Medicaid Innovation Collaborative

Application Roster: Social Determinants of Health Innovation Solutions

Organization and Presenter Information

June 6, 2023

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Background

Medicaid Innovation Collaborative enables the Medicaid ecosystem to identify and implement private-sector innovations that provide beneficiaries with the opportunity to achieve their fullest potential for health and wellbeing.

Tech-enabled interventions that improve access and quality of care and address social and environmental needs are underutilized yet powerful potential solutions to transform the health of Medicaid members across the country.

Through cross-state collaboration, in-depth discovery, and technical assistance, MIC enables state Medicaid programs, their managed care plans, and other key stakeholders to identify and implement such solutions.

To accelerate impact, MIC ensures that sourced innovations reflect the real-time priorities of the full Medicaid ecosystem. MIC conducted primary research with Medicaid beneficiaries and community members to identify the root causes of disparities and inform the identification and evaluation of solutions.

This year's MIC Request for Information (RFI) targeted six focus areas that deliver innovative solutions to address the health-related social needs of Medicaid beneficiaries living in Iowa, New York and Kentucky. Insights gathered through interviews, focus groups, and surveys with Medicaid beneficiaries in all three states, which informed the area of focus, can be found here.

The six focus areas to address health related social needs included:

1. Food and Nutrition Security

Solutions in this focus area were sourced to provide individuals and families with supplemental food, including flexibility in how and when users can access foods. Solutions could also increase access to healthy food options, including vegetables and fruits as well as a greater variety of foods. Solutions were sought that could incorporate nutritional education, recipes, and/or cooking lessons as part of their offering. A best-fit solution would provide people with options for both pre-made meals and healthy ingredients that they can use to prepare meals themselves, including medically-tailored meals or ingredients. It would also be connected with or integrated into local settings (grocery stores, food pantries) and provide culturally-appropriate options based on user-indicated preferences.

2. Housing Affordability and Quality

Solutions in this focus area were sourced to provide individuals and families with assistance to navigate programs for affordable housing and supportive services. Solutions could support households in paying utilities and security deposits, weatherizing their homes, or ensuring housing is safe and accessible with a focus on home improvements.

3. Transportation Services

Solutions in this focus area were sourced to provide individuals and families with the flexibility to schedule rides or shuttles to help them get to and from their work, school, or health-related appointments. Solutions could offset costs of ridesharing options or provide subsidies for gas or bus fare. Solutions would work in both rural and urban settings.

4. Economic Stability through Education and Employment

Solutions in this focus area were sourced to help individuals navigate resources for educational or employment assistance. These solutions could help them identify job opportunities appropriate to their training and experience or support them in strengthening their resumes and interviewing skills. Solutions could support people in accessing training and education to transition into better paying jobs that strengthen their financial stability long term. Solutions could also help individuals navigate the benefits cliff associated with increasing household income, which is a concern for many.

5. Navigating and Coordinating Care, Resources, and Services

Solutions in this focus area were sourced to create a unified way for individuals to find out what resources and services are available to them and what they are eligible to access. Solutions could provide up-to-date resources and the ability to get answers to questions about how to access local services to address their social needs. Solutions could help people navigate to high quality services and may take advantage of support from community health workers or navigators. Solutions could improve access to culturally-competent care, bridge the digital divide, and build trust in the community. Solutions which include social needs screening could employ strategies to build trust with users, considering a balance of empathy and expertise. Best-fit solutions would offer a one-stop-shop for enrollees to be screened for eligibility, understand options, and streamline benefit applications.

6. Infrastructure and Data Tools for Providers, Plans, and States for Social Determinants of Health Management

Solutions in this focus area were sourced to help state Medicaid programs and managed care plans build the data systems and tools to identify and track social needs at an individual and population level. The solutions could also analyze the data as needed for care provision and strategy, ensure care teams have the information to enable members receive services across the continuum of care, including within the community, and to enable different entities to easily exchange information to increase coordination and integration of services.

In this roster, the relevant focus areas for each applicant are listed under the name of the solution. To find applicants that serve a specific focus area, search this document for either the focus area name (e.g., “Navigating and Coordinating Care”) or its corresponding number (e.g., 5).

Showcase Presenters: June 6, 2023

Benefits Data Trust

BDT is a national non-profit singularly focused on helping people access critical public benefits programs such as the Supplemental Nutrition Assistance Program (SNAP) and Medicaid.

Benefits Data Trust (BDT) is a national nonprofit, founded in 2005, that harnesses the power of data, technology, and policy to provide efficient and dignified access to public benefit programs, improving people's health and financial security. Together with a national network of government agencies, healthcare entities, and other partners, we streamline public benefits systems and directly connect eligible families and individuals to assistance. Since 2006, we have submitted over 1.3 million public benefit applications on behalf of individuals and families.

Area(s) of focus: 6. Infrastructure and Data Tools for Providers, Plans, and States for Social Determinants of Health Management; 5. Navigating and Coordinating Care, Resources, and Services; 1. Food and Nutrition Security

Learn more here: Benefits Data Trust, Benefits Data Trust Video Pitch

Company Representative(s): Ashley Humienny, Director of Healthcare
Email: ahumienny@bdtrust.org

Ashley Humienny, Director of Healthcare at Benefits Data Trust, oversees the organization's healthcare business. She is responsible for setting and driving BDT's healthcare strategy, including current project success, partnership development, and evolving offerings. Her expertise includes healthcare technology, non-traditional care models, and market strategy.

Ashley rejoined BDT four years ago as the founding member of the Healthcare Innovation department. She left her strategy role at BDT in 2013 to pursue an MBA, going on to guide Cardinal Health's payer strategy development as a Senior Consultant. She then joined Candescent Health, a radiology technology start-up recently acquired by Envision Health, in a client management and business development role, before returning to BDT.

Ashley earned her B.A. from the University of Pennsylvania and her M.B.A. from Duke University's Fuqua School of Business.

CareAdvisors

We Deliver Health Equity

We provide a social care management software platform for Medicaid plans to engage hard-to-reach members struggling with social barriers. Through our software platform, we automate new enrollment and renewals for government benefit programs including Medicaid, Cash Assistance and SNAP. Our platform also supports access to local community-based social services including housing and food security resources through our network partners.

Area(s) of focus: 6. Infrastructure and Data Tools for Providers, Plans, and States for Social Determinants of Health Management; 5. Navigating and Coordinating Care, Resources, and Services

Learn more here: CareAdvisors, CareAdvisors Video Pitch

Company Representative(s): Chris Grace, CEO and Founder
Email: chris@care-advisors.com

Chris Grace, CEO & Founder. Chris previously built one of the largest navigation programs in the country. Prior to CareAdvisors, he was an investment banker at Goldman Sachs. He attended business school and law school at University of Chicago, and began his career as an Army officer and West Point graduate (International Relations & Computer Engineering).

