Scalable Priorities for Tech-Enabled Innovation in Medicaid

Findings from a series of multistate roundtables with payers, providers, investors & entrepreneurs

PRIMED

A Roundtable Series on Tech-Enabled Innovation in Medicaid

VillageCapital

speire
HEALTHCARE STRATEGIES

CHCF
HEALTH
INNOVATION
FUND

GOALS
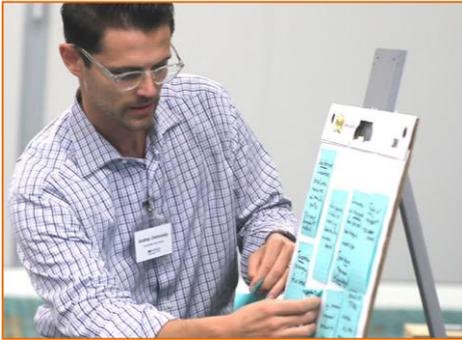
Identify shared challenges: Instead of focusing on the differences between state Medicaid programs, focus on first identifying the big challenges they share and then defining the role that technology can play in solving them.


Connect leaders across states and sectors: Identify and connect innovative leaders working to improve Medicaid from both within the delivery system and outside of it. Begin to build a national network through which solutions and lessons learned can be shared.

Disseminate findings and identify solutions: Focus on sharing the common challenges identified with the entrepreneurs and investors who have the potential to solve and scale them. Identify any promising solutions and share those back with Medicaid payers, providers, and government leaders.

CONVENED FOUR STATEWIDE ROUNDTABLES IN FALL 2018

Health First
$7.8B budget
Covers 23.6% (1.3M)
100% managed care
Expansion implemented

MassHealth
$17.2B budget
Covers 23% (1.6M)
70% managed care
Expansion implemented

TennCare
$9.1B budget
Covers 20% (1.4M)
100% managed care
No expansion implemented

DC Medicaid
$2.8B budget
Covers 37% (258K)
77% managed care
Expansion implemented

Comparison to US Medicaid:
$576B budget, covers 20% (66.3M), 80% managed care, expansion implemented in 36 states + Washington, DC

Sources: Kaiser Family Foundation, Medicaid.gov, Census.gov.

ATTENDEES

Word cloud of attendees' titles

Attendee Composition Goals
- Invitation only
- 20–35 people
- Cross-sector
- Senior leadership
- Emphasis on strong presence from state Medicaid office and plans

Actual Attendee Breakdown
25% Vendor
20% Health plan
16% Investor
16% State Medicaid agency
16% Provider
7% Advisor

Roundtable Structure

- Q&A with Medicaid director
- Two rounds of small group discussion to first surface and then prioritize challenges
- Quantitative pre-survey

TOP SHARED CHALLENGES

MEMBER ENGAGEMENT

DATA ACTIONABILITY

DATA EXCHANGE
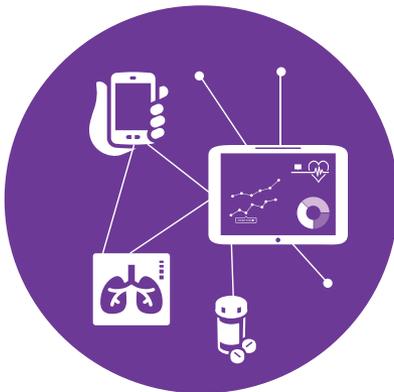
WORKFORCE CAPACITY

DEEPER DIVE: MEMBER ENGAGEMENT

Finding, activating, motivating, and empowering members to be diligent and committed in managing their health.

Key Challenges

- Finding members and staying in touch, especially if they are transient or frequently rolling on and off coverage

- Equipping and incentivizing patients to navigate the health system in ways that make appropriate use of benefits

- Providing access to care that accounts for the realities and stressors common in the lives of low-income patients

- Equipping providers to deliver care that meets patients' wide range of language and cultural needs

"People engage with our services at very high rates when we reach them by phone. But finding the correct phone number is amazingly difficult."

—TN vendor

"Even the best predictive analytics can't engage someone who isn't in our system."

—MA provider

SOLUTIONS SPOTLIGHT: MEMBER ENGAGEMENT

The overview of promising companies provided in this next section is not intended to be exhaustive, nor is it an explicit or implied endorsement of any particular company. We acknowledge that there are several other high-potential firms solving Medicaid delivery challenges in this area.

Advocatia
Member Engagement | Chicago, IL

OVERVIEW

Advocatia provides tools and services to hospitals, employers, and other networks to help the uninsured and underinsured find and secure available benefits.

