



A Framework for Identifying, Evaluating, and Selecting Private- Sector Innovations for Medicaid

Lessons Learned from the 2022 Medicaid Innovation Collaborative
Behavioral Health Cohort

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Overview

While Medicaid provides essential health coverage to millions of low-income Americans, it represents a complex ecosystem of federal, state, health plan, clinical, social service, and community players. Delivering coverage and care relies on the alignment of policy and payment mechanisms across a number of these stakeholder groups, which does not always correspond to the needs of those being served. At the same time, tech-enabled, private-sector companies – particularly early-stage companies that are reimagining care coordination, care delivery, population health management, and other domains of health care – have solutions that can transform access to and quality of care for Medicaid beneficiaries. However, several operational, structural, and policy challenges prevent widespread adoption and implementation of these solutions. These challenges not only prevent state Medicaid agencies, managed care plans, and providers from utilizing tools that can tackle persistent health disparities within the populations they serve but also from realizing the full, transformative impact of widespread adoption.

There are a number of barriers to adopting tech-enabled solutions within Medicaid, including identifying and vetting solutions. In interviews with state Medicaid agencies and managed care plans, representatives cited that significant investments would be required in operational processes and capabilities to find, connect, and evaluate the full universe of available solutions. In addition, many of these state Medicaid agencies, managed care plans, and providers do not have the bandwidth to assess the potential of early-stage firms (i.e., Series Seed or Series A companies with compelling solutions). Finally, these solutions may not fit the diverse needs of various customers within Medicaid, including beneficiaries, caregivers, providers, and managed care plans, leading to minimal or fragmented collaboration.

The Medicaid Innovation Collaborative (MIC) is a program that enables Medicaid to adopt innovations that advance health equity. Over a 12- to 15-month period, MIC identifies and connects state Medicaid agencies and their managed care plans with innovations that address deep-rooted issues that have led to health disparities within their populations. To ensure that these solutions are sticky, scalable, and deliver impact, MIC has designed a sourcing and selection process that engages state, managed care, and community stakeholders to define a health equity goal, identify and assess vendors that advances these goals, and support the consideration and implementation of these vendors. In addition to sourcing and evaluating vendors, MIC provides primary research, policy technical assistance, and peer learning to enable the Medicaid ecosystem to coordinate, collaborate, and commit to innovation strategies that advance health equity.

The purpose of this publication is to share lessons from MIC's approach to identifying and selecting companies for the 2022 Behavioral Health Cohort, which included participation from the state Medicaid agencies, managed care plans, providers, and community members from Arizona, Hawaii, and West Virginia. The cohort was focused on advancing adolescent and maternal behavioral health equity. MIC's innovation process included three distinct stages to support the sourcing and evaluation of vendors:

1. a discovery process, which included primary research to hear directly from providers, community organizations, and beneficiaries and a review of secondary research
2. a request for information (RFI) to identify solutions
3. a multiphase, multi-stakeholder review and selection process

The framework outlined in this paper aims to inform states, managed care plans, and others in the Medicaid delivery system on how to apply these principles and processes to leverage private-sector innovation to address their own health equity priorities.

Developing the Search and Selection Process

To develop the search and selection process, MIC leveraged the team's prior experience evaluating 1,000+ companies, facilitating public-private partnerships, and providing support that enabled these companies to deliver demonstrable changes in health outcomes. To ensure programmatic success, MIC identified the following activities as critical to the process:

- Defining clear goals and desired outcomes to ensure potential solutions align with needs
- Engaging a broad network of investors, entrepreneurs, and sector builders that have a pulse on emerging innovations and novel payment models for implementation
- Soliciting and incorporating needs and constraints from a broad range of Medicaid stakeholders to provide value across the delivery system
- Incorporating beneficiary voice to ensure solutions reflect real-time, on-the-ground needs and challenges, which increases the likelihood of end-user adoption

MIC embedded these attributes into the program design, most prominently within the vendor RFI and selection processes. To support implementation, MIC also provided technical assistance to identify new policy, contracting, and payment mechanisms required to implement new innovations and to facilitate alignment and collaboration between the states' managed care plans.