Ready Computing

Empowering Communities, Transforming Lives: Channels 360 - Navigating Social Determinants of Health

Ready Computing is a full-service IT consulting firm specializing in data-centric technology solutions for our clients worldwide. We serve as a trusted advisor and partner to private and public-sector organizations, health systems, health plans, community-based organizations, and government agencies to deliver insight and solutions from their data to improve patient and resident outcomes and the overall quality of service delivery. Ready's SDOH solution, Channels 360, was developed to digitally connect, implement, and scale out our customers' vision for their system of care. This framework enables consolidation and sharing of necessary data across the spectrum of care to enrollees and their families. Channels 360 is capable of connecting health plans and human service providers to your model of care—including housing, wellness programs, self-care management, transportation, bereavement, and educational programs.

Area(s) of focus: 5. Navigating and Coordinating Care, Resources, and Services; 6. Infrastructure and Data Tools for Providers, Plans, and States for Social Determinants of Health Management

Learn more here: Ready Computing, Ready Computing Video Pitch

Company Representative(s): Mark Taylor, CEO
Email: mark.taylor@readycomputing.com

As a creative and experienced healthcare leader, Mark has a passion for improving outcomes through connecting people and processes with technology. Serving in various leadership positions at several highly rated health plans and through his work as a consultant, he leverages that wealth of experience to guide and implement meaningful solutions that improve the lives of individuals, families, and communities. Mark's deep health plan background, intimate understanding of local and national outcome measurement systems, and keen eye for the bigger picture allow him to conceptualize and deliver solutions that help move us towards equitable whole-person care.

Company Representative(s): James Gallagher, COO
Email: James.gallagher@readycomputing.com

James has a broad background in technical interoperability and government service. His career began as a signaleer in the US Army, serving primarily with the 1st Infantry Division. He was trained on and operated many forms of communication, from ground radio to fiber optics to satellite. He deployed to both Kosovo and Iraq and also received a Bronze Star Medal. After transitioning from active military service, James supported the government on several contracts upgrading communications infrastructure and systems. He later entered the healthcare space, focusing on interoperability and security. He has worked extensively with HIEs and payers, with a focus on data science and analytics in support of value-based payment models, quality, and population health initiatives.

James now leads Ready Computing as the Chief Operating Officer, where he brings a strong sense of team, vision, and accountability. He embraces challenges and focuses on delivery. Along the way, he likes to have a little fun and is still perfecting his “dad humor.”

Unite Us

We Build Connected Healthier Communities

Unite Us is cross-sector collaboration software that builds connected communities through shared technology and local boots-on-ground community approach to address whole-person health needs. We break down communication, gaps in services, and data silos between government, healthcare, and communities with electronic referral care coordination, client management, and an outcomes tracking platform for efficient and effective "last mile" of social care delivery for wraparound supportive social services to improve population health.

Area(s) of focus: 6. Infrastructure and Data Tools for Providers, Plans, and States for Social Determinants of Health Management; 5. Navigating and Coordinating Care, Resources, and Services; 4. Economic Stability through Education and Employment; 3. Transportation Services; 2. Housing Affordability and Quality; 1. Food and Nutrition Security

Learn more here: Unite Us, Unite Us Video Pitch

Company Representative(s): Elliott Emerich, Strategic Sales Director
Email: elliott.emerich@uniteus.com

Elliott serves as the Strategic Sales Director at Unite Us, a company supporting health, human, and social services transform their delivery of whole-person care through the use of integrated social care coordination infrastructure and community partnerships. Prior to Unite Us, Elliott led Under Armour’s digital go-to-market and sales enablement transformation program and previously spent four years as an Assistant Professor at Georgetown University in D.C. Before, Elliott spent over a decade as an Officer in the U.S. Army, serving in multiple combat deployments to Iraq and Afghanistan. He holds an undergraduate degree in Management and Systems Engineering from The United States Military Academy at West Point and holds a graduate degree from Georgetown’s McDonough School of Business. He currently resides in Silver Spring, Maryland with his wife, three-year old son, and one-year old daughter.

Company Representative(s): Liam Fitzgerald, Public Sector Solutions Engineer
Email: liam@uniteus.com

Liam Fitzgerald acts as a Public Sector Solutions Engineer with Unite Us. In this role, he partners with state and federal government agencies to employ use of the company's end-to-end health and social care products. Through this collaborative approach to solution design, he supports these government partners in building integrated workflows that best leverage the company's predictive analytics, closed-loop referral, and social care payment offerings. Prior to Unite Us, Liam worked in state government consulting, assisting Medicaid (and other state agencies) in policy analysis and Medicaid waiver implementation. He holds a BA in Sociology from Princeton University.

Kaizen Health

Removing transportation as a barrier to living a healthy and happy life

Kaizen Health addresses the social determinants of health (SDOH) by removing transportation as a barrier to living a healthy and happy life and enabling greater access to fundamental resources like healthcare, food, education, employment, and housing. We pair an adaptive and scalable technology platform with a nationwide infrastructure of transportation and delivery partners to serve urban and rural areas for people of all physical and mental abilities. Our innovative solution is utilized by some of the largest healthcare organizations, non-profits, municipalities, and public-school districts serving millions of individuals across the US.

Area(s) of focus: 3. Transportation Services

Learn more here: Kaizen Health, Kaizen Health Video Pitch

Company Representative(s): Mindi Knebel, CEO and Founder
Email: mindi.knebel@kaizenhealth.org

Mindi Knebel is the Founder & CEO of Kaizen Health, as well as Chair of the company's Board of Directors. A startup junkie who is passionate about social entrepreneurship, Mindi has worked across several industries and has seen companies from inception through successful exit.

Mindi was part of the founding team of MATTER, a healthcare technology incubator formed through a public-private partnership in the city of Chicago. Prior to that, she led operations and corporate development initiatives for growth stage companies in service, veterinary and technology industries.

Mindi holds a bachelor's degree from the University of Iowa and a master's in business from Colorado Technical University. She enjoys spending time with family & friends, running, yoga and is a proud Packers shareholder and also an avid fan of the Iowa Hawkeyes, Cubs, Bulls and Blackhawks.

Showcase Presenters: May 22, 2023

FarmboxRx

Food as Engagement

FarmboxRx is an engagement platform that partners with health insurance providers to improve member health outcomes through nutrition and health literacy. Since 2014, FarmboxRx has been providing the necessary support for individuals to attain the highest level of health by promoting self-efficacy and inspiring individuals to take a more active role in their own health. FarmboxRx delivers customizable member engagement programs via food solutions that support sustainable, scalable, and long-lasting quality outcomes for Members and Healthcare Organizations.