PROBLEM

Hospitals are twice as likely to enroll an uninsured patient in Medicaid if that patient undergoes eligibility screening. However, hospital staff capacity is extremely limited and patients face several barriers to attending screening meetings, including lack of transportation, knowledge barriers, and difficult work schedules.

SOLUTION

Health systems use Advocatia's technology to streamline Medicaid eligibility screenings, reduce errors and repetition in applications, comply with auditing processes, and automate enrollment. Advocatia makes it easier for uninsured and underinsured populations to understand and enroll in available coverage programs.

MEDICAID MARKET EXPERIENCE

Advocatia's products and services are currently being used by hospitals in nine states. Its technology has screened and assisted underinsured patients in completing more than 200,000 Medicaid, charity care, and other program applications. One Advocatia customer, a health system in the Midwest, has seen a 10% increase in Medicaid approvals.

ConsejoSano
Member Engagement | North Hollywood, CA

OVERVIEW

ConsejoSano helps payers and providers more effectively engage with their multicultural Medicaid and Medicare patient populations.

PROBLEM

Although the US has become increasingly multicultural and multilingual, our health care system has not. Its structure and design fails to accommodate the needs of non-native English speakers, causing many to make the costly decision to avoid or delay care.

SOLUTION

ConsejoSano uses multichannel messaging and a network of multicultural navigators to help patients utilize in-network services, answer questions about self-care, and connect to appropriate social programs and supports. ConsejoSano aims to improve quality outcomes and drive preventive care, ultimately helping organizations transition to value-based care.

MEDICAID MARKET EXPERIENCE

ConsejoSano is deeply dedicated to serving Medicaid beneficiaries. Currently 98% of the members that it serves are enrolled in Medicaid.

Kaizen Health
Member Engagement | Chicago, IL

OVERVIEW
Kaizen Health helps patients from the low-income, aging, disabled, and veteran communities overcome transportation barriers.

PROBLEM
Lack of transportation is a common cause of missed health care visits, which can in turn escalate a patient's health risks. Patients with complex social needs, such as unstable housing, are less likely to have the support needed to overcome transportation barriers and access the care they need.

SOLUTION
With Kaizen's web application, mobile application, and call-in option, patients are able to arrange transportation to the doctor, hospital, and other community resources in a seamless and simple process. Health care staff can also arrange transportation on a patient's behalf.

MEDICAID MARKET EXPERIENCE
Kaizen recently launched an initiative in Columbus, Ohio focused on improving access to health care, food, and other necessities for expectant mothers. It is working with the city, medical facilities, nonprofits, and two managed care organizations on this project.

mPulse Mobile
Member Engagement | Los Angeles, CA

OVERVIEW
mPulse Mobile reaches beneficiaries via their mobile phones and engages them in personalized, two-way dialogue about their benefits and health.

PROBLEM
Effective member activation is vital to the success of quality, clinical, or business improvement efforts within any health care entity. With its high prevalence of complex and chronic conditions, the Medicaid beneficiary population has great potential to benefit from more engagement and guidance in how it utilizes care.

SOLUTION
mPulse reaches beneficiaries where they are — via their mobile phones — and connects them with services, engages them in dialogue about managing their health, and gathers insights from their responses. It uses AI and a range of data inputs to customize conversations and responses, ensuring each individual is engaged in the most relevant possible dialogues.

MEDICAID MARKET EXPERIENCE
To date, mPulse has engaged more than 10 million Medicaid lives on a range of topics, including social determinants, health literacy, and language needs. The company's Medicaid customers include Kaiser Permanente, Delta Dental, Inland Empire Health Plan (CA), Home State Health (MO), Illinicare (IL), Santa Clara Family Health Plan (CA), Trusted Health Plan (DC), Ieso Digital Health, and Ampersand Health.

Solera Health
Member Engagement | Phoenix, AZ

OVERVIEW

Solera connects individuals at risk for chronic diseases with a diverse network of lifestyle modification programs as a covered medical benefit.

PROBLEM

Today, 86 million Americans are at risk of developing type 2 diabetes. Millions more Americans are at risk for other preventable chronic diseases. Many payers and physicians struggle to refer patients to the best available evidence-based prevention programs. This limits patients' access to cutting-edge programs and hinders eventual cost savings throughout the Medicaid system.

SOLUTION

Solera integrates highly fragmented programs and services into one high-access, lower-cost network to prevent and manage chronic health conditions. The technology matches patients to the "best fit" digital chronic disease program provider based on the patient's unique needs and preferences. Its technology allows Medicaid health plans to efficiently leverage a network of community and digital health solutions as covered medical benefits.

MEDICAID MARKET EXPERIENCE

Solera Health administers Medi-Cal's Diabetes Prevention Program for low-income residents in Los Angeles. Overall, Solera has matched more than 40,000 people to diabetes prevention programs. It also partners with Feeding America and the California Food is Medicine Coalition to strengthen and accelerate the ability of insurers to address food insecurity.

