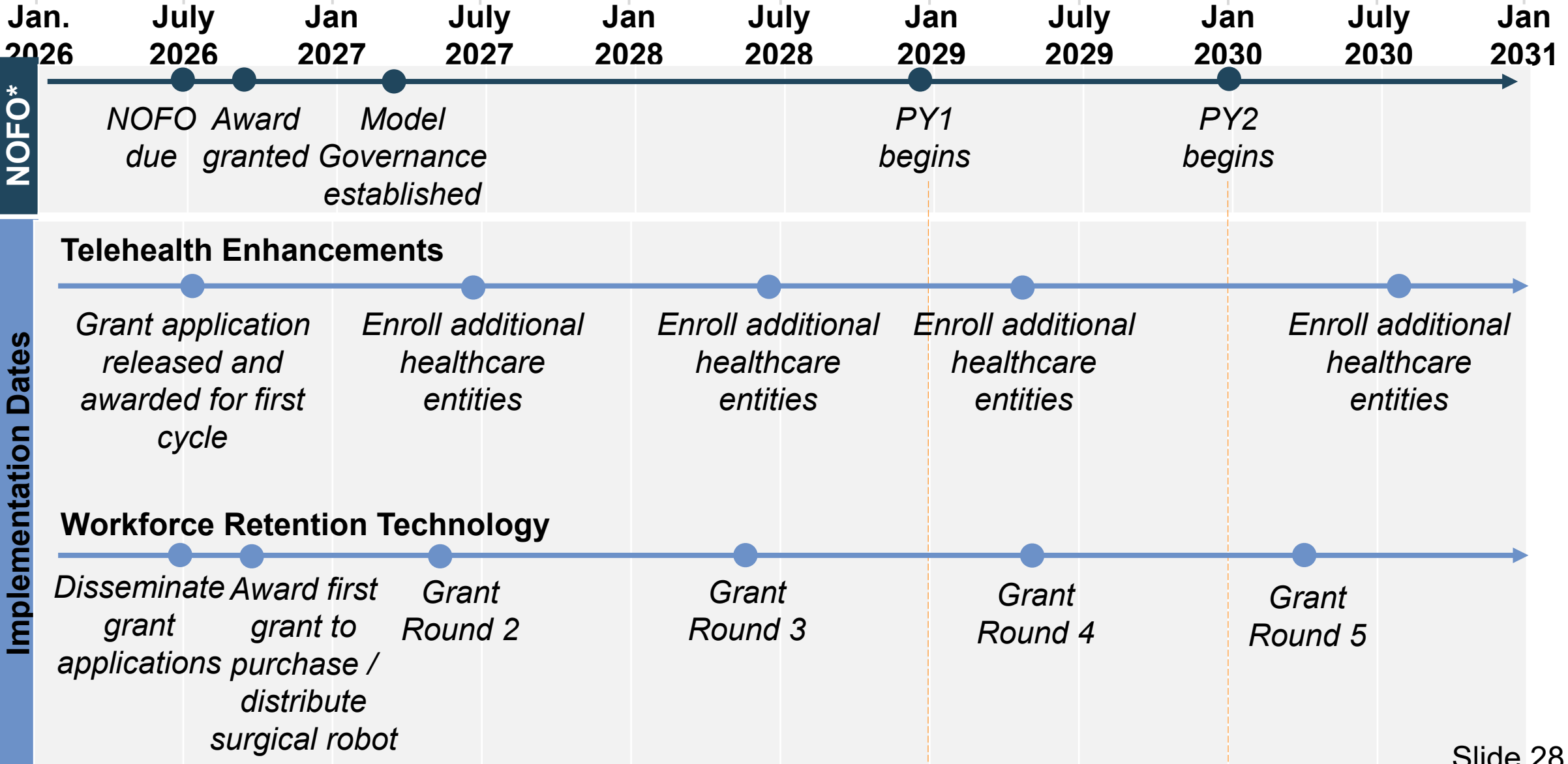


Anticipated Milestones for RHT Projects (4 of 4)



AHEAD NOFO*

Proposed RHT Project Implementation Dates



*The dates for the new cohort are not yet available. The dates noted in Cohort 4 are speculative, based on timelines from the other cohorts



The GREAT Health Program provides opportunities for partnership engagement at the local, state, and regional levels.



PURPOSE



Provide opportunities for information sharing, data reviews and reflections, and discussions of lessons learned during implementation



MEMBERSHIP



Representatives from DCH, DPH, and SORH, along with rural patients and providers

60%

of members represent rural entities



MEETINGS

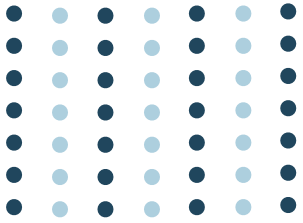


Regular meetings, at a cadence to be determined



The GREAT Health Program provides opportunities for partnership engagement at the local, state, and regional levels.

Stage	Short Description	Example(s)
Preparing	Assess key stakeholder engagement	Town halls, open feedback channels, RHT Program webpage and online form for submissions, meetings with DHS, DBHDD, DPH, SORH, academic institutions, rural partners, and the Governor’s Office
Establishing	Determine stakeholder engagement processes, including accessible opportunities for participation	Multisector collaborative (GREAT Health Advisory Council) and five initiative-based workgroups focused on key objectives that align with the strategic goals
Maintaining	Implement initiatives, ensuring continuous engagement of stakeholders across every phase of each strategy throughout the funding period	Adding public inbox for feedback on the project; intentional rural travel of program leadership to engage in two-way communication with local partners and stakeholders, including rural residents
Developing	Refine engagement strategies over time, guided by ongoing stakeholder input	Update stakeholder engagement processes based on stakeholder input to improve engagement opportunities and transparency



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Thank You!

If you have additional questions or to request a follow-up meeting, please contact greathealth@dch.ga.gov