Area(s) of focus: 5. Navigating and Coordinating Care, Resources, and Services, 1. Food and Nutrition Security

Learn more here: Farmbox Rx; Farmbox Rx Video Pitch

Company Representative(s): Ashley Tyrner, CEO and founder
Email: Ashley@farmboxdirect.com

Ashley Tyrner has gone from being a single mom on food stamps where she first hand experienced life as an economically disadvantaged minority to the founder and CEO of a rapidly growing Health Tech company. FarmboxRx was born out of Ashley's own life experiences and exists today within healthcare to break down barriers to health equity through nutrition and health literacy. Ashley has worked within food policy alongside Sam Kass during the Obama administration to create partnerships for Michelle Obama's Let's Move Campaign and create pilot programs for SNAP/EBT with the USDA. Today Ashley's primary focus is driving change within the Centers for Medicare & Medicaid for a more holistic approach to nutrition access and health outcomes.

Company Representative(s): Jenn Kerfoot, Chief Experience Officer
Email: Jenn@farmboxrx.com

As Chief Experience Officer at FarmboxRx, Jenn Kerfoot is the head of Client and Member Experience Operations. In this role, Jenn leads the strategic planning, design, and implementation of initiatives that drive Member Satisfaction & Retention. Additionally, Jenn spearheads the Member Insights function using qualitative and advanced analytic approaches to understand the gaps in care and unmet needs of populations. Jenn has helped companies articulate and achieve success across several aspects of the healthcare space. As a military veteran, Jenn brings leadership and vision to diverse audiences, and offers a unique perspective within start-ups and high-growth stage companies. With a passion for organizational mission and values, as well as the unique competitive advantage of establishing a strong culture, Jenn works with all departments to streamline processes and programs that integrate the member experience into every aspect of the business.

Free From Market

The right foods delivered. Better healthcare received.

Free From Market is a patient-driven digital health company in the food is medicine space. We bring together personalized food selection, tele-nutrition, and the ability to measure outcomes in one platform.

Area(s) of focus: 1. Food and Nutrition Security

Learn more here: Free From Market; Free From Market Video Pitch

Company Representative(s): Emily Brown, Co-Founder and CEO
Email: ebrown@freefrommarket.com

Emily is the Founder and CEO of Free From Market, a patient-driven digital health company in the "food is medicine" space. Rooted in lived experience, Emily leads a passionate team dedicated to changing health outcomes through harnessing the healing power of food.

After experiencing first-hand, the challenges of managing chronic health conditions with limited resources, Emily founded Food Equality Initiative (FEI). Under her leadership the nonprofit grew to a 7-figure annual budget, supporting patients' access to healthy food.

Emily is a national patient advocate who has provided both oral and written testimony to the FDA and USDA. Active in her community, Emily serves on several hospital committees and food policy coalitions. A member of the 2025 Child and Adult Core Set Annual Review Workgroup, Emily works to advance health equity in all pursuits.

Her research interests include food systems, health disparities, and patient-centered approaches to care. Emily is a published co-author of several peer-reviewed articles with top research institutions in allergic disease. Emily believes in the power of patients and data to achieve greater health outcomes.

Live Chair Health

Creating Stronger, Healthier and More Stable Lives.

Live Chair Health (LCH) is a tech-enabled Community Health Worker (CHW) platform that serves as a last-mile member engagement resource for health plans and systems (Health Partners). LCH partners with payors, providers and other health care entities to ensure that residents of traditionally disenfranchised communities can access Preventative, Social and Administrative care resources that focus on HEDIS gap closures and the achievement of broader STARs metrics. The Company combines its CHW ground team, call center staff, web application and network of community based organizations to target community members that are hard to reach, endure chronic conditions or are otherwise expensive to manage in order to bend the cost curve for its Health Partners.

Area(s) of focus: 4. Economic Stability through Education and Employment; 5. Navigating and Coordinating Care, Resources, and Services; 6. Infrastructure and Data Tools for Providers, Plans, and States for Social Determinants of Health Management

Learn more here: Live Chair Health; Live Chair Health Video Pitch

Company Representative(s): Andrew Suggs,Founder and CEO
Email: andrew@livechair.co

Andrew Suggs founded Live Chair Health (LCH) after first innovating LCH's predecessor, Live Chair, the grooming industry's premier barber reservation software provider. Prior to Live Chair, he held various senior executive sales roles in the logistics and sports entertainment industries. He earned his bachelor's from an HBCU, Claflin University, and MBA degree from Eastern University.

NourishedRx

Providing the engine and fuel for better health.

NourishedRx is a human-centered digital health and nutrition company that combines the power of food, people, and technology to deliver comprehensive and personalized nutrition programs and experiences. We exist to nourish the most vulnerable, build connections, and bend the healthcare cost curve while addressing health equity. Our solutions go well beyond providing food. Our programs engage participants with clinically appropriate, culturally relevant, high-quality food and then work with members longitudinally to educate and support self-agency and skills to transform the trajectory of their dietary path. Our solutions delight members, promote connection, and enable staff to glean actionable insights regarding gaps in care and health-related social needs. Our omnichannel communications (digital and phone) ensure broadly accessible engagement.

NourishedRx is committed to hitting the mark with members and "build with and not for." We continuously engage members for design-related input. Through active listening and user testing, our solutions are inherently inclusive and accessible to people with a range of functional statuses, impairments, reading levels, technology competencies, social and language needs, and cultural preferences.

Our Platform & Network enables our programs to run efficiently, providing payers full transparency into all participant touchpoints and insights and ensuring a strong participant experience.

Area(s) of focus: 1. Food and Nutrition Security

Learn more here: NourishedRx; NourishedRx Video Pitch

Company Representative(s): Lauren Driscoll, Founder and CEO
Email: lauren@nourishedrx.com

Lauren founded NourishedRx to support health plans' efforts to address the most actionable and critical non-clinical needs of their members — nutrition and social isolation. Former lead of Medicare business at Oxford Health Plans and Principal at Leavitt Partners, LLC. She has an MPH from Columbia University and a BA in History from the University of Virginia.

Company Representative(s): Yessenia Vazquez, Bilingual Registered Dietitian
Email: yessenia@nourishedrx.com

Yessenia Vazquez is a Bilingual Registered Dietitian with NourishedRx who educates members on diet-sensitive health conditions, evaluates meals and food vendors, and develops evidence-based nutrition education for NourishedRx. As a Dietitian, her desire is to impact Latino communities, and she has assisted with pediatric obesity research for minorities. Yessenia believes that food can be profoundly healing to the body and that the power of educating others on nutrition is genuinely life-changing. Yessenia holds a bachelor's degree in Dietetics from Northern Illinois University and is a national board-certified health and wellness coach (NBHWC). She has also earned a certificate from Cornell University for promoting her passion for sustainable eating and plant-based nutrition, and she loves to blog about new plant-based recipes and share them with others!

Pair Team

Social-first care.

Pair Team connects underserved communities to high quality care with their tech-enabled care teams. They partner with safety-net primary care providers and act as extension of the clinical staff to provide comprehensive clinical and mental health care while addressing the many social barriers to achieving a high quality of life such as access to housing, food, or transportation. Their community-led, virtual care model is powered by their intelligent care delivery platform.

