UNITE US

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Submitted via https://www.regulations.gov/

Dr. Mehmet C. Oz, MD, FACS
Administrator, Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Attn: CMS-0042-NC
P.O. Box 8013
Baltimore, MD 21244-8013

RE: Request for Information: Health Technology Ecosystem

Dear Administrator Oz:

I write on behalf of Unite Us in response to the Request for Information ("RFI") issued by the Centers for Medicare and Medicaid Services ("CMS") regarding the Health Technology Ecosystem, 90 Fed. Reg. 21034 (May 16, 2025). The RFI seeks input on the market of digital health products for Medicare beneficiaries, the state of data interoperability, and the broader health technology ecosystem. Unite Us technology coordinates care between health and human sectors—driving collaboration to proactively identify unmet needs, while delivering, and reimbursing for community-based services that impact whole-person health.

We commend CMS for seeking stakeholder input to help inform future efforts by the agency and its partners to revolutionize healthcare in the U.S. by building a people-centered, technology-driven system for Americans. Like CMS, Unite Us believes effective and responsible adoption of technology can empower both individuals and health and human service providers to make better decisions for beneficiaries' health and well-being. We appreciate the bold vision and commitment to accelerating digital health innovation, strengthening data security, enhancing program integrity, and driving operational efficiencies across Medicare, Medicaid, and the federal marketplaces.

We submit these comments to express our strong support for CMS's efforts to advance a seamless, secure, and patient-centered digital health infrastructure. Specifically, we encourage CMS and ASTP/ONC to:

- Prioritize investments in data systems that reduce duplication, empower local providers, and promote the efficient use of taxpayer dollars by targeting resources where they're needed most;
- Look to successful, consensus-driven private sector efforts that are working to advance the digital health ecosystem and incorporate the perspective of community-based organizations (CBOs) working to help advance community and industry standards;

- Promote upstream prediction of barriers to health - such as loneliness, food insecurity, housing instability, and low income - along with clinical conditions to proactively assess individual risk and high utilization; and
- Empower individuals and their caregivers to engage in their community by promoting the integration of CBOs into the healthcare ecosystem to support real-time connections to care and services.

Background on Unite Us

Founded in 2013, Unite Us is the nation's leading software company bringing the health care, government, and human service sectors together to coordinate care in real-time and improve the health and well-being of communities. Our technology enables care providers to predict and identify community-based and non-medical needs, deliver coordinated services in real-time, and manage reimbursements for community-based services —helping to eliminate fragmented silos between health and community-based care teams, reduce the burden placed on individuals seeking care, and improve health outcomes while lowering costs. Our goal is to help individuals, no matter who they are or where they live, access the critical services they need to thrive.

Each community has its own assets, challenges, and solutions—but all share a common goal to efficiently connect people to services. The Unite Us infrastructure brings communities together and strengthens partnerships and connections to solve challenges that affect us all. Through our coordinated care networks, built in partnership with local organizations that span sectors within a community, Unite Us seeks to increase efficient access to health and social services, address the fragmentation of services, and confront barriers to health prosperity. Unite Us employs an approach to community engagement rooted in understanding where community members have trusted relationships—whether it is barber shops, churches, or community centers—and then works to bring those organizations into the connected healthcare ecosystem. Extending traditional care networks into the community brings health and social services together, and enables all populations to get the care, support, and resources they need—no matter where they are found, including hard-to-reach individuals with complex needs.

Unite Us is more than just a technology company—we are a trusted community partner providing cross-sector coordination tools advancing a transformational approach to addressing whole-person health. Over the past decade, Unite Us has grown nationally to power real-time coordinated care networks of health care, government, and community-based services across the country. Built around a secure national enterprise master person index, we have facilitated more than 70 million connections to care to and between providers in communities, and we enable access to more than 1.5 million community-based and social services across the country, including housing, respite care, mental and behavioral health, transportation, education, employment, legal, food, and benefits assistance. We support Medicare and Medicaid beneficiaries throughout the country and provide

the technology infrastructure for proactively engaging beneficiaries with chronic conditions and unmet community-based needs, while connecting them electronically to existing Medicare supplemental benefits along with wraparound community support services that reduce unnecessary utilization and improve health outcomes.