Defining the Search

To define the goals, scope, and parameters of the search, MIC facilitated a series of activities to understand needs and constraints across Medicaid agencies, managed care plans, providers, and beneficiaries.

1. Explore Medicaid agency priorities: Beginning with participating state Medicaid agencies, MIC conducted interstate learning and individual technical assistance sessions to identify health equity priorities that could be advanced through innovative vendor solutions. In the 2022 Cohort, Arizona and West Virginia selected adolescent behavioral health, and Hawaii selected maternal behavioral health.
2. Understand community needs: MIC connected with over 75 providers, community organizations, and beneficiaries to illuminate the day-to-day lived experience of adolescent and perinatal populations with behavioral health needs. The community engagement process was augmented by insights from peer-reviewed journals, publications, and community health needs assessments. This discovery process

highlighted individual, social, and environmental barriers that led to challenges accessing and engaging in care.

3. Inform the RFI through research: The insights from these conversations aimed to outline key behavioral health challenges in participant states and how a prospective solution might address those challenges for the target populations in a meaningful way. For the purposes of sourcing and evaluation, the insights from discovery, which are detailed in the reports linked below, were used to shape the areas of focus, evaluation criteria, and application outlined in the RFI to identify relevant solutions.

[Adolescent Behavioral Health Discovery Report](#)

[Maternal Behavioral Health Discovery Report](#)

MIC reported these findings back to state Medicaid agencies, managed care plans, and community representatives for feedback and comment, which further shaped the RFI. Through the process, MIC identified key considerations and opportunities to address behavioral health for adolescents in Arizona and West Virginia and pregnant and postpartum women in Hawaii. Therefore, the RFI aimed to identify solutions that exhibited the following competencies:

Adolescent Behavioral Health

- Navigating and Coordinating Care, Resources, and Services for Adolescents and Families
- Alternative Care Models: Early Intervention, Crisis Response, and Ongoing Follow-up Services

Maternal Behavioral Health

- Enabling, Navigating, or Coordinating Behavioral Health Care for Expecting and New Moms

Program in Action: Adolescent Behavioral Health Discovery and RFI

In Arizona and West Virginia, youth, caregivers, and community leaders cited the following challenges to accessing behavioral health services and crisis support:

INSIGHT	BENEFICIARY VOICE
1 Navigating care in a fragmented ecosystem	"There's no unified way to find out what is available to me and my family."
2 Access to higher-skilled providers	"Finding or getting to providers who have a specialty or deep knowledge and experience with teenagers is hard."
3 Avoiding teen crisis	"When there's a crisis, we're in the hospital ER for days waiting for help, the police are sometimes involved, and the path is unclear."
4 Holistic family support	"Our whole family needs help, support, and resources."
5 Cultural competency	"We don't trust folks who don't understand our culture, beliefs, and values as it relates to family and health care."
6 Voice and choice	"We don't feel heard and we don't feel part of discussions and decisions about what happens to us."
7 Care avoidance	"We often don't seek help, because we fear what could happen if we do."

From these insights, MIC considered which challenges had the greatest potential to be impacted by available private-sector solutions. Additionally, some insights, such as cultural competency, fit as supportive characteristics that any solution should address as a component of its delivery. The search for vendors focused on the following areas:

Primary Insight	Secondary Insights	RFI Area of Focus
Navigating care in a fragmented ecosystem	Access to higher-skilled providers Holistic family support Cultural competency	Navigating and Coordinating Care, Resources, and Services for Adolescents and Families
Avoiding teen crisis	Voice and choice Care avoidance	Alternative Care Models: Early Intervention, Crisis Response, and Ongoing Follow-Up Services

Want to learn more? Read the full adolescent research brief [here](#).

In order to represent each of the unique priority lenses of MIC participants, the RFI aimed to understand the solution's ability to 1) address the community's need, as outlined in above; 2) drive impactful savings and quality improvements for managed care plans; and 3) address the state's goal of advancing health equity. More detail on the criteria is outlined below.