Area(s) of focus: 6. Infrastructure and Data Tools for Providers, Plans, and States for Social Determinants of Health Management

Learn more here: Pair Team; Pair Team Video Pitch

Company Representative(s): Neil Batlivia, CEO and Co-founder
Email: neil@pairteam.com

Neil is the co-founder and CEO of Pair Team. Neil has built his career as a healthcare technologist working across primary care, medical devices and machine learning research. A change agent, Neil's passion and professional experience has driven him to revolutionize patient care and operations within the healthcare system.

Prior to founding Pair Team, Neil worked as an engineer at Forward and built the technical foundation for a national network of primary care clinics. He holds a patent in remote medical data capture and a degree in computer science from Carnegie Mellon University.

Samaritan

Walk with, not by.

Samaritan is a support platform that empowers people without a stable home to reach life goals. Health and human services deploy Samaritan to engage last-mile populations into the financial & social support needed to meet critical SDOH needs.
Samaritan enters communities with frontline partners to reach targeted individuals with a Samaritan Membership. Members get a smart wallet, then share goals, immediate needs, and desired action steps. From here, Members gain social & financial support to meet needs and enable action steps towards goals.

Using samaritan has been shown to help individuals rapidly improve access to care, critical utilities, and housing, significantly reducing their total cost of care.

Area(s) of focus: 4. Economic Stability through Education and Employment; 2. Housing Affordability and Quality; 5. Navigating and Coordinating Care, Resources, and Services

Learn more here: Samaritan; Samaritan Video Pitch

Company Representative(s): Jonathan Kumar, Founder
Email: j@samaritan.city

Born to immigrant parents in poverty, Jonathan and his family quickly learned the value and need for community. Receiving an opportunity to study at the University of Michigan, Jonathan earned a degree in Informatics, specializing in UX design. After producing a documentary on social change, Jonathan developed a tool for restaurants to convert surplus food into funding for local food banks called FoodCircles. From there he helped create Samaritan, with the goal to give people without a home the social and financial support needed to leave the street. Jonathan strongly believes that everyone needs a team, rich or poor. When we put a social home around someone, we find that the physical home often follows soon after.

Waymark

Care, guided by community.

Waymark is a physician-led public benefit company dedicated to improving access and quality of care for people receiving Medicaid. We partner with health plans and primary care providers to deliver technology-enabled, community-based care in neighborhoods across the country. Our local teams of community health workers, pharmacists, and therapists partner with PCPs to increase their capacity, build relationships with hard-to-engage patients, and improve outcomes through evidence-based care pathways. Our flagship products — Lighthouse and Signal — use proprietary data science and machine learning models to help our community-based teams identify patients early in their disease course and match them to the right clinical and community interventions. For more information, visit waymarkcare.com.

Area(s) of focus: 1. Food and Nutrition Security; 2. Housing Affordability and Quality; 3. Transportation Services; 4. Economic Stability through Education and Employment; 5. Navigating and Coordinating Care, Resources, and Services; 6. Infrastructure and Data Tools for Providers, Plans, and States for Social Determinants of Health Management

Learn more here: Waymark; Waymark Video Pitch

Company Representative(s): Rajaie Batniji Co-founder and CEO
Email: rajaie.batniji@waymarkcare.com

Rajaie Batniji, MD PhD is a physician and entrepreneur working to improve care delivery. At Waymark, he leads a diverse team that is catalyzing improvement in access and outcomes for people with Medicaid benefits through technology-enabled community care. Waymark supports patients through their care in partnership with Medicaid managed care organizations and primary care practices.

Prior to Waymark, Dr. Batniji was co-founder of Collective Health, where he was Chief Health Officer for eight years, growing the company to serve hundreds of thousands of members. Rajaie was previously a Clinical Assistant Professor of Medicine at Stanford University, where he trained in internal medicine. He holds BA and MA degrees from Stanford University, an MD from UCSF, and a doctorate in politics and international relations from Oxford University, where he studied as a Marshall Scholar.

Rajaie's research has been published in top international medical journals, including The Lancet, British Medical Journal and the Bulletin of the World Health Organization. His work has been featured in major media outlets, including the New York Times, WSJ, Bloomberg, Forbes and STAT, among others. Rajaie continues to practice medicine as a physician to homeless patients. He lives in San Francisco with his wife and three children.

Company Representative(s): Sanjay Basu, Co-founder and Head of Clinical
Email: sanjay.basu@waymarkcare.com

Sanjay Basu, MD PhD, is a physician and epidemiologist whose work focuses on the development and application of disease prevention models for low-income communities. As co-founder and Head of Clinical for Waymark, Sanjay oversees the company's research and development function, including product, engineering, design, and clinical teams. His team is building a technology stack to enable community based care.

Prior to Waymark, Dr. Basu served as the Director of Research at the Harvard Medical School Center for Primary Care. He received his education from the Massachusetts Institute of Technology (MIT), Oxford University (as a Rhodes Scholar), and Yale before completing his residency in internal medicine at the University of California in San Francisco.
Sanjay has published over 300 peer-reviewed journal articles, been named to the "Top 100 Global Thinkers" List by Foreign Policy Magazine, been awarded the NIH Director's New Innovator Award, and received the Presidential Early Career Award for Scientists and Engineers. His work has focused on preventing and treating chronic diseases, reducing the health effects of financial shocks and other adverse social determinants of health, improving access to essential healthcare services, and improving primary care infrastructure and quality. He currently practices medicine at San Francisco's Integrated Care Center, a primary care, behavioral health, substance abuse, and oral health center for

Welfie

Community Health for Kids and Families on Medicaid.

We put community health workers in K-12 schools to provide health education, care coordination and address social determinants of health issues for children and families on Medicaid/CHIP. Our CHWs are able to enroll eligible members in Medicaid, help with redetermination, complete health assessments, gather SDOH/Health Equity data, close care gaps and improve quality of care metrics (HEDIS, CAHPS etc.) which are reported via a population health analytics and data dashboard that will soon support the new NCQA digital measures.

Area(s) of focus: 4. Economic Stability through Education and Employment; 5. Navigating and Coordinating Care, Resources, and Services; 6. Infrastructure and Data Tools for Providers, Plans, and States for Social Determinants of Health Management

Learn more here: Welfie; Welfie Video Pitch

Company Representative(s): Dr.Steven Moyo, CEO
Email: docmoyo@welfie.com

Dr. Steven C. Moyo (DocMoyo) is a Board Certified Physician and CEO/Founder of Welfie. A company focused on delivering health equity to the families that need it most. He completed his residency training at the Osler Internal Medicine Residency Program at The Johns Hopkins Hospital. Attained his medical doctorate from Michigan State University College of Human Medicine and a Bachelor of Science from McGill University in Montreal, Quebec, Canada.