Unite Us Comments on CMS-0042-NC

1. Advancing Data and Technology Standards

Unite Us strongly supports CMS's focus on advancing data standardization and interoperability across the health technology ecosystem, as outlined in the RFI. We agree with CMS that effective and responsible adoption of technology—grounded in common standards—can empower individuals to make better decisions for their health and well-being and improve care delivery system-wide.[1]

There is growing evidence that community-based needs such as safe and stable housing, mental and behavioral health, nutritious food, and transportation significantly impact an individual's well-being and health outcomes.[2] Many chronic conditions and avoidable hospitalizations are linked to unmet non-medical needs. Early identification and tracked referrals and associated outcomes to appropriate services—such as through targeted screenings and interventions—have been shown to improve health outcomes, promote self-sufficiency, and support quality improvement through data-driven risk stratification and performance monitoring.

Unite Us supports this work by enabling proactive prediction of both combined chronic disease and community-based needs (i.e. loneliness, housing insecurity), paired with real-time secure care coordination across health care, government, and CBOs. The Unite Us platform features more than 1.5M services available, with more than 170 standardized health care and human service types and more than 1,500 standardized and structured outcomes tracked by providers coordinating within the software. A standardized taxonomy across systems of care creates an opportunity to evaluate data and outcomes through standard definitions of needs and outcomes and provides the ability to evaluate program success at scale. Further taxonomies should be evaluated and updated as technology evolves, taking advantage of flexibility that systems innovation brings. Deeply embedded into existing health care systems, we enable data collection in alignment with USCDI standards in addition to interoperability industry standards, including HL7 and ASC X12 837 file format.

[1] RFI, 90 Fed. Reg. at 21034

[2] We use the terms "non-medical needs" and "non-medical drivers of health" interchangeably throughout our comment letter.

We also enable collection of structured data beyond industry standards, including a robust range of additional community-based and non-medical data fields. We have developed standardized and structured data fields based on community-driven feedback over the last decade to track every service provided and individual outcomes through a longitudinal journey in a consistent way across sectors. For example, food pantries that receive requests for food boxes receive the same structured requests, assessments, and outcome documentation no matter where they are located—a food pantry in Florida will receive the same structured service type request as will a food pantry in Illinois or Rhode Island. This consistency allows for detailed, comparable data on services and outcomes, making it possible to analyze their relationship to health improvements. As a result, health care organizations and government partners can meaningfully assess the impact of their investments in these interventions using structured outcomes data that are adopted by organizations using Unite Us throughout the country. **We would welcome the opportunity to engage with CMS and ASTP/ONC on how to promote the design and adoption of standardized community-based incorporated into health care data consumption and analysis to further accelerate cross-sector collaboration and research on the outcomes of these interventions.**

Integrating non-medical data into clinical systems and workflows is essential for delivering effective, needs-based, and financially sustainable care. Non-medical data enriches the understanding of healthcare quality and can seamlessly flow from routine workflows undertaken by care coordinators and clinical providers within care settings. Care coordinators at health plans and hospitals nationwide use closed-loop referral tools like Unite Us to provide patients experiencing co-occurring non-medical needs with access to appropriate services and resources to prevent readmission and support the long-term health and well-being of the patient. Once that referral is made, community partners work with that patient to address their needs and provide detailed outcome data back to the hospital to clarify whether and why (or why not) a service was provided. During the course of that relationship, the community partner is often able to have deeper conversations with patients regarding health needs and barriers than what may be possible in the traditional hospital setting. Consequently, the community partner may be able to collect a much more robust set of demographics, needs, and non-medical data than is possible in the hospital or primary care setting.

