

Rural Health Transformation Program: GREAT Health Program

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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.

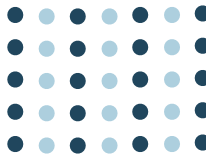
For more information, please visit: dch.georgia.gov/georgias-application-rht-program



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

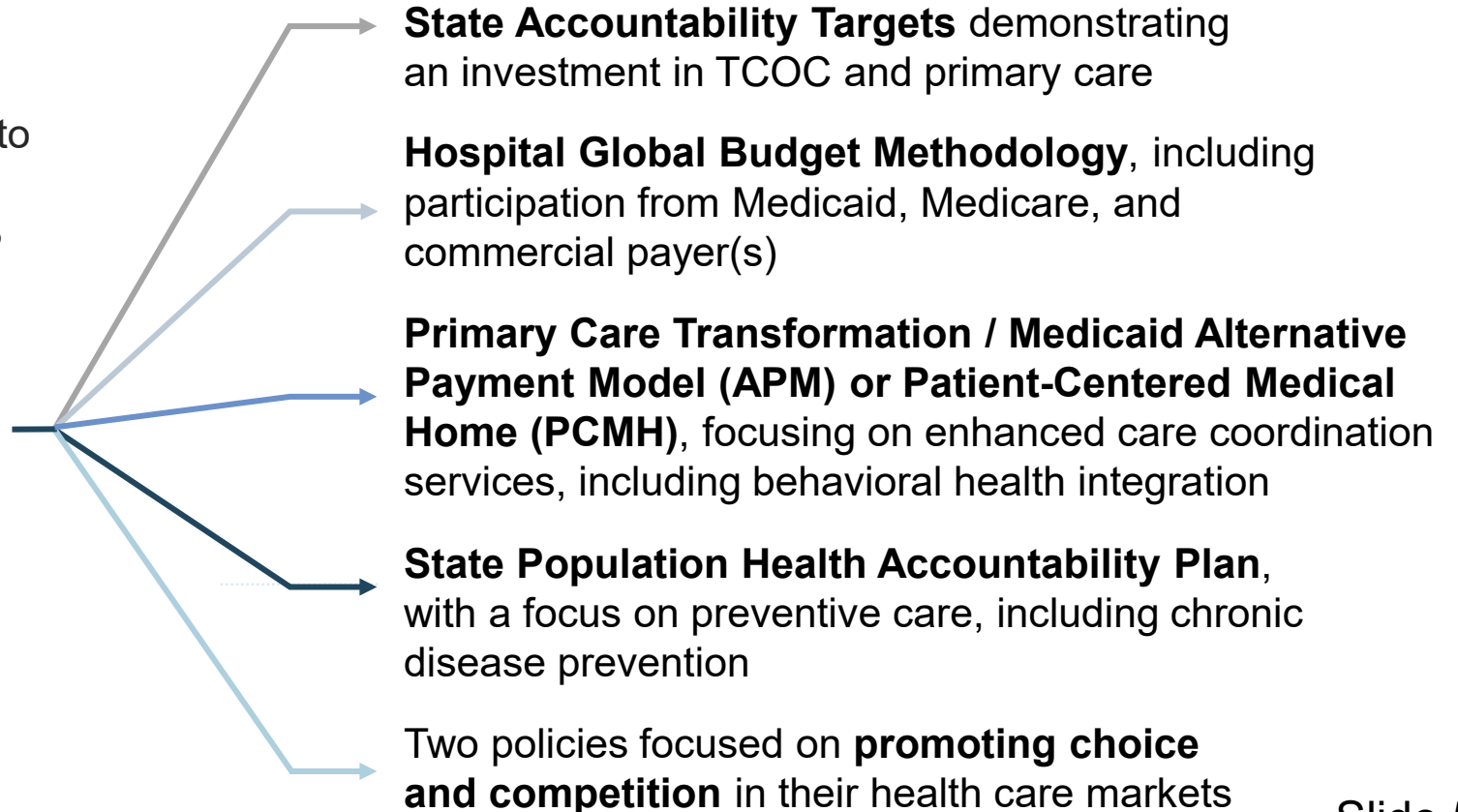


The 2023 NOFO and 2025 FAQs outline specific application elements that must be included in the submission.