DocMoyo founded Welfie after seeing too many Black and Immigrant people die preventable deaths. Welfie is a "Wellness Selfie", giving people a regular snapshot of their health so they can see the big picture of their wellness journey. Guiding them along the way with health education, communities and resources. He is a member of the Alpha Omega Alpha and Gold Humanism Honor medical societies.

All 2023 applicants

About Fresh

Area(s) of focus: 1. Food and Nutrition Security

Boston, MA
https://www.aboutfresh.org/

Lorrin Van Evra, Director of Development
development@aboutfresh.org
617-651-0927

Fresh Connect serves low-income, food-insecure households at statistically highest risk for diet-related disease. Additionally, our Fresh Connect platform enables healthcare organizations to make targeted investments in healthy food for their patients and to measure the impact of their investment.

Activate Care Technologies

Area(s) of focus: 5. Navigating and Coordinating Care, Resources, and Services

Boston, MA
https://www.activatecare.com/

Dhana Kotwal, Head of Data Product and Strategy
dhana@activatecare.com
857-472-2014

Activate Care's Path Assist is a tech-enabled and community-focused program for identifying SDOH and HRSNs. This whole population social care solution improves the health of individuals and communities and reduces health disparities. Path Assist is built on a local Community Health Navigator workforce that liaises between clients and community resources, partners with community-based organizations, builds trust and reduces barriers. Path Assist is an evidence-informed intervention driven by data collection and information sharing, it promotes health confidence and health equity. Path Assist augments health plans SDOH strategies and produces cost savings in populations with unmet HRSNs.

Advocatia

Area(s) of focus: 1. Food and Nutrition Security; 2. Housing Affordability and Quality; 6. Infrastructure and Data Tools for Providers, Plans, and States for Social Determinants of Health Management

Lake Bluff, IL
https://www.advocatia.io/

Michelle Thunder, Analyst
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414-533-3123

Advocatia's platform allows for benefit identification and enrollment of community members into programs such as Medicaid, financial and SDoH programs to improve health equity and overall community health. Our platform simplifies the experience by reducing application errors, automating form submission and providing a contact for assistance. Our self-serve enrollment process engages individuals through multiple channels at strategic access points in the community, allowing access to eligibility information when and where is most convenient for them.

Akenta Health

Area(s) of focus: 6. Infrastructure and Data Tools for Providers, Plans, and States for Social Determinants of Health Management; 5. Navigating and Coordinating Care, Resources, and Services

Los Angeles, CA
https://www.akentahealth.com/

Marco Paschina, Founder & CEO
marco@akentahealth.com
424-382-7848

Akenta Health is a virtual healthcare solution, built to help low-income Hispanic/Latino individuals living in the United States access high quality healthcare.

Alvee Health

Area(s) of focus: 5. Navigating and Coordinating Care, Resources, and Services; 6. Infrastructure and Data Tools for Providers, Plans, and States for Social Determinants of Health Management

Miami Beach, FL
https://www.alvee.io/

Nicole Cook, CEO and Founder
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608-609-2477

Alvee is an ai-driven, health equity data activation and management platform. We are a comprehensive health equity solution that is installed as an add-on application to a healthcare organization's existing CRM or EHR which means there is no separate login and it fits seamlessly into existing workflows. Alvee helps payers and providers to develop a proactive health equity strategy instead of a reactive one and improve health outcomes for their entire patient or member population.

BabyLiveAdvice

Area(s) of focus: 5. Navigating and Coordinating Care, Resources, and Services

Los Angeles, CA
https://babyliveadvice.com/

Sigalit Marmorstein, CEO and Founder
sigi@babyliveadvice.com
818-602-1999

Providing new and expecting parents with virtual on demand support and counseling through a nationwide network of maternal-infant health experts to assure that all pregnancies and babies are safe and healthy.

Beacon Social Determinants of Health Manager

Area(s) of focus: 6. Infrastructure and Data Tools for Providers, Plans, and States for Social Determinants of Health Management

Huntington Beach, CA

https://beaconhcs.com

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bmoreland@beaconhcs.com
562-277-0290

Beacon's Supplemental Benefits module helps Medicaid, Medicare plans as well as state and local agencies with the identification, approval and delivery of social benefits e.g., adult day care, home meal delivery, utilities or dietician services, which are beyond traditional medical services. The functionality includes case types such as supplemental benefits or community outreach and categories tied to social benefits and the 5 SDoH domains that launch workflow and tracking of benefits. The comprehensive workflows prompt the use through each step including communications, letters and integrate via API connections to core systems, vendors and CBO's, it is all tied to a robust reporting engine including out of the box CMS universe reports.

Bento

Area(s) of focus: 1. Food and Nutrition Security; 5. Navigating and Coordinating Care, Resources, and Services

Los Angeles, CA
www.gobento.com

Adam Dole, Cofounder, Chief Operating Officer
adam@gobento.com
925-708-1970

Bento is a food-as-medicine platform that uses SMS text messaging to connect individuals and families who are experiencing food insecurity with nutritious food that comes from nearby restaurants and grocery stores. Each meal has been curated by our team of registered dieticians and aligns with member's disease risk factors, nutrition requirements and any desired cultural preferences. Once a member's food insecurity has been reduced, Bento helps members access and engage with critical healthcare services that improve their healthcare outcomes and overall quality of life.

Blooming Health

Area(s) of focus: 2. Housing Affordability and Quality; 3. Transportation Services; 1. Food and Nutrition Security; 5. Navigating and Coordinating Care, Resources, and Services; 6. Infrastructure and Data Tools for Providers, Plans, and States for Social Determinants of Health Management

New York, NY

www.gobloominghealth.com

Kavitha Gnanasambandan, Cofounder and Chief Commercial Officer (CCO)
kavitha@gobloominghealth.com
201-428-8834

Blooming Health powers healthy aging-in-place by improving older adults and caregivers' access to trusted, community-based supportive services throughout their aging journey via an inclusive solution. Community-based, aging care providers leverage our last mile digital solution to proactively engage older adults via text, phone calls, and emails and in 26 languages, and coordinate closed loop referrals for their aging-in-place needs. Aging care providers have seen a 3X increase in social service utilization, while saving 2 hours/day for staff from reduced outreach tasks and tracking client-reported social needs and outcomes data proactively. Today, Blooming Health's solution is focused on the aging population. However, our ageless solution is designed to drive healthy equity for all underserved populations.

Boswell

Area(s) of focus: 5. Navigating and Coordinating Care, Resources, and Services; 6. Infrastructure and Data Tools for Providers, Plans, and States for Social Determinants of Health Management

Boston, MA
https://www.boswell.io/healthcare

Bryan Wang, CEO
bryan@boswell.io
832-420-7667

Boswell helps Medicaid plans and ACOs find and engage beneficiaries in community settings when they need it the most. 40% of Medicaid beneficiaries are not engaged in preventive care, yet they actively leverage social service organizations such as food pantries for help. Boswell gives food pantries a free tool to collect data on who they serve, leverages that data to understand which individuals are unengaged with preventive care, and enables the food pantry staff engage them back with care.