Upfront
Member Engagement | Chicago, IL

UPFRONT

OVERVIEW
Upfront combines data analytics, dynamic content, and automated outreach to help beneficiaries navigate their provider networks.

PROBLEM
In today's health care landscape, consumers are confused and frustrated by the overwhelming number of available care options. A lack of guidance and transparency from health care providers and insurers causes not only a lack of consumer engagement and satisfaction, but also wasteful and unnecessary administrative and clinical work.

SOLUTION
Through personalized, digital experiences, Upfront guides patients to their best next action within a given provider network. Upfront reduces the costs and labor required to help patients navigate the health care system to meet their unique needs.

MEDICAID MARKET EXPERIENCE
The Upfront platform has enabled Medicaid patients to increase the completion rate of medically necessary annual wellness visits and reduce unnecessary emergency department utilization.

OVERVIEW

Wellth uses behavioral economics to improve care plan adherence in patients with chronic conditions.

PROBLEM

Performing the "right" care plan behavior almost always comes with immediate costs, including reliving past negative experiences with the health system, neglecting competing priorities, and experiencing potential side effects. To make matters worse, performing the right behavior almost never provides any instant benefit. We usually feel no different right away when we make a healthy food choice or attend a scheduled appointment.

SOLUTION

Upon enrollment, Wellth endows members with an incentives credit. In order to avoid losing $2 per day from that credit balance, members must complete prescribed care plan behaviors. Wellth uses personalized nudges and photo check-ins to encourage adherence to those prescribed behaviors. Wellth produces a daily adherence rate of close to 90% for members with chronic conditions.

MEDICAID MARKET EXPERIENCE

Wellth currently serves Medicaid and dual eligible populations in Mount Sinai's PeakHealth Clinic (NY), Staten Island Performing Provider System, and RiverSpring Health (NY), among others. Wellth is launching in 2019 with managed care organizations in multiple states. SI PPS, a New York–based Medicaid provider, also recently partnered with Wellth to target the highest-risk portion of the Staten Island diabetes population.

DEEPER DIVE: DATA ACTIONABILITY

Enabling providers to draw insights from data and apply them to improve the care of an individual or an entire patient population.

Key Challenges

- Lacking time, skills, and/or tools to clean and analyze increasingly massive volumes of data

- Missing opportunities to use valuable data because they are not available at the right time or place in a provider's existing workflow

- Lacking alignment between interventions indicated by the data and the tools or resources realistically available

- Not trusting in the quality of data and/or the models into which data are fed, particularly for complex functions like predicting disease or stratifying risk

"Data that isn't actionable is just another stressor on the provider."

— A provider

"We don't have good standards for interpreting data. For one patient, unstable housing might be a big deal. For others, it might not be."

—TN provider

SOLUTIONS SPOTLIGHT: DATA ACTIONABILITY

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Ampersand Health
Data Actionability | Nashville, TN

OVERVIEW

Ampersand Health analyzes data to identify gaps in care and deploys nurses, community health workers, and other local resources.

PROBLEM

For today's Medicaid populations, gaining access to the right care is challenging. The current system does not address issues that affect members, like poverty, limited access to care, and lack of care coordination. Combined, these shortcomings result in care that is reactive, fragmented, and more costly than commercial options.

SOLUTION

Ampersand Health helps health care organizations identify and close gaps in their health care effectiveness and screening data to generate cost savings. The platform also helps deploy and coordinate nurses, community health workers, and other local resources to better connect the health care ecosystem with the broader Medicaid community.

MEDICAID MARKET EXPERIENCE

Ampersand Health has been serving Medicaid and dual eligible members in Philadelphia for nearly four years and recently began serving members in Newark and Trenton, New Jersey. The company has six Medicaid managed care organization customers. Clients have seen a 25% reduction in emergency room visits, a 3% reduction in hospital admissions, and a 14% reduction in readmissions.

CloudMedx
Data Actionability | Palo Alto, CA

OVERVIEW
CloudMedx uses natural language processing and machine learning to turn data into real-time and retrospective clinical insights.

PROBLEM
Care delivery entails highly repetitive processes that can turn physicians, nurses, coders, and billers into data entry personnel. Wading through many hours of tedious tasks can lead to burnout and fatigue. It can also lead to medical errors, the third-leading cause of death in the US. Meanwhile, valuable health care information is being underutilized, corrupted, or lost, leaving both payers and providers unable to unlock valuable information for cost-saving insights.

