



A 2026 Roadmap for What's Next with LEAD & ACCESS

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Brought to you by **SmartRise Health** & Health Impact Alliance





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Today's Moderator

A 2026 Roadmap for What's Next with LEAD & ACCESS

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Today's Agenda – Presentation and Facilitated Q&A

- 1** Understanding the Regulatory Environment

- 2** Value-Based Readiness: Which Archetype Are You?

- 3** Key Infrastructure Pillars for Scalable Innovation

- 4** Community Care Advancement & Cross-Sector Partnerships

- 5** National Network Integration: TEFCA, QE & HIE

- 6** Standards and Frameworks That Drive Value

Understanding the Regulatory Landscape

Four federal programs are converging right now to shape how health systems get paid, funded, and held accountable over the next decade.

Program	What it is	What's at stake	The Opportunity
LEAD Model	A new federal payment model launching Jan 1, 2027, to improve care for high-need, high-cost patients. Succeeds ACO REACH.	RFA deadline is May 17, 2026 — miss it and you wait another cycle.	Position your system as a successor to ACO REACH with a 10-year stable payment model and shared savings potential.
ACCESS Model	A value-based care model where 50% of payments are tied to measurable clinical outcomes.	Cohort 1 closes April 1; rolling admissions begin for Jan 2027 — early enrollment matters.	Capture outcome-based revenue while building clinical infrastructure that pays dividends across your entire payer mix.
OBBBA / RHTP	A \$50B federal funding program for rural health infrastructure, telehealth, and shared services.	Funding is available now, but only with transformation plans and data readiness.	Access \$50B in federal investment to build shared infrastructure — telehealth, specialist access, and care coordination at scale.
Medicaid Transformation (OBBBA)	Federal Medicaid policy changes including work requirements, redetermination timelines, and eligibility verification reforms.	Coverage gaps and revenue loss rise fast without proactive outreach and eligibility tracking.	Health systems that act now on eligibility tracking and community outreach will retain panels and revenue others lose.

LEAD and ACCESS needs same infrastructure pillars; RHTP offers a funding opportunity, and Medicaid reform makes it urgent

Acronym Reference: LEAD = Linking and Enabling Accountable Delivery | ACCESS = Achieving Comprehensive Care and Equity through Sustainable Systems | OBBBA = One Big Beautiful Budget Act | RHTP = Rural Health Transformation Program | CMMI = Center for Medicare & Medicaid Innovation | ACO = Accountable Care Organization | RFA = Request for Applications



Hope Glassberg

Decipher Health Strategies

former Chief Strategy Officer at Sun River Health, New York's largest community health center

Value-Based Readiness: Which Archetype Are You?

Identify your archetype to align resources, timelines, and risk tolerance before choosing a participation path.

1

The Explorer

Still learning what these programs mean for your organization.

What matters most to you: Understanding enrollment timelines, what "readiness" means, and which program affects your patient population first.

Your move: Use this session to identify your top impact area, then schedule an internal readiness conversation before Q3.

2

The Fast-Mover

Actively pursuing LEAD or ACCESS enrollment for Jan 2027.

What matters most to you: LEAD RFA deadline (May 17, 2026), ACCESS Cohort 1 close (April 1), benchmark construction, and risk track selection.

Your move: Finalize your RFA strategy and begin workflow alignment now.

3

The Framework Leverager

Not ready to enroll yet but building infrastructure now.

What matters most to you: RHTP hub-and-spoke funding eligibility, Medicaid work requirements and redetermination timelines, and data readiness requirements.

Your move: Apply for RHTP funding and start your data readiness audit before enrollment windows open.

4

The Integrator

Using federal models to standardize contracts across your payer mix.

What matters most to you: OAP logic across payer contracts, dual-eligible population management under LEAD, and Medicaid panel stability under OBBBA reforms.

Your move: Map OAP logic across Medicare, Medicaid, and commercial contracts.

Not sure which archetype fits? Start as an Explorer — clarity comes from asking the right questions. Defining your archetype may help determine your Q3-Q4 priorities.



Katie Wunderlich

KKW Consulting

*former Executive Director of the
Maryland Health Services Cost Review
Commission*



VBC MUST-HAVES

Key Pillars for Scalable Innovation



Population Health

Longitudinal risk management for High-Need, High-Cost cohorts: the clinical foundation of both LEAD and ACCESS participation.



Quality of Care

50% of ACCESS payments are tied directly to clinical outcomes: HbA1c control, blood pressure management, and other measurable metrics.



Digital Health, HIE & AI

Tech-enabled care: RPM, wearables, and AI-assisted risk stratification - is a participation requirement, not an optional enhancement.



Network Management

Centralize performance tracking across regional hubs and specialty shadow bundles to maintain quality consistency at scale.