CareVirtue

Area(s) of focus: 6. Infrastructure and Data Tools for Providers, Plans, and States for Social Determinants of Health Management; 5. Navigating and Coordinating Care, Resources, and Services

San Diego, CA
https://carevirtue.com/

Christian Elliott, Co-Founder and CEO
christian@carevirtue.com
800-484-0048

CareVirtue is an easy-to-use technology that helps Medicaid beneficiaries, Medicaid-eligible participants, and their families identify, understand, and access local support services. For our partners, CareVirtue activates the care networks (often family and friends) of Medicaid beneficiaries and utilizes behavioral nudges to enhance social support, educate and influence users, increase capacity for beneficiaries and their families, and improve care. CareVirtue's technology development strategy is based on the National Institute on Minority Health and Health Disparities' Research Framework, which depicts a wide array of health determinants and specifies that health outcomes span multiple levels.

Cell-Ed

Area(s) of focus: 5. Navigating and Coordinating Care, Resources, and Services; 4. Economic Stability through Education and Employment

Palo Alto, CA
www.cell-ed.com

Bhupendra Sheoran, Chief Growth Officer
sheoran@cell-ed.com
510-459-5636

The Cell-Ed solution is an equity-centered mobile product that users can access anywhere/anytime, with or without internet, on any device in multiple languages as either text, voice, smart phone app or web app. Our solution provides access to multiple health and literacy (language, business, numeracy, and digital) content delivered as micro-lessons and supported by live coaches to help the users with goal setting, navigation, linkages/referrals and motivational support.

Clinify Health

Area(s) of focus: 5. Navigating and Coordinating Care, Resources, and Services; 6. Infrastructure and Data Tools for Providers, Plans, and States for Social Determinants of Health Management

Chicago, IL

https://clinifyhealth.com/

Ashley Myles, Sr. Mgr. of Partnership Success & Innovation
ashley.myles@clinifyhealth.com
630-401-9395

Clinify Health is a web-based technology platform for a comprehensive view of the patient for Care Teams, Directors, and Executives at FQHCs, Payers and Collaboratives. Our platform provides instant visibility to manage population health needs, enhance care through social, clinical, and behavioral assessments and strengthen sub-specialists relationships through referral management and scheduling. Clinify Health is your community partner and platform, so you never overlook a member or miss an opportunity to close a gap in care.

ClinNEXUS

Area(s) of focus: 5. Navigating and Coordinating Care, Resources, and Services

Los Angeles, CA
https://clinnexus.com/

Gregory Carroll MD MBA, Co-Founder and CEO
gregory.carroll@clinnexus.com
503-807-1123

ClinNEXUS is a virtual care solution that simplifies transitions for care with a focus on Medicaid populations served by Federally Qualified Health Centers. With a focus on underserved populations, our remote virtual transition care coordinators support patients and their families during post-acute care periods when they are most vulnerable.

Concha Labs

Area(s) of focus: 6. Infrastructure and Data Tools for Providers, Plans, and States for Social Determinants of Health Management; 5. Navigating and Coordinating Care, Resources, and Services

San Francisco, CA
https://www.conchalabs.com

Amy Li, CEO, Founder
amy@conchalabs.com
415-762-1602

Concha Labs is using AI-based patented technology to personalize hearing aids to enable the end user to hear more clearly. Concha Labs' focus is to empower users to manage their hearing health from the comfort of their own home.

Delfina

Area(s) of focus: 5. Navigating and Coordinating Care, Resources, and Services

Rochester, MN
https://www.delfina.com/

Senan Ebrahim, CEO
senan@delfina.com
408-807-6110

Delfina Care is an intelligent pregnancy care solution that uses AI technology to help clinicians identify which patients can potentially benefit from early interventions. Providers can view each patient's comprehensive data story on their own dashboard, and patients receive personalized content and in-app support. With increased engagement from both patients and providers, Delfina Care creates healthier pregnancies and reduces costly complications, saving payors thousands of dollars per patient.

Determined Health

Area(s) of focus: 5. Navigating and Coordinating Care, Resources, and Services; 6. Infrastructure and Data Tools for Providers, Plans, and States for Social Determinants of Health Management

Washington, DC
https://www.determinedhealth.com/

Katherine Steinberg, Co-Founder & President
ksteinberg@determinedhealth.com
310-702-2807

Determined Health works closely with managed Medicaid plans to enable a next generation community care model that creates meaningful social connections—the bedrock of good health and well-being—to effectively addresses Social Determinants of Health. Addressing key fundamental care delivery and coordination challenges—care fragmentation, workforce challenges, and issues around access and trust—we offer a scalable and sustainable solution to drive engagement across high-risk, high-need populations, improve outcomes, and maximize ROI. Our proprietary Connection1st platform supports this approach, facilitating safe, secure, and HIPAA-compliant connections in a way that prioritizes end-user accessibility (no app, internet connectivity, or device required) while leveraging cutting-edge digital capability on the back end to deliver enhanced data collection, real-time analytics and insights, and customizable and targeted communication capabilities.

EatWell Meal Kits

Area(s) of focus: 1. Food and Nutrition Security; 6. Infrastructure and Data Tools for Providers, Plans, and States for Social Determinants of Health Management

Boston, MA
https://www.eatwellmealkits.com/

Dan Wexler, CEO
dan.w@eatwellmealkits.com
631-766-9354

EatWell equips Medicaid payors with a Food is Medicine meal kit that can be prescribed to high-risk patients to treat food security. Our community-informed recipes and ingredients are complemented by an online learning platform, which teaches patients how to cook while collecting impact analytics for payor SDH reports. By enabling insurers to prescribe the nutrition patients need alongside the skill-building education required for sustainable behavior change, EatWell addresses food security for the long term, improving health outcomes and reducing care costs.