SOLUTION
CloudMedx helps medical professionals provide better care by automating tedious aspects of their workflows like care planning and revenue cycle management. Its machine-learning infrastructure, meanwhile, provides cleaner data sets so that payers and providers can generate higher-quality insights from both structured and unstructured data sources.

MEDICAID MARKET EXPERIENCE
CloudMedx is currently working on pilot projects with the University of California, San Francisco, Department of Orthopedics to analyze its surgical notes and charts usage to automatically identify codes and conditions. The company has no explicit Medicaid customers to date.

Cureatr
Data Actionability | New York, NY

cureatr

OVERVIEW

Cureatr collects and analyzes data not found in electronic health records to give providers a fuller, more actionable picture of each patient's health.

PROBLEM

Clinicians and caregivers lack the tools to collect and synthesize the whole picture of a patient's health. This leads to poor care coordination and missed opportunities to prevent harm, risk, and waste.

SOLUTION

Cureatr fills in the information gaps in health care. The company's platform offers solutions for managing care transitions, medication history, performance management, and secure messaging. These tools combine to give clinicians vital depth and context about their patients, enabling the delivery of better, more-informed care.

MEDICAID MARKET EXPERIENCE

Cureatr has provided data-based solutions to more than 130 health care institutions and 80,000 users. The platform has also transmitted more than 33 million secure communications to date. Its care coordination and messaging platforms have operated across state lines alongside providers with significant Medicaid populations.

Cyft
Data Actionability | Cambridge, MA

OVERVIEW

Cyft aggregates and analyzes multiple streams of structured and unstructured data to predict the likelihood of future adverse events and to improve care management.

PROBLEM

Both providers and payers are sitting on mountains of data. Estimates show that 80% of these data are unstructured. While some payers and providers have begun to unlock the value of some of these data through exciting collaborations, many barriers, including sensitivities and logistical challenges, remain.

SOLUTION

Cyft is a predictive analytics platform that aggregates and analyzes multiple streams of structured and unstructured data to predict the likelihood of future adverse events and to improve care management practices.

MEDICAID MARKET EXPERIENCE

Cyft has experience with several dual plans such as Commonwealth Care Alliance (MA) and UnitedHealthcare Community and State. It also works with care management organizations, such as Beacon Health Options (MA), which leverage Cyft's services on behalf of Medicaid plans.

Nuna
Data Actionability | San Francisco, CA

OVERVIEW

Nuna's technology, data, and analytics solutions help health care payers and providers get the answers they need to make quality care more affordable.

PROBLEM

Most Medicaid-related data are processed and managed at the state level rather than at the federal level. This means that much of the available valuable information is siloed within individual states and is not efficiently shared among state Medicaid systems. Overall, the health care industry lacks a comprehensive systemwide perspective on Medicaid.

SOLUTION

Nuna works with employers, health plans, and the Centers for Medicare & Medicaid Services to deliver insights from Medicaid data. The company has created a data platform that securely and cost-effectively ingests, aggregates, and analyzes health care information at scale. Data processing that once took a week can now be done in just hours.

MEDICAID MARKET EXPERIENCE

At the federal level, Nuna has worked with the Transformed Medicaid Statistical Information System to establish the groundwork for baselining Medicaid and Medicare across state lines. On a state level, Nuna has been working with the North Carolina Medicaid system as it transitions from a fee-for-service model to a managed care one, establishing sound data governance and data linkages.

DEEPER DIVE: DATA EXCHANGE

Enabling providers to seamlessly exchange useful data about the patients they share.

Key Challenges

- Lack of true interoperability between provider systems isolates critical data and inhibits meaningful coordination.

- Without connectivity to outside organizations, providers may unknowingly refer patients to incompatible or unavailable services.

- It is difficult to get a full view of a patient's well-being when data are spread across many systems with varying levels of access.

- Managing ever-changing software systems, portals, logins is especially challenging for providers with limited IT resources.

"All of this toggling between different software systems wastes valuable time that I could be spending with the patient."

—DC provider

"The lack of data sharing prevents many providers from fully understanding the needs of a patient."

—TN provider

SOLUTIONS SPOTLIGHT: DATA EXCHANGE
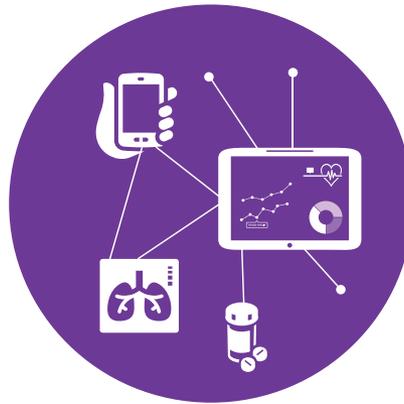
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ACT.md
Data Exchange | Boston, MA

OVERVIEW

ACT.md helps health systems, payers, and community organizations implement customized community care models focused on the social determinants of health.