1. *Ability to Address the Need:* The solution addresses the area of focus and has the understanding, experience, and capacity to serve target populations
2. *Proven Outcomes:* The solution demonstrates the ability to reduce costs, enhance access, and/or improve quality of care
3. *Advances Health Equity:* The solution demonstrates the ability to reduce disparities and alleviate systemic gaps or barriers to achieving one's optimal health

Additionally, insights from discovery revealed a number of systemic barriers Medicaid beneficiaries face in accessing behavioral health care, and so the RFI also emphasized that solutions should exhibit:

- Inclusivity, accessibility, linguistic and cultural responsiveness, and cultural humility
- Awareness and integration of social and environmental factors that impact Medicaid beneficiaries
- Understanding of historical and systemic biases that impact Medicaid beneficiaries, resulting in fear, mistrust, and/or care avoidance
- Respect for Medicaid beneficiaries' self-determination and the provision of opportunities to authentically incorporate their perspectives into their care

Want to learn more? Read the full RFI [here](#).

Lessons Learned

- *Beneficiary voice ensures an equity-centered approach:* A number of challenges prevent state Medicaid agencies and managed care plans from more deeply engaging with their beneficiaries for real-time feedback, including historical mistrust and cultural perceptions of the Medicaid program. However, the perspectives of beneficiaries are essential to the successful adoption and implementation of new solutions, as evidenced by the community perspectives that shaped MIC's RFI.
- *Building a more comprehensive understanding of the challenges to health equity is critical:* When looking to identify solutions to behavioral health challenges in the respective participant states, it was critical to first understand the unique manifestations of disparities within each geography and target population. While states and managed care plans had ideas of the barriers their members face, the discovery phase was able to confirm or modify their perceptions to ensure the targeted solutions incorporated the most critical challenges for beneficiaries.
- *A multi-stakeholder sourcing approach strengthened the vendor search:* MIC had an iterative RFI design process, incorporating state, managed care, and community participants' continued feedback to reshape and refine components of the RFI so that it could clearly articulate the opportunities, challenges, and criteria for solutions. Without these perspectives, the RFI may not have sourced the right solutions to effectively solve for the full spectrum of needs.

- *Optimize the RFI to reduce applicant and evaluator burden:* A cumbersome application could have blocked qualified, early-stage organizations that lacked time and resources from applying, leading to inequitable access to the showcase opportunity. MIC aimed to balance ease of application with one that reflected the essential information to assess alignment with stakeholder requirements. The RFI application was limited to 15 questions, asked for 3-5 sentences for each response, and allowed applicants to submit existing sales material and presentations as secondary materials. This reduced the time to complete the application for companies and the time to scan and score applications for our evaluators.

Sourcing Solutions

MIC developed a large database of potential vendors and conducted outreach to companies with solutions that could be a fit for the RFI. MIC also connected with entrepreneurs, investors, advisors, and industry conveners, such as HealthTech 4 Medicaid, to share the RFI opportunity.

Additionally, MIC invested in marketing and dissemination activities to ensure that the open RFI was known to a wide range of organizations. For example, MIC worked with Going Digital: Behavioral Health Tech, a leading convener in behavioral health tech, to be featured in a newsletter that reached 16K+ payers, providers, startups, and investors.

Program in Action: Collecting Applications

The RFI received a total of 81 applications, with 50 applications in adolescent behavioral health and 31 applications in maternal behavioral health. Applications included a variety of approaches to address the key challenge areas within the RFI, including:

- Tech-only, local service delivery, and hybrid models
- Built for and serving specific populations (youth/prenatal women) vs made-for-all
- Serving a range of enterprise and consumer customers: providers, government agencies, community agencies, school systems, managed care plans, patients/clients

Lessons Learned

- *Maximize targeted outreach activities before and early in the application process:* Outreach is critical to ensure equitable access to an application. Once MIC engaged Going Digital: Behavioral Health Tech for the newsletter feature, the communication nearly doubled RFI applications. This focused outreach proved to be incredibly impactful to the sourcing process, revealing the value of industry-specific partners over general, cold outreach.