Ema

Area(s) of focus: 5. Navigating and Coordinating Care, Resources, and Services; 6. Infrastructure and Data Tools for Providers, Plans, and States for Social Determinants of Health Management

Houston, TX
https://www.emaapp.co/

Amanda Ducach, CEO
Amanda@emaapp.co
617-877-8485

Ema is an impact-focused company that creates positive health outcomes for women through cutting-edge GPT technology that supports women from fertility to menopause. Ema revolutionizes the way we interact through technology and reduce disparities in healthcare for women.

equalityMD

Area(s) of focus: 5. Navigating and Coordinating Care, Resources, and Services

Richmond, VA
https://www.equalitymd.com/

Justin Ayars, Founder & CEO
justin@equalitymd.com
703-244-4973

equalityMD addresses “Navigation and Coordination of Care, Resources, and Services” through our LGBTQ+ inclusive healthcare platform that: 1) Trains providers to be LGBTQ+ culturally competent (providers get CME credits) 2) Matches patients with trained providers (like a dating app) 3) Delivers patient-centric care to a historically underserved (and growing) patient population While creating actionable data insights about America’s most under-measured demographic that: 1) Drives higher patient engagement 2) Results in better patient outcomes 3) Fosters profitable, mission-driven, inclusive corporate cultures. Our proprietary machine learning matching algorithm connects the LGBTQ+ community (and allies) with culturally competent primary care and mental health providers who create safe spaces where patients can be their authentic selves. We transform new patient journey data into actionable insights to help payors, providers, and health systems deliver authentic patient experiences and enable businesses to foster inclusive cultures that yield purpose-driven profits.

Eviset

Area(s) of focus: 6. Infrastructure and Data Tools for Providers, Plans, and States for Social Determinants of Health Management

Newark, NJ
www.eviset.com

Venus Wong, Chief Solutions Officer
v.wong@eviset.com
859-351-2727

Eviset’s data-driven platform infrastructure leverages the social care sector’s first-ever standardized performance indicators to optimize collaboration with the SDoH service provider sector: Map the quality, capacity and readiness of the ENTIRE supply of SDoH service providers – at a state level or community block – to optimize resource planning; Identify right-fit CBOs to support place-based member needs; Engage CBOs efficiently and equitably at scale for partnership in high-value policies and programs.

Factor Health

Area(s) of focus: 5. Navigating and Coordinating Care, Resources, and Services

Austin, TX
https://sites.utexas.edu/factorhealth/

Maninder Kahlon, Founder and Executive Director
mkahlon@austin.utexas.edu
650-248-3292

Factor Health's Health Callers puts you in charge and at the center of your health where you belong. A simple phone call with a truly caring person on the other end to listen to your life's joys and challenges, and offer options when needs arise can give you the peace of mind to thrive. Your dedicated partner in health can also help connect you with your healthcare system and community resources customized for your needs.

FamilyWell Health

Area(s) of focus: 5. Navigating and Coordinating Care, Resources, and Services; 6. Infrastructure and Data Tools for Providers, Plans, and States for Social Determinants of Health Management

Flourtown, PA
https://familywellhealth.com

Dr. Jessica Gaulton, CEO/Founder
jessica@familywellhealth.com
267-432-4757

FamilyWell Health is a behavioral health company that integrates tech-enabled perinatal mental health services in Obstetric practices through an evidence-based, collaborative care approach. With a primary focus on serving the Medicaid population, FamilyWell's mission is to provide affordable, equitable access to mental health services for pregnant and postpartum patients. FamilyWell's innovative, collaborative care model empowers and equips OB providers to "own" their patients' mental health by providing them with the following services, fully integrated in their daily workflow: 1) Individualized mental health screenings and longitudinal clinical outcomes tracking, 2) Perinatal mental health education for OB providers 3) Licensed therapists available in-person (in the clinic) and virtually 3) Perinatal wellness coaches available by text 7 days a week and in 1:1 virtual sessions, 4) Psychiatric consultations to provide guidance for OB providers on medication and complex case management.

firsthand

Area(s) of focus: 6. Infrastructure and Data Tools for Providers, Plans, and States for Social Determinants of Health Management; 5. Navigating and Coordinating Care, Resources, and Services; 2. Housing Affordability and Quality; 3. Transportation Services

New York, NY
www.firsthandcares.com

Gregor Hoffman, Head of Strategic Initiatives
gregor@firsthandcares.com
781-718-5377

Famifirsthand works with managed Medicaid organizations to support individuals with serious mental illness (SMI) by engaging, building trust and navigating individuals to high quality social services and care services as appropriate. 70%+ of the complex SMI cohort within Medicaid is unengaged in care, so firsthand deploys field-based teams of peers, benefits enrollment specialists and NPs to build trusted longitudinal relationships with high needs members, thereby ensuring engagement and adherence. firsthand is operational in 3 states, with attribution for 50k+ lives, 45% engagement, measurable STARS and HEDIS improvements, and 12-month ROI across TANF, ABD and DSNP product lines.

Foodsmart

Area(s) of focus: 6. Infrastructure and Data Tools for Providers, Plans, and States for Social Determinants of Health Management; 5. Navigating and Coordinating Care, Resources, and Services, 1. Food and Nutrition Security

San Francisco, CA
www.foodsmart.com

Patrick Sims, VP of Growth
patrick.sims@foodsmart.com
502-315-9045

Foodsmart connects you with your own telehealth registered dietitian who lives and works in your community and who will help you remove barriers to food access and affordability while improving the quality of the food

you eat. We'll help you apply for SNAP and WIC benefits, teach you how to plan easy meals that meet your family's budget, price compare to save money on groceries, and then have your food either delivered (if you don't have transportation) or be ready for pickup. Finally, if you need fresh food boxes or prepared meals, we'll work with you and your health plan to get those delivered to you.

Foresight Health Solutions

Area(s) of focus: 6. Infrastructure and Data Tools for Providers, Plans, and States for Social Determinants of Health Management

Del Mar, CA
www.foresighthealthsolutions.com

Ashish Abraham, MD, MBA, President
ashish@foresighthealthsolutions.com
202-422-5036

Foresight Health Solutions offers an AI-enabled, SDoH-focused, web-based risk analytics platform for organizations that serve the most vulnerable and marginalized Medicaid-enrolled and dual-eligible communities in the country. The system uses web-APIs, batch data loads and natural language processing (NLP) to extract medical, behavioral and SDoH data from multiple sources including EMRs, Claims, care management systems and publicly available datasets to provide the most accurate and comprehensive prediction of risk for underserved populations, while at the same time identifying prescriptive insights on the most effective care and social services that would mitigate these risks and reduce overall costs of care. The platform enables front-line care managers to identify risk drivers and prioritize care and social support resources at the caseload and at the patient level, and empowers Medicaid program and health plan leaders to make data-driven decisions to optimize value-based care programs both in terms of addressing deep-rooted health inequities and reducing avoidable health costs.

FwdSlash

Area(s) of focus: 5. Navigating and Coordinating Care, Resources, and Services; 6. Infrastructure and Data Tools for Providers, Plans, and States for Social Determinants of Health Management

East Brunswick, NJ
www.fwdslash.org

Sameer Sood, CEO
sameer@fwdslash.org
732-586-1581

We solve homelessness for the 3.7 million unhoused and housing insecure Americans by enabling Housing-First services (e.g. Behavioral health, addiction treatment, job training, etc) delivered by Community Based Organizations (CBOs). However, CBOâ€™s traditionally are not able to contract with Managed Medicaid Organizations (MCOs) who cover health costs and they struggle to find housing units for unhoused individuals. We help CBOs contract with MCOs and we master lease units from local landlords to provide housing to members that decreases community rates of incarceration, overdoses, homelessness, poverty, police interactions, etc., and reduces costly hospital visits and health costs by nearly 40%.