PROBLEM

New reimbursement models are incentivizing clinical providers and community-based organizations to collaborate, but they are often missing the vital infrastructure required to seamlessly coordinate care and exchange data.

SOLUTION

ACT.md helps health systems, payers, and community organizations construct customized care models focused on the social determinants of health. Its software enables diverse arrays of community partners to engage together in complex care tasks, such as screening, risk identification, care planning, resource navigation, closed-loop referral management, and care coordination.

MEDICAID MARKET EXPERIENCE

Throughout its national network of customers, ACT.md has served 200,000 Medicaid patients through 500+ social services and community-based care partners.

Collective Medical
Data Exchange | Salt Lake City, UT

CollectiveMedical

OVERVIEW

Collective Medical facilitates real-time data exchange, clinical alerts, and care coordination for patients who frequently use emergency services.

PROBLEM

Although many data-sharing solutions exist, they face limitations. Some only work when all providers use the same EHR, which becomes increasingly unlikely the more complex a patient's care is. Others unduly burden busy clinicians by requiring them to log on to separate platforms or dig through irrelevant data.

SOLUTION

Collective Medical mines and filters clinical data, displaying only what is relevant to a particular decision. Furthermore, Collective alerts a patient's entire care team when a health-related event occurs, accelerating coordination. Collective's platform has proven able to drastically reduce unnecessary care utilization among high-risk Medicaid patients while also improving care coordination.

MEDICAID MARKET EXPERIENCE

Collective Medical has a nationwide network engaged with every national health plan in the country, hundreds of hospitals and health systems, and tens of thousands of providers. Collective helped Washington State's Medicaid program cut emergency room visits by nearly 10%, saving the state $34 million in emergency costs in just one year.

Healthify
Data Exchange | New York, NY

Healthify

OVERVIEW
Healthify helps care teams screen patients for social needs, find community services, and coordinate referrals with community-based organizations.

PROBLEM
One of the largest barriers to addressing the social determinants of health is fragmented coordination between community-based organizations and health care entities. These organizations do not have the infrastructure needed to seamlessly exchange information and coordinate care together, which hinders their ability to address patient needs and to track outcomes.

SOLUTION
Healthify allows care teams to search for community services, screen patients for social needs, and coordinate electronic referrals with community-based organizations. The platform generates social determinant data that can be integrated into case management or electronic health record systems, providing enriched patient information to support population health initiatives.

MEDICAID MARKET EXPERIENCE
As of today, Healthify offers solutions nationwide, works with 42 managed care plans and health systems serving Medicaid beneficiaries, and coordinates with more than 41,000 active, trained community health workers, nurses, and case managers on its platform.

Redox
Data Exchange | Madison, WI

REDOX^

OVERVIEW

Redox is the modern API for electronic health record (EHR) integration, enabling the easy, fast, and secure exchange of patient health data across systems.

PROBLEM

There are hundreds of EHR systems serving different types of customers across the provider organization landscape. The way each of these systems structures, stores, and accesses health data is constantly changing and rarely consistent. This lack of collective and consistent data standards is one of the biggest barriers to achieving true interoperability.

SOLUTION

Redox's cloud-based platform enables the secure and efficient exchange of health care data. When two entities agree to share data, Redox handles the full scope of integration, including establishing connectivity, translating data into the desired format, and delivering data. Redox eradicates the need for point-to-point integrations and accelerates the discovery, adoption, and distribution of patient- and provider-facing technology solutions.

MEDICAID MARKET EXPERIENCE

Redox benefits Medicaid populations by providing API solutions for health care data vendors. For example, Healthify and NowPow partner with Redox to gather and translate the clinical data that serve as the foundation of a social needs care plan. Redox also partners with health care providers such as the University of Virginia Health System, Brigham and Women's Hospital (MA), and OSF Health (IL).

Unite Us
Data Exchange | New York, NY

UNITE US

OVERVIEW
Unite Us builds coordinated care networks to bring health and social service providers together

PROBLEM
Clinical and social service providers both lack insight into what happens once a client walks out their doors. They lack the infrastructure to facilitate and follow up on coordinated care that effectively addresses the social determinants of health.

SOLUTION
Unite Us provides HIPAA-compliant infrastructure for health care providers and plans to stay connected to their patients throughout their entire care journey, including in the community.

MEDICAID MARKET EXPERIENCE
The company's Healthy Together Network has more than 60 organizations and allows clinical partners throughout Upstate New York to connect in real time with social service providers such as homeless shelters, benefit navigators, workforce development agencies, behavioral health providers, and food pantries.