Community Care Advancement & Cross-Sector Partnerships

RHTP Transformation Hubs

Deploy shared-services infrastructure to centralize specialist access, reduce overhead, and make advanced care delivery viable in rural and underserved markets.

From Pilots to Governance

Transition from one-off CBO pilots to **shared data governance** and joint clinical protocols — building durable, scalable community partnerships.

Stabilizing Patient Panels Through 2027

Regulatory transitions **create patient panel disruption**. Tech-enabled community engagement — **including digital outreach, remote monitoring, and CBO coordination** — is the mechanism for maintaining continuity during the 2027 Medicaid compliance shift.

Scalable collaboration requires moving beyond relationship-based referrals to **closed-loop, data-governed outcomes** shared across your community network.



National Network Integration: TEFCA, QE & HIE

The shift from point-to-point interfaces to **national on-ramps** is no longer optional — it is the infrastructure backbone for meeting ACCESS and LEAD data requirements.

TEFCA & QHINs

Secure, bidirectional exchange with CBOs and state agencies — the national trust framework for community data sharing.

Qualified Entities (QE)

Access claims-level data to power predictive analytics and risk stratification pipelines specifically for LEAD performance.

HIE Integration

Real-time ADT alerts are required to meet the "Care Update" requirements within the ACCESS model. Gaps here are compliance gaps.

Objective: Reduce administrative burden through automated, standardized reporting — replacing manual data collection with governed, auditable data flows.



Jacquelyn Hunt, PharmD, MS

Cambia Health Solutions

*former Chief Integration & Innovation
Officer at Central City Concern*

Standards That Drive Value: CLAS, Accreditation Frameworks for VBC

The National CLAS Standards provide a practical framework for integrating equitable and population-based practices in LEAD and ACCESS — including population health reporting, Health-related Social Needs (HRSN) workflows, and outcomes accountability for underserved populations.

Key CLAS Standards for LEAD & ACCESS Compliance

- **Standard 1 (Principal):** Provide equitable, culturally responsive care across all populations.
- **Standard 11 (Data):** Collect and maintain REaL data — race, ethnicity, and language — within EHR systems.
- **Standards 5–8 (Language Access):** Offer language assistance, ensure interpreter competence, and provide multilingual materials.

Accreditation Frameworks That Build VBC Pillars

1

NCQA Health Outcomes Accreditation

VBC Pillar it builds: REaL data infrastructure, disparity reporting, and population health performance — directly supporting LEAD and ACCESS population-based practices.

2

NCQA Community-Focused Care Accreditation

VBC Pillar it builds: HRSN workflows, closed-loop referral infrastructure, and community partnership governance — core to both LEAD high-needs population management and ACCESS chronic care coordination.

3

NCQA Virtual Care Accreditation

VBC Pillar it builds: Technology-enabled care delivery and outcome-aligned payment readiness — directly aligned with ACCESS model requirements for scalable, virtual chronic care management.

4


CCBHC Accreditation (SAMHSA / NCQA / Joint Commission)

VBC Pillar it builds: Behavioral health integration, care coordination agreements, and Medicaid-aligned quality reporting — foundational for LEAD dual-eligible population management and OBBBA Medicaid transformation readiness.




Building Infrastructure for 10-Year Growth

Sustainable participation in LEAD and ACCESS demands investment in three interconnected infrastructure layers and reducing fragmentation— not just compliance readiness, but long-term organizational capability.




IT Readiness

Social risk screening integrated into EHRs and interoperable reporting systems that comply with TEFCA and HIE standards can provide a comprehensive view of population needs and public health prospects.



Quality Engine

Build internal audit capacity to support Outcome-Aligned Payments — including clinical outcome tracking, performance dashboards, and quality attestation workflows.



Provider-Payer Alignment

Standardize data definitions and contract logic across Medicare, Medicaid, and Commercial plans to reduce clinical "drift" and performance variability at the population level.

Facilitated Q&A





Facilitated Q&A

This moderated discussion explores how interoperability infrastructure — when integrated with performance-based payment models — fundamentally reframes the return on investment for health outcomes, community care programs and operational/financial sustainability .

Community Data

Where does your organization currently sit on the community data maturity curve — and what is the single highest-leverage infrastructure investment for 2026?

Interoperability

"How do national frameworks like TEFCA and the use of Qualified Entities integrated into interoperability and HIE programs?"

Cross-Sector Partnerships

Which CBO partnerships in your network are ready for data governance formalization — and which remain relationship-dependent without shared accountability?

Operational Best Practices

What opportunities exist to align CMMI programs federal and national standards, like CLAS, NCQA?