The Unite Us platform captures structured, longitudinal data not typically found in the clinician's electronic health record (EHR). The integration of ancillary, non-clinical systems into the health technology ecosystem is critical because EHR systems do not always have the ability to store non-medical data. This data helps paint a fuller picture of a patient's needs and allows clinical providers to act on insights that would otherwise be unavailable. Indeed, it can be the missing piece between treating a medical occurrence (e.g., treating an asthma attack) and preventing recurrence (e.g., providing mold abatement for mold that can trigger asthma attacks). **We encourage ONC to continue to support and prioritize efforts to facilitate exchange of health and non-medical data and collaborate with and learn from experience across these sectors.**

We applaud CMS's and ASTP/ONC's efforts to promote the design and adoption of standardized datasets, such as USCDI, across partners and sectors. USCDI created a common data language across disparate systems and this standardization now supports more seamless data exchange, reducing variation and confusion across vendors and care settings and providing richer data analytics and increased transparency. While USCDI has significantly advanced health IT interoperability by providing a common foundation for clinical data exchange, the inclusion of non-medical data is still limited and as such data sharing with non-healthcare partners such as CBOs remains outside most current USCDI use cases. Expanding USCDI to include non-medical domains—such as housing stability, food security, and caregiving status—would support more comprehensive care and create a consistent foundation for collaboration across sectors.

We also urge CMS to draw on the success of consensus-driven private sector initiatives such as the Gravity Project, which has developed standards for capturing and sharing non-medical data. CMS programs should be designed to allow for seamless Gravity Project implementation across states, aligning on data fields, workflows, and integration methods that support evidence-based, interoperable, and person-centered care—without requiring costly or fragmented product customizations.

In our own work we have seen the enormous impact that proactive engagement with upstream prediction, along with data standardization and interoperability via coordination with community partners can have on health outcomes. For example:

- In Kentucky, individuals participating in a Louisville housing pilot powered by our technology reported a 63% reduction in physically unhealthy days and a 62% reduction in mentally unhealthy days. Unhealthy days are associated with increased hospital admissions and medical costs.
- In New Jersey, a pilot led by community health workers using our technology to screen for and address social needs—including by referring individuals to local community organizations—documented a 25% reduction in total cost of care. The individuals served through our technology experienced a 24% reduction in emergency department utilization and a 60% increase in behavioral health care utilization.
- In Florida, new mothers referred to services through Unite Us experienced a statistically significant reduction in all-cause hospital (re)admissions. Of particular note, Medicaid patients experienced a 79% reduction in odds of postpartum-related readmissions at 30 days, and a 70% reduction in odds of all-cause readmissions at 30 days. New mothers in Florida also reported improvement in the number of mentally healthy days per month: before receiving assistance, moms reported, on average, 9.9 unhealthy mental health days per month; after 60 days, the number had fallen to 6 days per month. In particular, the increase of 4 healthy days per month reported in this study translates to an estimated $32

lower medical costs per member per month.[3] An increase in healthy days per month reflects an improved quality of life for new moms, and it may also reduce healthcare utilization and generate associated cost savings.

These improved outcomes would not be possible without our focus on non-medical data standardization and cross-sector interoperability efforts, and they emphasize the importance of updating the USCDI standard to include non-medical data elements.

In addition to data standardization, Unite Us has successfully interoperated using FHIR and other standards with EHR systems such as Epic, Cerner, and eCW; care management systems such as Virtual Health; and case management tools like Salesforce, which are commonly used by CBOs. This includes workflow integrations that enable users to launch our platform within their existing systems of record; APIs that enable easy searches for programs based on parameters including location, eligibility, language, and payment options; and APIs to enable users to receive back information into their system of record on referrals, cases, and structured outcomes that have been routed through our platform. Our solutions are also being used by Medicare Advantage plans to create connections between eligible members and condition specific programs and wellness initiatives they are eligible for, providing standardized data for interventions and outcomes that can be surfaced across a plan's systems from care management to customer support. We have also completed data integrations with government partners—including state agencies, Managed Care Organizations (MCOs), and regional health information exchanges (HIEs)—and resource directory integrations with regional partners including United Ways and 211s throughout the country.

We urge CMS to support requirements for hospitals and providers to adopt systems that interoperate not only across EHRs and clinical systems but also with CBOs. This would allow providers to adopt common risk stratification used by all sectors that includes upstream community-based barriers that can be addressed outside the clinical setting. This interoperability would enable providers and payers to access prior screenings and interventions conducted outside the hospital setting—eliminating duplication, reducing documentation burden, and improving care coordination. We appreciate CMS's vision for a modern, data-driven health ecosystem and encourage the agency to continue investing in cross-sector interoperability. A seamless digital infrastructure should follow the patient, not the paperwork.