Verato
Data Exchange | McLean, VA

verato

OVERVIEW
Verato leverages publicly and commercially available data sources to make patient matching more accurate and efficient.

PROBLEM
Duplicate and partial patient records pose a massive administrative burden for health systems, which must dedicate significant manual effort to reconciling them, often unsuccessfully. They also threaten patient safety and undermine interoperability. By some estimates, health systems' attempts to exchange data about a shared patient result in a successful match only one out of every three times.

SOLUTION
Verato's approach to patient-matching technology, known as referential matching, leverages publicly and commercially available data sources to automate the processes of identifying, reconciling, and linking duplicate patient records.

MEDICAID MARKET EXPERIENCE
Verato currently powers the patient-matching capabilities of many of the largest health information exchange organizations in the country, including Healthix, Manifest MedEx, and CORHIO. In addition, Verato supports providers such as Intermountain (UT), Methodist (TX), Axia Women's Health (NJ), Northwell (NY), Mission (NC), and Texas Health Resources in their efforts to accurately link patient records together.

DEEPER DIVE: WORKFORCE CAPACITY

Increasing an organization's ability to recruit, train, retain, and utilize a workforce that meets the needs of its patient population.

Key Challenges

- Optimizing and augmenting the skills of the existing workforce within the constraints of scope of practice laws and labor shortages

- Finding and developing talent for positions, such as population health analyst or care coordinator, whose competencies and training pathways are more nascent

- Equipping nonclinicians, such as community health workers and informal caregivers, with evidence-based tools and incorporating them effectively into care teams

- Mitigating the negative effects of staff churn on innovation, which can deplete institutional knowledge and slow the adoption of newer, less-entrenched tools

"Hiring for population health is hard; it requires such a unique, interdisciplinary skill set."
— CO provider

"We simply aren't utilizing our workforce to its capacity."
— MA provider

SOLUTIONS SPOTLIGHT: WORKFORCE CAPACITY

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AbleTo
Workforce Capacity | New York, NY

OVERVIEW

AbleTo provides technology-enabled behavioral health care for people with depression, anxiety, and stress associated with comorbid medical conditions and life events.

PROBLEM

A large number of Medicaid members are prevented by behavioral health conditions from being optimally engaged in their own medical care. This lack of engagement can contribute to poor health outcomes and increased costs for health care systems. For example, it has been demonstrated that patients with comorbid depression have 2x–4x higher costs of care than those without.

SOLUTION

AbleTo identifies and engages members with unmet, often undiagnosed, behavioral health needs. The proprietary platform connects individuals with licensed providers who deliver weekly evidence-based sessions via an integrated digital experience. AbleTo programs are clinically proven to improve behavioral health outcomes and lower overall spending for higher-risk members.

MEDICAID MARKET EXPERIENCE

AbleTo has been treating members of managed care organizations since 2011 and is a fully covered benefit made available to millions of these clients' members. It works with plans at scale in both the commercial market and Medicare Advantage. While AbleTo has not served a managed Medicaid plan to date, it intends to partner with an Association of Community Affiliated Plans member in mid-2019.

CareAcademy
Workforce Capacity | Boston, MA

OVERVIEW

CareAcademy provides evidence-based online classes for nonmedical professional and family caregivers, helping to increase the talent and satisfaction of the caregiver workforce.

PROBLEM

Talent is among the chief challenges for the growing home care market. In 2017, 78% of home care providers identified caregiver shortages as the top threat to their businesses. The industry also has turnover rates as high as 65% and turnover costs of roughly $4,000 per caregiver. Additionally, care agencies struggle to manage their employees' mandated training hours cost-effectively, which further affects the quality of care delivered.

SOLUTION

CareAcademy helps home care agencies recruit better talent. The platform and services help agencies onboard their employees more efficiently while providing a more cost-effective process to complete mandated training hours. The platform also provides infrastructure for employee growth, leading to greater employee satisfaction and retention.

MEDICAID MARKET EXPERIENCE

CareAcademy's customers are Medicaid and private pay agencies, including the ASAP network in Massachusetts. The company has increased training completion rates by 482% for a 300-caregiver customer, reduced turnover by 74% for another 300-caregiver agency, and reduced the length of caregiver onboarding from five hours to two for a 100-caregiver agency.

Cognotion
Workforce Capacity | New York, NY

COGNOTION

OVERVIEW
Cognotion's online CNA certification platform, which is compliant in all 50 states, teaches best practice skills, as well as resilience, empathy, and self-regulation.

PROBLEM
Nearly two million certified nursing assistants (CNAs) deliver the bulk of nursing home care. However, most remain undertrained, especially in the areas of empathy, resilience, and emotional self-regulation. CNA turnover is also a chronic problem for nursing homes, interrupting continuity of care. In addition, chronic CNA shortages lead to understaffing and continued employment of poor performers.