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





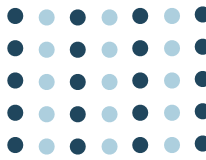


AHEAD Model Payment Strategies



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

STRATEGY	 <h2 data-bbox="489 468 1021 519">Hospital Global Budget</h2>	 <h2 data-bbox="1612 468 2206 519">Total Cost of Care (TCOC)</h2>
DESCRIPTION	<ul style="list-style-type: none"> • A fixed annual payment that covers a defined set of hospital-related services for all patients whose care is paid for by participating payers (Medicare, Medicaid, commercial) • Calculated based on a review of Medicare and Medicaid 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 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Defined set of services provided by hospital (e.g., inpatient, outpatient, lab/radiology, emergency department) 	<ul style="list-style-type: none"> • 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

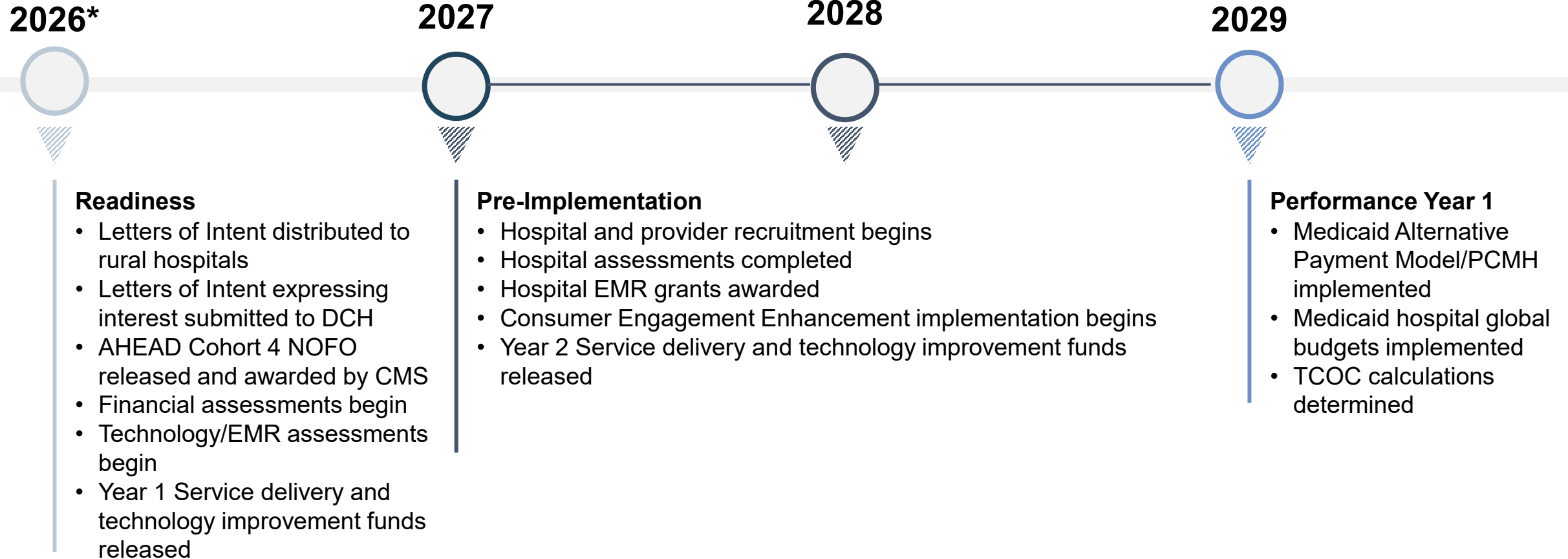
Considerations for PCMH Implementation

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.



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



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**

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**

Additional Support

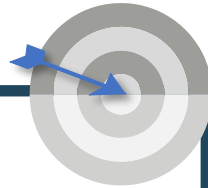
- Ability to access risk mitigation funds in fiscal years 2029 and 2030 for hospitals participating in the AHEAD model



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.