[3] Dana Drzayich Antol et al., "Change in Self Reported Health: A Signal for Early Intervention in a Medicare Population," Healthcare (Vol. 10, Issue 1) (Mar. 2022) (finding that for every reported unhealthy day, healthcare costs increased by $8 per member per month).

2. Enabling Secure Information Exchange and Preventing Information Blocking

Unite Us strongly supports CMS's emphasis on privacy, security, and trust as essential components of a modern health technology ecosystem. Trust and transparency are the cornerstones of our platform.

In alignment with these goals, we have implemented a robust, client-centered process that requires each person seeking services to consent to share their information before any referrals can be sent on their behalf via our platform. No referral can be shared without the individual's documented consent, which is visible to the organization coordinating care for that individual at all times. If an individual has revoked their consent, our technology does not permit a user to share that individual's information with any other organization or user. We designed this process to protect individual privacy, while simultaneously removing barriers individuals face when seeking services and alleviating the challenges faced by health and social service providers when coordinating care.

As a national leader in cross-sector care coordination, we have seen firsthand how legislative proposals can promote information blocking and undermine data exchange to improve outcomes. In multiple states, Unite Us—joined by state Medicaid directors, county health departments, veterans agencies, universities and local school board associations, non-profit CBOs, and community members–has fought to protect people seeking care from legislation that runs counter to CMS' data-sharing goals. In Kansas, one such bill would have imposed unreasonable burdens on individuals seeking care—requiring them to re-tell their story to each provider they seek services from, even after they have signed a consent to share their information with their providers. Numerous health and social service organizations submitted testimony opposing the bill, including several county and local health departments, multiple child advocacy organizations, the state's association of school boards, the local United Way, and the state University's Center for Public Partnerships and Research. One of the child advocacy organizations shared that it opposed the bill because it would "impact the ability of [individuals] to be referred to and access critical services like child care" and that "if families can no longer find child care because another barrier is in the way, the crisis will only worsen." A county health department explained, "we are not sure what this bill is trying to solve." When a similar bill was introduced in Rhode Island, the RI Office of Veterans Services testified against it, explaining that it was "likely to impose [an] extensive burden on community non-profits and Veteran-serving organizations." Similar bills have also been opposed and defeated in Nebraska, Utah, Oklahoma, and West Virginia.

We recommend that CMS consider addressing legislative activities that directly interfere with efforts and initiatives that advance secure, seamless data exchange, whether through its rulemaking or enforcement powers. We note that the legislation described above not only promotes information blocking, but it also runs counter to the guidance from HHS on the

Confidentiality of Substance Use Disorder (SUD) Patient Records regulations at 42 CFR part 2 ("Part 2"), which aims to help increase coordination among providers treating patients for SUDs and improve patient health outcomes. The final rule permits the use and disclosure of Part 2 records based on a single patient consent given once for all future uses and disclosures for treatment, payment, and health care operations. By contrast, the proposed legislation requires that an individual consents to each additional organization that receives their information—a consent structure deemed too strict for even the most sensitive information.

As the market leader in empowering care coordination across the country, we have witnessed many of the challenges that individuals face when seeking services across siloed providers, as well as the difficulties providers manage when working to coordinate care with their partners. In our comment letter in support of HHS' modifications to Part 2, we wrote: "Individuals with SUDs deserve equal access to coordinated networks of care to improve their health and well-being. Integrated whole-person care, which is critical for an individual's health and well-being, requires that providers be able to share clinical information about the client's treatment and their healthcare condition."

We believe it is of utmost importance to support individuals with accessing and using their electronic health information securely and privately so that they are able to take charge of their health and make better and more-informed decisions. For these reasons, when accessing services through providers coordinating through our platform, individuals have the right to know what information is collected from their providers, the right to consent to the sharing of their information, the right to correct their information, the right to revoke consent to sharing their information, and the right to delete their information. It is of critical importance to implement appropriate mechanisms for privacy and security to protect sensitive health and non-medical care information.