SOLUTION
Cognotion's online CNA certification platform provides a more efficient and effective training tool. Compared to CNAs trained in traditional ways, CNAs trained with Cognotion's ReadyCNA platform stay longer, provide better care, better integrate into care teams, and better address the psychosocial needs of patients.

MEDICAID MARKET EXPERIENCE
Medicaid accounts for more than 70% of CNA salaries and nearly 100% of CNA certification tuition. Cognotion's programs are approved by the same state regulators that regulate other Medicaid-financed personnel. The company is fully committed to the principles that Medicaid patients deserve the best possible care and that the system's resources should be used efficiently.

IntelyCare
Workforce Capacity | Boston, MA

intelycare™
Workforce Management for Post-Acute Healthcare

OVERVIEW
IntelyCare uses artificial intelligence (AI) to help post-acute health care facilities optimize existing nursing staff capacity and quickly augment it when needed.

PROBLEM
The dual challenges of clinician shortages and clinician turnover pose major risks for health care facilities. At the same time, archaic job market dynamics leave clinicians in the dark, unable to find and evaluate opportunities to unlock additional income, such as per diem shifts, and to advance their careers.

SOLUTION
IntelyCare's AI solution removes the tedious and manual process of scheduling shifts at post-acute health care facilities. It enables a health care facility to optimize existing nursing staff and to augment it when needed. Predictive analytics also help forecast openings in advance, making it easier to immediately fill shifts once posted.

MEDICAID MARKET EXPERIENCE
Medicaid is the primary payer for over 60% of certified nursing facility residents that rely on quality RNAs, CNAs, and other health care professionals every day. IntelyCare has started with staffing needs in the post-acute care market and is currently available in Massachusetts, Ohio, Pennsylvania, and Rhode Island. The company plans to expand into nine additional states in FY 2019.

MedSpoke
Workforce Capacity | San Antonio, TX

OVERVIEW
MedSpoke combines cloud-based technology and concierge services to digitize and streamline the licensing and credentialing steps that can slow hiring.

PROBLEM
Some of the biggest bottlenecks in health care hiring result from licensing and credentialing processes. These processes are often paper- or fax-based and riddled with inefficiencies. Licensing and credentialing barriers can delay hiring processes by several months and frustrate everyone involved.

SOLUTION
MedSpoke provides a secure, cloud-based platform to store, manage, and share all credentials in the required local format. This improved data storage infrastructure ensures credentials are always up to date and are transmitted to the people who need them, securely and efficiently.

MEDICAID MARKET EXPERIENCE
MedSpoke improves workforce capacity by getting medical professionals and health care organizations credentialed with state Medicaid programs quickly and efficiently. The company has also helped innovative telemedicine companies get necessary credentialing from state Medicaid programs so they can provide access to care to communities that need it.

Nomad Health
Workforce Capacity | New York, NY

OVERVIEW

Nomad Health's online marketplace directly connects clinicians and medical employers, making the hiring process faster, cheaper, and more transparent.

PROBLEM

Traditional health care hiring processes are expensive, lengthy, and opaque. With a clinician shortage looming in the US, it is more important than ever for providers to quickly and effectively find and retain talent. This is especially true in the safety net, where providers lack the resources that private health systems have to spend on recruiting and hiring.

SOLUTION

Nomad utilizes technology to efficiently connect clinicians with hiring hospitals and clinics. Employers can post open opportunities and be instantly matched with qualified candidates for locum tenens, permanent, telehealth, and travel nurse jobs. At the same time, Nomad empowers clinicians to browse high-paying and flexible job opportunities and easily connect directly with employers.

MEDICAID MARKET EXPERIENCE

Nomad recently partnered with CHCF to publicize and optimize its hiring platform for the Medicaid market. By making hiring cheaper and more transparent, Nomad has the potential to help safety-net employers better compete with private health systems for critical clinician talent.

Regroup
Workforce Capacity | Chicago, IL

OVERVIEW
Regroup provides integrated telepsychiatry services to health care entities and their patients to supplement existing services.

PROBLEM
Nearly one in five Americans lives with mental health or substance use disorders, yet 60% of US counties lack a single psychiatrist. Access is especially poor in underserved areas, contributing to a mental health service gap and resulting in costly consequences.

SOLUTION
Regroup provides high-quality behavioral health clinicians, including adult psychiatrists, child and adolescent psychiatrists, psychiatric nurse practitioners, psychologists, and LCSWs, via RegroupConnect, a secure, HIPAA-compliant, virtual care platform. Regroup provides services to more than 100 care sites across settings including primary care, outpatient behavioral health, tribal communities, and corrections.