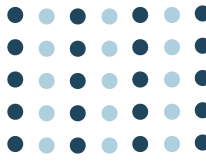
Assessment Areas

- 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



**Hospital
Staff
Engaged**





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



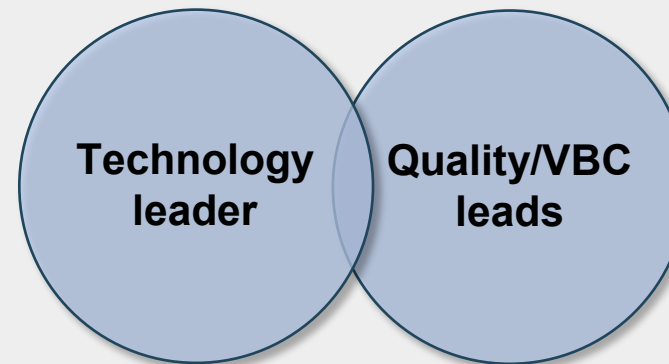
Care coordination tools

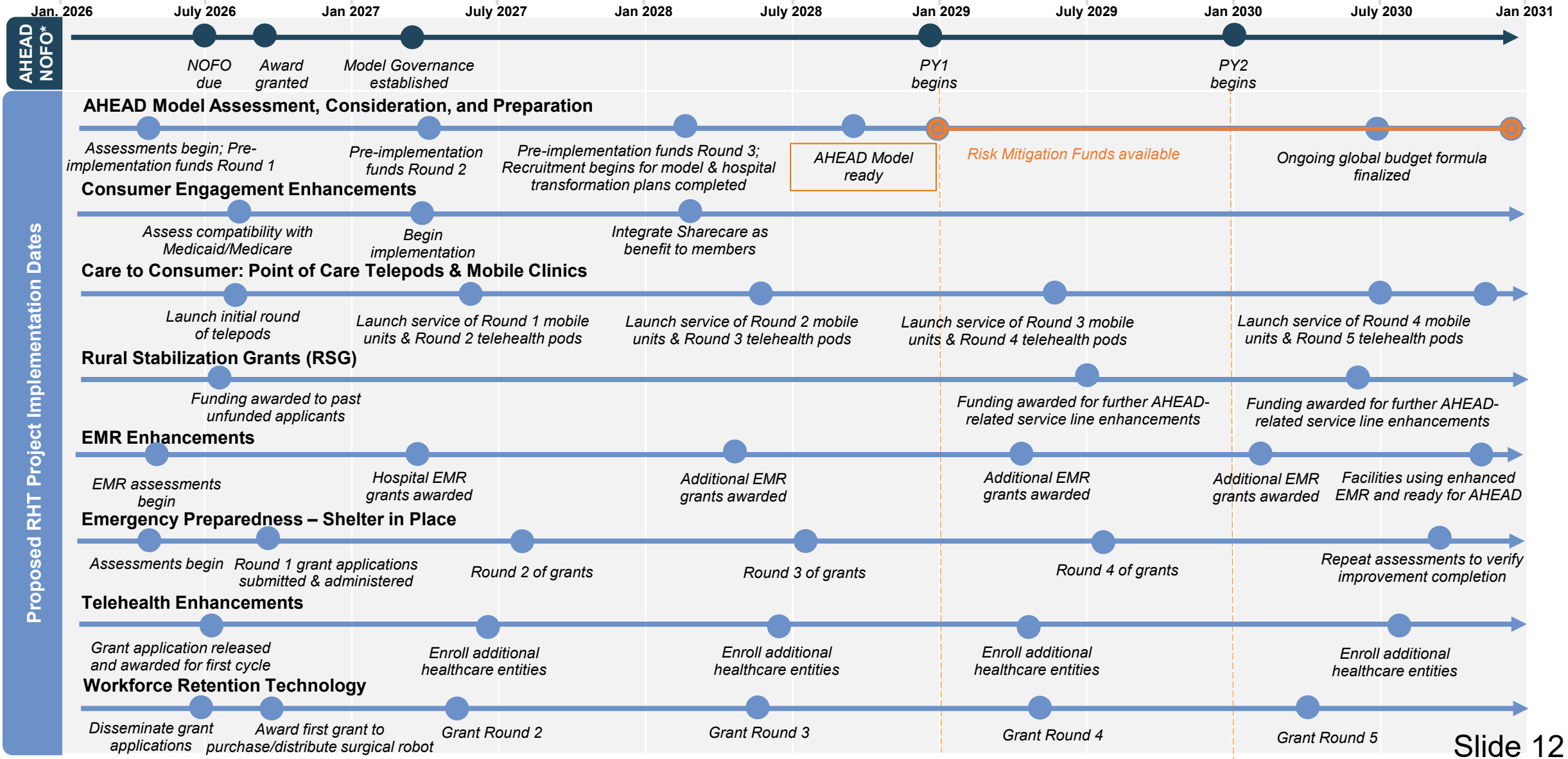


Quality reporting capabilities



Hospital Staff Engaged

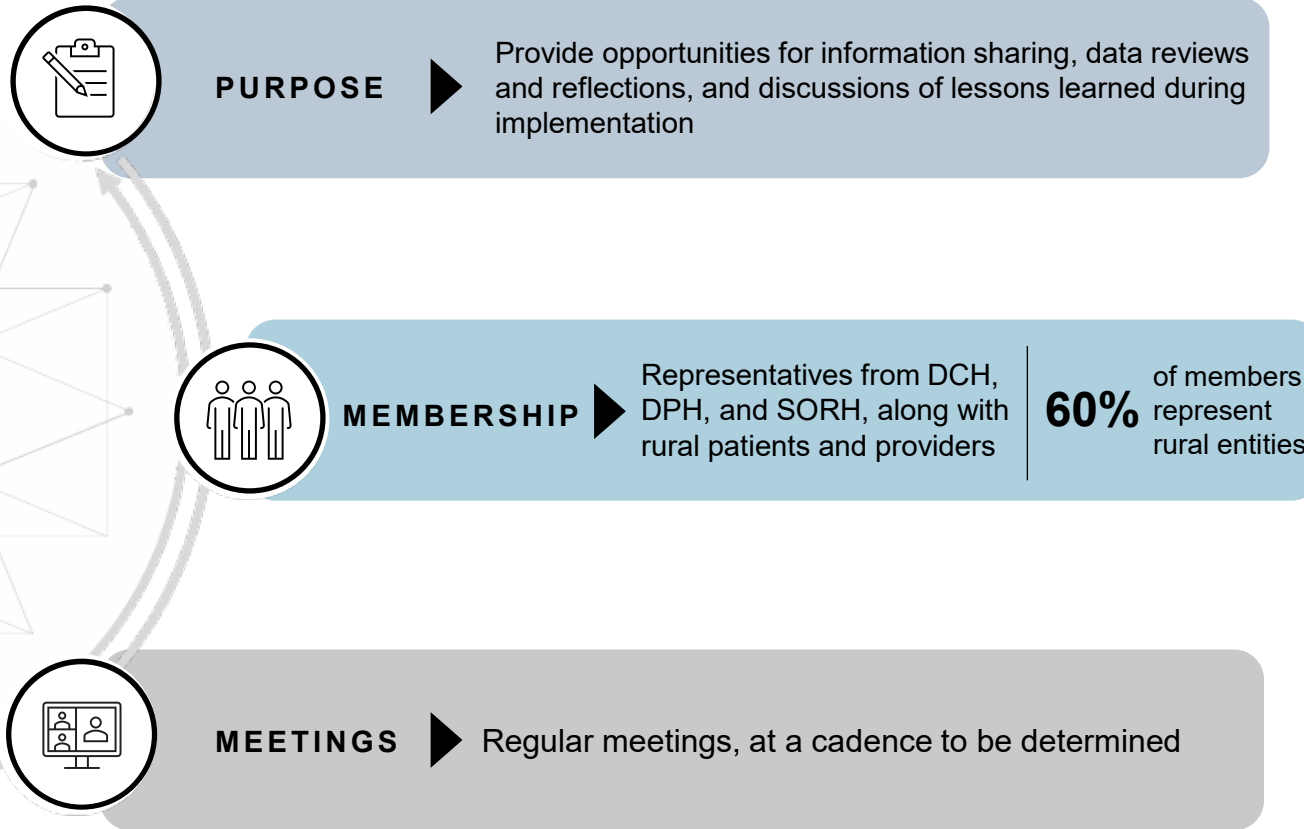




*The dates for the new cohort are not yet available. The dates noted in Cohort 4 are speculative, based on timelines from the other cohorts

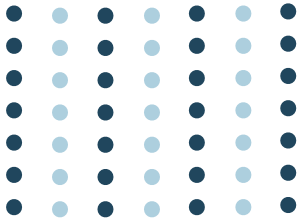


The GREAT Health Program provides opportunities for partnership engagement at the local, state, and regional levels.



GREAT Health Program Engagement Framework

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