Selecting, Evaluating, and Featuring Solutions

The selection process was designed to incorporate the diverse range of MIC participant perspectives, while recognizing that managed care plans were the intended economic buyer of the solutions. To filter applications collected through the RFI, MIC developed a structured, multiphase selection process to engage program participants and review and select companies, which included:

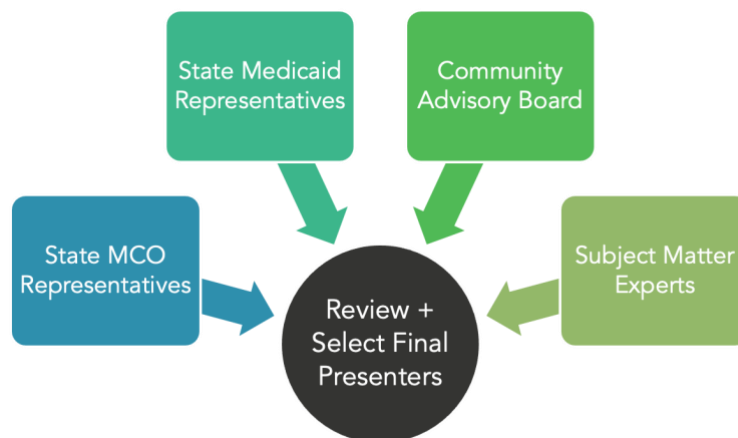
Round 1: Members of the MIC team reviewed and scored all applications for area of focus alignment and capacity to address the needs, as outlined in the RFI. Top-scoring applications moved forward.

Round 2: Representatives from managed care plans reviewed and scored applications based on the three evaluation criteria. Top-scoring applications moved forward.

Round 3: The Selection Committee reviewed and scored applications based on the three evaluation criteria. The Selection Committee met to discuss scores, review comments, and select the final group of companies to present at the showcase.

Selection Committee

The Selection Committee was made up of a subset of representatives from the state Medicaid agencies, managed care plans, and Community Advisory Boards, along with additional subject matter experts identified within the digital health, venture funding, and maternal and adolescent health spaces. Those who committed to participate in the Selection Committee signed on to review and score applications and select Showcase presenters.



The Selection Committee meeting brought together all of the scores and comments from the above stakeholders, which were used as the framing for the group discussion. Overall scores were broken out by stakeholder type in order to show how each group ranked the applications and prompt discussion around differences in perceptions of a solution's potential to deliver impact. The final selection was completed through the reordering and/or confirmation of the overall rankings.

In Arizona and West Virginia, representatives on the Selection Committee for the adolescent behavioral health focus included program administrators from the state Medicaid agencies, behavioral health and innovation leaders from the managed care plans, adolescent-focused providers and program leads from the Community Advisory Board, and subject matter experts like the Head of Investments at Hopelab, a social innovation lab and impact investor at the intersection of tech and youth mental health and the Founder and CEO of Going Digital: Behavioral Health Tech, an industry convener of digital behavioral health companies.

In Hawaii, representatives on the Selection Committee for the maternal behavioral health focus included program administrators from the state Medicaid agencies, population health, and health services leads from the managed care plans, perinatal-focused providers and program directors from the Community Advisory board, and subject matter experts such as the Chief Health Officer of Rhia Ventures, an investor in early- and growth-stage reproductive and maternal health companies.

Program in Action: Selection for Maternal Behavioral Health

In Hawaii, MIC faced a unique challenge: how might a solution reach and engage Native Hawaiian and Pacific Islander perinatal populations without the local cultural and linguistic competency necessary to build trust with communities?

After completion of discovery research, Community Advisory Board members provided comments on the findings and feedback on the areas of focus for the RFI, which initially had two areas of interest: (1) care coordination and (2) increasing access to services with new care models. This discussion revealed that new provider solutions viewed as “mainland” or “outsider” would have significant challenges reaching and engaging intended users. After this discussion, the RFI was changed to focus on enabling existing community and managed care plan resources to better serve pregnant and postpartum women.

Through the early rounds of the selection process, a number of Hawaii-based solutions from community organizations rose to the top of the applicant pool because of their deep understanding of the local contexts, as well as their proven ability to work with the target populations.