MEDICAID MARKET EXPERIENCE
Regroup has had significant experience and success working with various patient populations, but most of its experience is with Medicaid populations. The company works with more than 20 community mental health facilities, rural hospitals, and Federally Qualified Health Centers that serve predominantly Medicaid populations.

RubiconMD
Workforce Capacity | New York, NY

OVERVIEW

RubiconMD's web-based eConsult platform matches primary care inquiries with specialists for advice, to provide timely care, and to reduce unnecessary referrals or visit.

PROBLEM

Currently, specialist expertise across the country is concentrated in geographic and socioeconomic hubs, limiting access for many populations that are in need of specialty care. At the same time, 40% of all specialist visits that currently occur are avoidable or unnecessary. When access to specialists is difficult, the burden of care and treatment often falls back on primary care providers, leading to high levels of burnout.

SOLUTION

RubiconMD's web-based platform matches primary care inquiries with specialists for advice, with an average response time of four hours or less. eConsults empower primary care providers to make more informed decisions and to be more productive. Studies have shown that eConsults can reduce specialty referrals by 40% and decrease wait times by 50%.

MEDICAID MARKET EXPERIENCE

Medicaid accounts for roughly two-thirds of RubiconMD clients' total business. Three years after implementing the RubiconMD eConsults platform, the Los Angeles County Department of Health Services saw specialist wait times decrease by an average of 17%. They also saw 25% of eConsult engagements resolve without requiring a specialist visit.

Workpath
Workforce Capacity | Richmond, VA

workpath

OVERVIEW
Workpath helps health care organizations centralize work opportunities, enabling the right team member, contractor, or vendor to perform any task, anywhere.

PROBLEM
Surveys suggest that a majority of hospital administrators cannot find qualified candidates efficiently, and frequently spend over $10,000 per hire. Additionally, health care workers are increasingly mobile, visiting a patient's house or working multiple shifts at different hospitals. This makes staffing systems even more complex and prioritizes efficient coordination.

SOLUTION
Workpath automatically finds the most qualified labor based on availability, location, certifications, or other parameters. It then provides hospitals with an efficient way to communicate with its workforce about new shift openings. Its dashboards keep a record of every appointment and labor shift, ensuring compliance and improving record keeping.

MEDICAID MARKET EXPERIENCE
Workpath has worked with home health agencies and managed care plans to help create a workforce that is better qualified to care for and reach patient populations that can be more difficult to engage, such as Medicaid and Medicare beneficiaries.

TOP ATTENDEE ADVICE FOR TECHNOLOGY VENDORS ENTERING THE MEDICAID MARKET

Tailor solutions and strive to integrate them fully within existing workflows.

Understand and account for the diversity, difficulties, and complexities that exist in the lives of Medicaid beneficiaries.

Demonstrate empathy and understanding of the larger picture — you are likely only solving one of many problems a payer or provider faces.

Understand who your customer is and which metrics matter most to them — then gather evidence that you can move those metrics.

TOP ATTENDEE ADVICE FOR TECHNOLOGY VENDORS ENTERING THE MEDICAID MARKET

"As a purchaser, I have trouble finding solutions that are flexible enough to address the needs of many people, rather than just a few. The solutions are narrow and very point-specific, when they need to be broad."

—TN payer

"There's no place in health care where tech is more important than in Medicaid — because of both the amount of dollars and types of populations we work with."

—DC provider/vendor

"The impact of new technology on our workflow is large. It needs to be more than just a point-based solution. We need solutions that are coordinated and solve our big problems. "

—CO provider

"If your solution disrupts a provider's workflow, it's not going to be adopted."

—MA provider

LOOKING AHEAD: TRENDS THAT WILL SHAPE THE FUTURE OF THE MEDICAID MARKET

**EMBRACING VALUE-BASED CARE**

ADDRESSING SOCIAL NEEDS

WAIVERS SHAPING STATE LANDSCAPES

OPIOID CRISIS CONTINUES

MAKING REAL PROGRESS ON INTEROPERABILITY
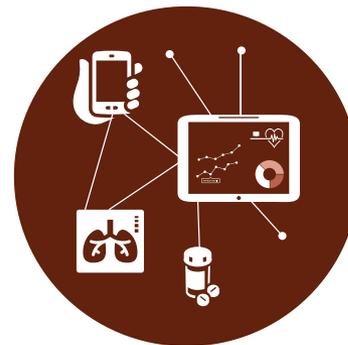
BUILDING A MOVEMENT: OTHER PARTNERS FOSTERING TECH-ENABLED INNOVATION IN MEDICAID

Visit chcf.org/primed to learn more.

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