Value-Based Care Programs

How is your leadership team currently thinking about the opportunities and infrastructure build for programs like LEAD and ACCESS? How's RHTP being leveraged? Integrating into existing workstreams?

Sustainability

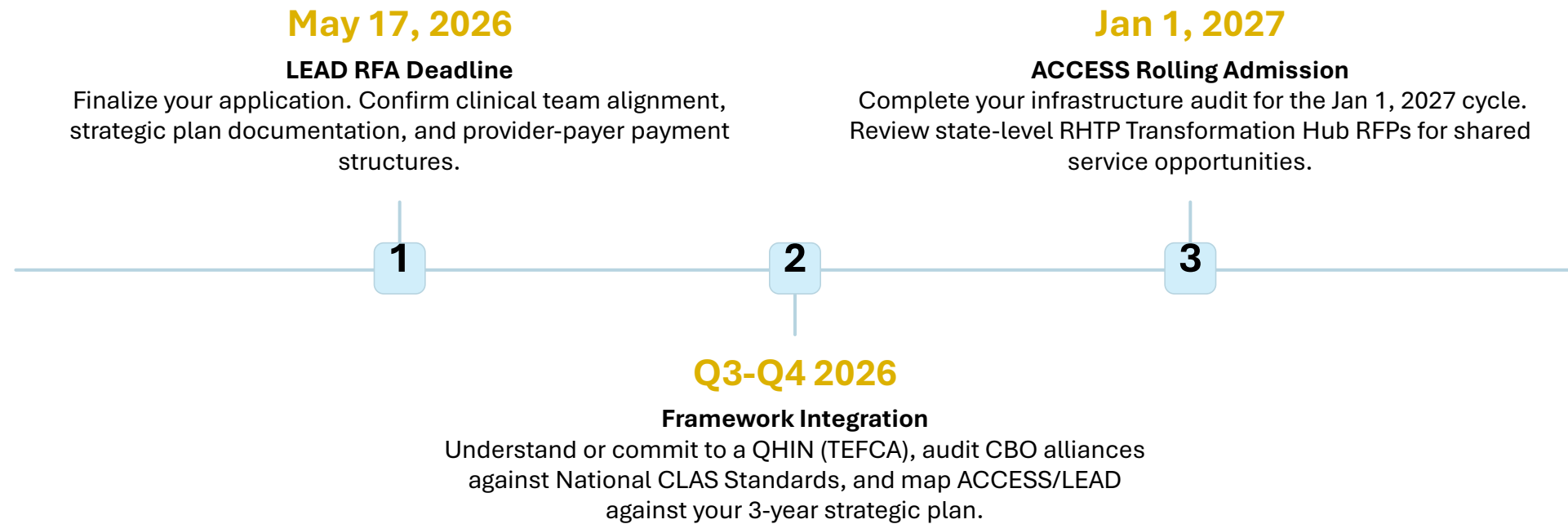
How are health systems continuing to keep us with equitable programming, while balancing budget cuts - what can we leverage or learn to achieve long-term sustainability?



CALL TO ACTION

The 2026 Roadmap: Strategic Alignment & Next Steps

Three concrete priorities to execute — mapped to your internal strategic goals.



Alignment Audit: Map ACCESS and LEAD against your 3-year strategic goals — including RPM deployment, behavioral health integration, and payer contract standardization. The 10-year CMMI commitment makes this a durable investment, not a short-term compliance play.



Questions?

Please take 30 seconds to provide
feedback on this webinar.

Thank You

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Appendix

The Health Impact Alliance

The Health Impact Alliance accelerates meaningful progress in advancing health equity across its health system partners and their communities by equipping health equity leaders and their teams with research-backed insights, ongoing leadership development, and a robust community of practice.

Top Areas of Focus for 2025:

- ✓ Rethinking Community Engagement at Scale
- ✓ Mastering the Social Needs Conundrum
- ✓ Optimizing for Systemwide Quality & Equity Efforts

Collaborative Peer Network Across:

30+

Progressive Health Systems
and Industry Partners

350+

Health Impact
Practitioners

Driving Transformative Progress in Partnership with Health System Peers



Research-Backed Insights to Accelerate Change

Delivery of research-backed insights, toolkits across critical health equity topics with a goal of accelerating change. Facilitated roundtables and interactive workshops help to hardwire strategies. 'AskHIA' expert portal to supplement your team's research capabilities.



Ongoing Development of Health Equity Leaders to Build Capacity

Leadership development curriculum designed for current and rising health equity leaders. Access to renowned industry leaders to provide strategic guidance, executive readiness coaching.



Consistent Collaboration with a Robust Community of Health Equity Leaders

Regular collaboration with health equity leaders and industry experts to facilitate idea exchange, connectivity and shared learning. Annual Changemakers Summit each Fall.