In the Selection Committee, in contrast to the community’s initial feedback, representatives from the Community Advisory Board ranked the national solutions significantly higher than the local solutions. Community members cited concerns about the ability of these local solutions to scale, as many of them relied on grant funding for programming and did not have statewide reach. They saw the greater potential in a large tech-enabled solution to drive impact in Hawaii.

With the blend of perspectives present in the discussion, the Selection Committee identified a special opportunity to explore how both local Hawaiian organizations and national behavioral health tech companies could partner to serve Hawaii. The Selection Committee ultimately landed on sharing a mix of nonlocal and local solutions.

In addition to presenting the companies and their solutions, the goal of the presentations was to identify where organizational synergies might exist to create a shared solution, building on existing community knowledge and resources while expanding access to services. Hawaii’s Medicaid agency, the managed care plans, and the Community Advisory Board viewed local and nonlocal partnerships as having the greatest potential to advance maternal behavioral health equity for Hawaii’s Medicaid members.

Managed care plans valued and elevated local expertise while community members, having dealt with the local organizations more regularly, saw the need for broader reach and impact. The state Medicaid agency ultimately helped frame the group’s conclusion by reiterating its intended goals. It is unlikely that MIC would have reached the same outcomes had all of the relevant stakeholders not been included in the research, RFI, and selection processes.

Final Selection and Showcase

Through the process, ten organizations were selected to present and be considered for future contracting opportunities with managed care plans. The ten organizations pitched their solutions to combined audiences of nearly 200 state and managed care plan leaders, community advisors, and subject matter experts.

Adolescent Behavioral Health



BeMe Health: BeMe is a tech-forward mobile mental health platform designed to support today’s teens. Watch BeMe’s presentation [here](#).



Brave Health: Brave Health is on a mission to expand access to high-quality, affordable care for behavioral health conditions. Watch Brave Health’s presentation [here](#).



Concert Health: Concert Health medical group provides a turnkey solution to integrate behavioral health into health care settings. Watch Concert’s presentation [here](#).



Daybreak Health: Daybreak Health is a comprehensive mental health program for adolescents, including universal screening, social emotional education, therapy, and psychiatry - primarily delivered virtually. Watch Daybreak’s presentation [here](#).



Hazel Health: Hazel Health, the largest and most trusted telehealth provider designed specifically for schools, was founded in California in 2016 with the belief that every child deserves to be seen, heard, and cared for. Watch Hazel’s presentation [here](#).



Brave Health: Brave Health is on a mission to expand access to high-quality, affordable care for behavioral health conditions. Watch Brave Health’s presentation [here](#).



EPIC `Ohana: Through their Makua Allies Program, they address the need for coordinated, integrated, and collaborated service. Watch EPIC `Ohana’s presentation [here](#).



Healthy Mothers Healthy Babies Coalition of Hawaii: Healthy Mothers Healthy Babies Coalition of Hawaii (HMHB) was founded in 1992 and is a local nonprofit organization dedicated to improving Hawaii’s maternal, child, and family health through collaborative efforts in public education, advocacy, and partner development. Watch HMHB’s presentation [here](#).



Marigold Health: Marigold Health is a hybrid virtual and community-based program that combines holistic one-on-one coaching with 24/7 access to anonymous chat support groups moderated by a certified peer in the Marigold Health app. Watch Marigold’s presentation [here](#).



Nest for Families: Nest for Families (Nest) provides compassionate evidence-based support to parents during the critical first years of life. Watch Nest’s presentation [here](#).



Workit Health: Workit Health is the industry-leading provider of clinically proven telemedicine treatment for substance use disorder, offering online therapy, medication-assisted treatment, psychiatric support, and primary care via the Workit Health mobile app. Watch Workit’s presentation [here](#).

