



Abe Sutton, Director
CMS Innovation Center
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD, 21244

Re: Opportunities to Address Upstream Drivers of Health Through CMS Innovation Center Models

Dear Director Sutton,

With more than 135 million people in the US receiving their health care coverage through Medicare, Medicaid, and the Children’s Health Insurance Program (CHIP),¹ the CMS Innovation Center (CMMI) has an important opportunity to test and implement innovative payment and service delivery models that impact many Americans.

NASDOH applauds that CMMI has announced several models containing elements to screen for and address health-related social needs, including the Make America Healthy Again: Enhancing Lifestyle and Evaluating Value-based Approaches Through Evidence (MAHA ELEVATE) model, the Announcing the Accelerating State Pediatric Innovation Readiness and Effectiveness (ASPIRE) Model, and the Ambulatory Specialty Model. Research shows an individual’s ability to achieve good health is influenced by more than access to high-quality medical services. In fact, 80 percent of health outcomes are shaped by the upstream drivers of health – the conditions in which people are born, grow, work, live and age.² For this reason, it is critical that value-based care incorporates efforts to address these root causes of health.

Specifically, NASDOH appreciates that CMMI has prioritized address these underlying causes by:

- Announcing the MAHA ELEVATE Model, which is intended to cover interventions related to nutrition, physical activity, sleep, stress management, harmful substance avoidance, and social connection. We are excited to see how participants utilize

¹ [2021 Enrollment Figures | CMS](#)

² [County Health Rankings: Relationships Between Determinant Factors and Health Outcomes](#)



this model to cover interventions that address the root causes of chronic disease, including health-related social needs.

- Announcing the ASPIRE Model to help children up to age 21 with complex medical and behavioral needs live healthier lives through whole-person care delivery in Medicaid and CHIP, including wrap-around services to address physical and behavioral health needs.
- Finalizing the Ambulatory Specialty Model which includes an activity related to collaborating with primary care providers to ensure patients have received health-related social needs (HRSN) screenings.

NASDOH was also excited to learn that the CMS Innovation Center signaled it expects to further engage on Medicaid work in the coming year, with the potential to release another MAHA-oriented model in addition to MAHA ELEVATE and ASPIRE Models.

Engaging Community-based Organizations in Models

Particularly in the MAHA ELEVATE and ASPIRE models, community-based organizations (CBOs) will be critical partners in supporting the delivery of services, including services to address social connection and with “long-term planning to support health, productivity, and economic stability during the transition to adulthood.”³ While critical to the work, many CBOs are not familiar with CMMI models or may not have the resources and staff to participate in models.

NASDOH offers the following recommendations for engaging CBOs in CMMI’s work, including in the upcoming MAHA ELEVATE and ASPIRE notice of funding opportunities (NOFOs):

- (1) Model participants should discuss how social needs will be identified, how social care will be coordinated and provided, and how participants will work to understand the underlying conditions which drive social needs for their attributed populations. Particularly for the ASPIRE model, state Medicaid agencies should not only work with CBOs to develop answers for the NOFO but also contract with CBOs to address identified needs.
- (2) CMMI should identify other sources of funding, such as SNAP, WIC, and other state block grant funding that can be pooled to address the social needs of individuals involved in the model. Particularly for the ASPIRE model, CMS could develop a roadmap that provides for maximum braiding of Federal funding streams

³ [ASPIRE \(Accelerating State Pediatric Innovation Readiness and Effectiveness\) Model | CMS](#)



administered at the state level, including but not limited to aligning eligibility determination and the integration of services to program participants. While the information on other funding sources is helpful, these other sources cannot completely address the needs of model participants.

- (3) CMMI should clearly allow, and where possible, require participants to pay social care providers for services offered and allow for financial support to develop and sustain organizations that can help address social needs. The Guiding an Improved Dementia Experience (GUIDE) Model is an excellent template for how additional models can partner with CBOs.
- (4) Outcome measures should include the impact of the model on social needs and overall well-being of program participants.

NASDOH also encourages CMMI to incorporate relevant lessons learned and existing infrastructure from the Accountable Health Communities (AHC) Model and from community care hubs into new models. NASDOH member Camden Coalition participated in the model, using the AHC HRSN Screening Tool to universally screen Medicare and Medicaid beneficiaries for five HRSNs—food insecurity, housing instability, transportation problems, utility difficulties, and interpersonal violence. A recent evaluation of the AHC model found it generated more than \$200 million in net savings, demonstrating value in providing screening and navigation services for core non-medical needs, particularly for patients with complex needs.⁴ While the lessons learned and infrastructure are important to incorporate, the AHC model only reimbursed for referrals, rather than the services to address upstream drivers, which should be considered as part of future models.

Additionally, NASDOH encourages CMMI to hear directly from CBOs on how to ensure these organizations can participate in these and other future CMMI models. This could include issuing a request for information (RFI) targeted to CBOs and participating in a convening with CBOs to understand the barriers for CBOs as well as the opportunities for engaging CBOs in efforts to improve health outcomes and reduce costs. NASDOH would also be pleased to host a convening for CMMI to hear from CBOs. NASDOH is managed by Leavitt Partners, home to expert conveners with decades of experience in the private sector and government who have spent years fine-tuning the process for convening stakeholders to identify policy solutions to improve health care delivery and outcomes.

⁴ [2026 AHC Final Report | CMS](#)



Thank you for your consideration of these recommendations. We hope to have the opportunity to work with you on implementing these recommendations to incorporate CBOs into CMMI's models to improve health outcomes and reduce costs.

Sincerely,

Laura Pence

Laura Pence
Advisor to NASDOH