By providing the technology and resources to support secure coordination across sectors, we alleviate the burdens imposed on resource-constrained providers serving our communities. As an organization certified under NIST 800-53, we help health and social services providers integrate high-impact cybersecurity practices—including CBOs that may lack robust IT capacity due to resource constraints—so that they may strengthen cyber preparedness, improve cyber resiliency, and ultimately protect data from cybersecurity attacks, fraud, misuse, and other harms. **We encourage CMS and ASTP/ONC to support direct funding opportunities for CBOs, safety net providers, and state and local governments to adopt the digital infrastructure required and advance privacy and security across health and social services providers.** Direct investment in digital capacity-building will help partners in the health technology ecosystem meet high standards for privacy and security—while delivering coordinated, whole-person care.

3. Promoting Value-Based Care

The transition to value-based care represents a cornerstone of CMS's strategy to incentivize improvements in health outcomes rather than increases in service volume.[4] Unite Us agrees with CMS that technology is critical to this transformation. To succeed under this model, providers and health systems must shift from reactive, episodic care to proactive, coordinated, and data-driven strategies that improve outcomes and reduce costs. That is where population health management and data analytics become central. Further, as CMS notes, "the health system is fragmented and challenging for people to navigate" and having "access to relevant and usable data can help people better understand their health status, set goals with their providers, avoid out-of-pocket costs, and engage in their care more effectively."[5]

Unite Us believes CBOs are critical to realizing the potential of value-based care. CBOs are a vital, often underutilized asset within the broader healthcare ecosystem and strengthening the healthcare system's partnership with CBOs—through sustainable funding, interoperable technology, and shared governance—can help deliver more equitable, cost-effective, and person-centered care. CBOs also function as extenders of clinical care, addressing the non-medical drivers of health—such as housing instability, food insecurity, and transportation access—that significantly impact health outcomes but fall outside the traditional scope of medicine. By helping individuals navigate these challenges, CBOs enable clinical providers to focus on medical care while enabling patients to receive the wraparound support needed to follow through on treatment plans. This kind of coordination is especially critical for Medicare populations and others with complex needs. With appropriate infrastructure and investment, CBOs contribute to shared care plans, population health data systems, and cross-sector collaboration in ways that improve care delivery and reduce avoidable costs.

Unite Us is encouraged to see CMS's continued commitment to uplifting the role of community organizations and the recognition that engaging community-based initiatives align with prevention and wellness goals and objectives. We agree that leveraging CBOs to "resolve nutrition needs, provide disease management counseling and lifestyle education and services (e.g., exercise and nutrition support), or offer access to evidence-based alternative medicine" can drive proactive engagement and take the burden off traditional clinical settings. A shared platform like Unite Us coupled with predictive analytics can engage, address, and drive value-based care arrangements. Unite Us agrees with CMS that "decision-making may be further improved with access to transparent and accessible data on providers and services, including community-based providers and organizations."[6]

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[4] RFI, 90 Fed. Reg. at 21036.

[5] "CMS Innovation Center Strategy to Make America Health Again," May 2025.

[6] "CMS Innovation Center Strategy to Make America Health Again," May 2025.

Health care providers, health systems, and payers alike are increasingly working to identify individuals' non-medical needs and risk factors, and to build connections with CBOs to enable referrals, coordinate care, and track outcomes. Identifying these non-medical needs allows practitioners to concurrently evaluate health and non-medical needs and to work with the beneficiary, consistent with their goals and preferences, to develop a comprehensive plan of care to address any identified needs. Screening for non-medical needs is a critical front-line activity and Unite Us offers automated tools that reduce administrative burden while providing important data and insights on individual- and population-level needs. These automated health risk assessments help payers move upstream by leveraging predictive analytics to identify care gaps, likely clinical conditions, and non-medical factors that contribute to poor health outcomes. They also promote beneficiary engagement through standardized assessments that flag needs such as food insecurity or transportation issues, and generate targeted recommendations based on identified needs. By facilitating the documentation of follow-up actions, the tools help close the loop on care and improve assessment completeness, outcome tracking, and impact measurement.