Lessons Learned

- *Potential solutions can expand beyond traditional health tech vendors aimed at managed care:* Program participants were eager to see a broad spectrum of solutions, and given the local context in Hawaii, MIC needed to consider solutions beyond traditional health tech vendors. As a result of their involvement in the discovery phase, a number of CBO-based solutions applied to the RFI, and evaluators saw them as key to enabling the care ecosystem. In future programs, MIC will utilize the learnings from discovery to source the most appropriate solutions to meet the needs, which could include a combination of local organizations and national vendors.
- *There is immense value in bringing together diverse perspectives for selection:* A typical request for proposals for a state Medicaid agency or managed care plan would likely consist of evaluators solely from within the respective organization. MIC built the selection process so that solutions were considered through multiple perspectives to ensure alignment with state, managed care, provider, and

community needs and priorities. This assures that any solution introduced into the existing care delivery system will meet the needs of the beneficiary and can be widely adopted and utilized.

Looking Forward

At the time of publication, the 2022 Behavioral Health Cohort was still in session. In the next phase of the program, MIC supports states and managed care plans to develop strategies to address their health equity goals, which includes consideration of vendor solutions. States also receive technical assistance to explore policy levers and payment models that enable the adoption of private-sector solutions, while managed care plans review the selected vendors for contracting and implementation.

To learn more and follow the conclusion of the program, please visit www.medicaidcollaborative.org.

Program Partners

Our Funders

Through the generous support of our funders, the Medicaid Innovation Collaborative delivers programming at no-cost to states and managed care plans.



Established by Molina Healthcare, Inc., The MolinaCares Accord oversees a community investment platform created to improve the health and well-being of disadvantaged populations by funding meaningful, measurable, and innovative programs and solutions that improve health, life, and living in local communities. The MolinaCares Accord funds such measures through The Molina Healthcare Charitable Foundation, a 501(c)(3) established in 2020 by Molina Healthcare, Inc.



CommonSpirit Health is a nonprofit, Catholic health system dedicated to advancing health for all people. It was created in February 2019 by Catholic Health Initiatives and Dignity Health. With its national office in Chicago and a team of over 150,000 employees and 25,000 physicians and advanced practice clinicians, CommonSpirit operates 140 hospitals and more than 1,500 care sites across 21 states. In FY 2021, CommonSpirit had revenues of \$33.3 billion and provided \$5.1 billion in charity care, community benefit, and unreimbursed government programs.

H O P E L A B

Hopelab is a social innovation lab and impact investor advancing entrepreneurs, research, digital health, and systemic solutions that support and empower young people, especially those from historically excluded communities. The organization works to remove systemic barriers to youth mental health and emotional well-being through targeted social impact investments, hands-on design and research support for digital innovation, and translational science partnerships.

Our Advisors

The members of the Advisory Board bring decades of leadership and expertise in health equity and innovation and will provide critical guidance and support to shape MIC's vision, strategy, and operations.

- Adimika Arthur, Executive Director, HealthTech for Medicaid (HT4M)
- Melanie Bella, Head of Partnerships and Policy, Cityblock Health
- Pablo Bravo, System VP, Community Health, CommonSpirit Health
- R.J. Briscione, Principal, The Focus Group Consulting
- Allison Hamblin, President and CEO, Center for Health Care Strategies
- Carolyn Ingram, Executive Director, MolinaCares Foundation and Executive Vice President, Molina Healthcare
- Margaret Laws, President & CEO, Hopelab
- Abner Mason, Founder & CEO, SameSky Health
- Jamila Michener, PhD, MA, Associate Professor, Co-Director, Cornell Center for Health Equity
- Monique Shaw, PhD, MPH, CHES, Program Officer, Robert Wood Johnson Foundation

Our Founders

Medicaid Innovation Collaborative was launched by three organizations with a shared commitment to supporting the United States' most vulnerable communities and prior experience in designing mission-driven programs to bring innovations that serve these communities to market.

- [Acumen America](#) is a non-profit impact investment fund that invests in innovations in health, workforce development, and financial service that create pathways to health and wellbeing, economic opportunity, and prosperity for low-income Americans.
- [Adaptation Health](#) is a buyer-side incubator program supporting the innovation efforts of state Medicaid agencies and managed care plans.
- [The Center for Health Care Strategies](#) is a policy design and implementation partner devoted to improving outcomes for people enrolled in Medicaid.

Learn more at www.medicaidcollaborative.org, or email us at info@medicaidcollaborative.org.