

CMMI Signals Medicaid-Focused, MAHA Models Coming Soon

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The Trump administration is signaling that it will unveil more CMS Innovation Center (CMMI) models focused on Medicaid and another “Make America Healthy Again” (MAHA)-oriented model that seemingly unifies gym, grocery store and traditional health care data.

“I actually believe that a quarter of our work should be in the Medicaid space,” Abe Sutton, CMMI director, said at the CareConference on Monday (March 23). “You should expect more from us in the coming year that touches on Medicaid, going on, things like the BALANCE model.”

On Tuesday evening (March 24), CMMI unveiled the ASPIRE model, which is designed to help children up to 21 years old with complex behavioral or medical needs receive wrap-around services and long-term planning, according to a CMS website post. The initiative also seeks to give families and caregivers “information needed to partner in their children’s care.” CMMI will pick up to five state Medicaid agencies to implement the model, the center announced.

Sutton's emphasis on Medicaid models is a notable shift from the strategic vision he authored in May 2025, which did not call out new Medicaid-focused models as a CMMI priority. The post said little about Medicaid but did note that a growing proportion of Medicaid beneficiaries should be in global downside risk arrangements where participating organizations share in savings and losses.

In the past few months, CMMI has announced a flurry of initiatives affecting Medicaid, including the BALANCE, GENEROUS and CGT models. But Sutton noted that CMMI is “taking steps in other areas to nudge things like LEAD and ACCESS into the Medicaid space,” he added. BALANCE and GENEROUS are models designed to lower drug costs, while the CGT model is meant to expand access to cell gene therapies. The LEAD model is meant to boost participation in Accountable Care Organizations (ACOs), while the ACCESS model seeks to reward providers if their care improves health outcomes.

For the LEAD model, CMMI is looking for two states to partner with on creating a framework for local Medicaid-ACO arrangements.

“This framework will help define how ACOs and Medicaid organizations can work together to share data and coordinate care to improve outcomes, including preventing avoidable hospitalizations and helping patients remain engaged in their communities,” the LEAD model’s website states. CMMI will look for partners between March 2026 and December 2027, the website notes.

For the ACCESS model, HHS has announced that major payers representing 165 million Americans will adopt ACCESS-like reimbursement models by Jan. 1, 2028.

Sutton and Jacob Shiff, CMMI’s chief AI and technology officer, both noted that major Medicaid payers like Centene have signed the pledge to launch ACCESS-like models. CMMI is also releasing “optional alignment resources” later this year to help other payers launch similar reimbursement structures, according to a press release.

In addition to more Medicaid-related work, CMMI Chief of Staff Gita Deo signaled the federal government may be eyeing another MAHA-oriented model on top of the existing MAHA ELEVATE and ASPIRE models.

Although Deo said he cannot talk about specific models, she said the model will be patient centered.

“If you're a patient and or beneficiary, everything you do in your life, when you go to the gym, when you go to the grocery store, when you're just hanging out at home, that community network that you have is also somehow connected to your care plan, and it's all working together into one system, and you're not in a silo anymore,” Deo said at the CareConference. “So that's kind of the [vision] of what we're actually going to do. More to come.”

CMMI is currently fielding applicants for MAHA ELEVATE, which will provide \$100 million to 30 organizations that offer functional or lifestyle medicine interventions like yoga, according to a CMMI video.

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