To systematically measure the impact of challenges across a variety of demographics, geographies, and health outcomes definitions, Unite Us has developed an innovative analytics approach that defines and measures social and economic vulnerability. Informed by our expertise in designing and supporting structured data sharing across sectors to improve outcomes, Unite Us' Predictive Analytics-Social Needs System (SNS) classifies and organizes social care data to help the healthcare industry understand, identify, measure, and quantify the specific non-medical barriers and circumstances in which people live. In the 2023 Medicare Advantage Announcement, CMS included the Unite Us Social Needs System among other key non-medical data assets to consider in Medicare Advantage Star Ratings and risk adjustment.[7]

Non-medical challenges vary from one population and individual to the next. Food insecurity and loneliness might represent the greatest influences on the health of an individual with diabetes living alone in rural Mississippi, while financial insecurity and health illiteracy might be the driving factors for a person with diabetes living with a spouse and children in a suburb of Atlanta. While Z-codes, surveys, and geographically-aggregated data provide helpful social and economic indicators, they all have limitations. Z-codes are rarely collected in connection with non-medical needs and therefore have limited use[8]; surveys are challenged by selection bias, response bias, and high administration costs; and geographically-aggregated data are mostly outdated and make broad assumptions about a large group of people living in a similar geography. For example, on average eleven thousand people live in a single zip code. Taking the average score and applying it to

[7] *See* CMS, "Announcement of Calendar Year (CY) 2023 Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies" (Apr. 4, 2022), https://www.cms.gov/files/document/2023-announcement.pdf.

[8] Unite Us has mapped ICD-10 Z-Codes to standard SDOH measures collected within our platform to enable organizations interested in advancing data standardization across existing measures.

thousands of people living in heterogeneous communities dilutes the value of social needs data and undermines the importance of addressing social needs in a meaningful way.

Non-medical needs data and analytics provided through the SNS support a more data-driven approach to care management and integration of health and non-medical care—ultimately leading to better health outcomes and experiences for individuals. The SNS provides the ability to measure the effectiveness of the health system over time, evaluating corresponding impacts on health, economic self-sufficiency, and individual health prosperity and well-being. For example, one veterans services organization in North Carolina was able to use SNS to more deeply understand the needs and preferences of veterans in its community, learning that the population it served was four times more likely to be uninsured than the nation and more than twice as likely to have childcare needs than the general population in the state. By gaining these insights into the community it served, the organization could better tailor outreach to more efficiently and effectively reach those in need.

We believe tools like predictive analytics can play a vital role in supporting CMS's efforts to measure system effectiveness over time—helping evaluate progress toward goals like improved outcomes, increased economic self-sufficiency, and better individual health and well-being. **We encourage CMS to consider incorporating innovative predictive analytics tools like SNS into value-based care programs, so that non-medical needs are more accurately reflected in how care is delivered and evaluated.**

Finally, Unite Us agrees with CMS that aligning incentives across individuals, providers, payers, CBOs, and government entities is critical to improving outcomes. "Building a system in which people are empowered to achieve their health goals and providers are incentivized to compete to deliver high-quality, efficient care and improve the health outcomes of their patients"[9] is critical to advancing value-based care. CMS can incentivize payers to utilize data to stratify or determine risk and address prevention of chronic disease by incorporating upstream non-medical risk prediction and interventions. CMS can also incentivize providers not only to refer individuals to CBOs, but also track interventions and outcomes to reduce readmissions, emergency department visits, and lower the costs of care. And value-based care models should incentivize contracts that incorporate the above activities with CBOs.

Conclusion

Unite Us sincerely appreciates the opportunity to provide feedback to CMS and share our perspective. We look forward to working with you to advance the health technology ecosystem and to serve as a resource to support data sharing between health care and social care providers to

[9] "CMS Innovation Center Strategy to Make America Health Again," May 2025.

improve health outcomes. If you have any questions or if there is any additional information Unite Us can provide, feel free to contact me.

Sincerely,

Keith Gardner
SVP, Regulatory and Government Affairs
Unite Us