Get RainDrop

Area(s) of focus: 5. Navigating and Coordinating Care, Resources, and Services; 4. Economic Stability through Education and Employment; 3. Transportation Services; 2. Housing Affordability and Quality; 1. Food and Nutrition Security

Atlanta, GA
https://www.getraindrop.co

Adrian Davis, Founder and CEO
adrian@getraindrop.co
678-491-2804

The Get RainDrop app is designed to provide personalized engagement that is tailored to an individual's needs and interests such as food insecurity, financial instability, housing, utilities, transportation and more. Our proactive approach to engagement helps users stay on top of their daily worries and improves their overall well-being. To do this we must change how we engage.

GLOBO Language Solutions

Area(s) of focus: 5. Navigating and Coordinating Care, Resources, and Services

Philadelphia, PA
www.helloglobo.com

Tal Roth, Senior Proposal Manager
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800-555-3010

GLOBO is a certified minority-owned, health equity-focused patient communication company with a 15 year track record of supporting some of the nation's largest, most respected healthcare organizations. Driven by our proprietary, cloud native app, GLOBO HQ, we provide Telephone Interpreting, Video Remote Interpreting, On-site Interpreting, Translation and Localization, Communication Access Realtime Translation (CART), and Fluency Testing. Today, GLOBO serves more than 1,200 hospitals, public health centers, specialty care sites, health clinics, medical and dental practices, and behavioral health sites, along with health insurance providers, healthcare plans, departments of health, pharmaceutical and life science firms, and healthcare advocacy groups.

Grapefruit Health

Area(s) of focus: 4. Economic Stability through Education and Employment; 5. Navigating and Coordinating Care, Resources, and Services

Chicago, IL
www.grapefruit.health

Eric Alvarez, CEO
eric@grapefruit.health
940-867-1610

We are addressing the massive staffing shortage in healthcare by creating the first and only workforce composed exclusively of clinical students (ie. nursing, social work, pharmacy, etc.). We recruit, train, and manage these students to perform tasks remotely on behalf of healthcare organizations through the use of our proprietary web-based (AWS) application. As the students near graduation, we also help our clients recruit our students.

Guideway Care

Area(s) of focus: 1. Food and Nutrition Security; 2. Housing Affordability and Quality; 3. Transportation Services; 6. Infrastructure and Data Tools for Providers, Plans, and States for Social Determinants of Health Management; 4. Economic Stability through Education and Employment; 5. Navigating and Coordinating Care, Resources, and Services

Birmingham, AL
www.guidewaycare.com

Mark Lloyd, SVP of Development
mark.lloyd@guidewaycare.com
205-533-2551

Guideway collaborates with client partners to achieve a shared goal of improving health equity by removing barriers related to Social Determinants of Health (SDoH). Proactively resolving disparities through Care Guide navigation and technical innovation, Guideway is able to deliver on the promise of health equity. By maximizing the patient care experience and resolving barriers that lead to avoidable deterioration and acute care utilization, the Guideway approach to patient activation creates value for all stakeholders.

Harmony Health

Area(s) of focus: 6. Infrastructure and Data Tools for Providers, Plans, and States for Social Determinants of Health Management

Sunnyvale, CA
https://harmonyhealth.com

Vineet Gulati, CEO
vgulati@harmonyhealth.com
415-336-2326

Harmony Health's mission is to reduce inequity in the healthcare system. We are a simple outreach tool that facilitates digital connection and trust-building between local community-based organizations (CBOs) and vulnerable, hard-to-reach, and diverse communities. Harmony Health's micro-engagement platform empowers community-based organizations with a digital tool to perform outreach in language and in context, through SMS. Through their programs across California, Harmony Health works with CBOs, community clinics, and other on-the-ground organizations to meet desired outcomes for their communities. The platform is deployed by several private and public healthcare organizations and their associated CBOs to reach nearly 1M individuals in California and rapidly expand to other regions and states.

Health Impact Ohio – Central Ohio Pathways HUB

Area(s) of focus: 5. Navigating and Coordinating Care, Resources, and Services

Columbus, OH
https://www.healthimpactohio.org/

Carrie Baker, CEO and President, Health Impact Ohio
carrie@healthimpactohio.org
614-441-2323

The Central Ohio Pathways HUB utilizes Community Health Workers to support at-risk individuals in gaining self-sufficiency and connection to care and services in the community. The CHWs educate clients and help them resolve issues specifically related to Social Drivers of Health through closed loop referrals. The program is designed to be data focused, community centric, and sustainably funded.

Health in Her HUE

Area(s) of focus: 6. Infrastructure and Data Tools for Providers, Plans, and States for Social Determinants of Health Management; 5. Navigating and Coordinating Care, Resources, and Services

New York, NY
https://healthinherhue.com

Ashlee Wisdom, Co-Founder and CEO
awisdom@healthinherhue.com
347-528-5666

Health In Her HUE is on a mission to reduce racial health disparities by leveraging the power of technology, media and community support.

Healthy Alliance

Area(s) of focus: 3. Transportation Services; 5. Navigating and Coordinating Care, Resources, and Services

Schenectady, NY
https://healthyalliance.us/

Kristen Scholl, Vice President, Strategic Partnerships
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518-466-3248

People have complex health-related social needs - whether it's limited access to healthy foods, a safe place to sleep, or warm clothing - requiring streamlined coordination of care between a variety of providers. At Healthy Alliance, we lead the way in transforming how health care is delivered, shifting focus from singular medical interventions to a more proactive approach that addresses the whole needs of a person on a much larger scale. Our team, technology, and processes support successful connections to our network of local resources, operating with the community member at the center to improve health and empower the underserved.

Hewot

Area(s) of focus: 5. Navigating and Coordinating Care, Resources, and Services

Washington, DC
www.hewothealth.com

Michael Tadesse, Founder
mike@hewothealth.com
240-281-7738

Hewot offers personalized coaching to help kidney disease patients make sustainable behavior changes, prolong disease progression and reduce care cost.

Impactica Labs

Area(s) of focus: 5. Navigating and Coordinating Care, Resources, and Services; 6. Infrastructure and Data Tools for Providers, Plans, and States for Social Determinants of Health Management

New York, NY
https://www.impactica.co/

Ariel Porath, CEO
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415-867-8990

Impactica offers a mobile-first application for individuals to gather data and documents needed to apply for public benefits programs. This configurable application can be offered by nonprofits, providers or government agencies as a resource to improve understanding of eligibility and vastly reduce the time and effort necessary to complete applications for programs such as Medicaid, SNAP, WIC, LIHEAP, and the Affordable Connectivity Program. By providing a tool that centralizes program information and eligibility, a secure service to manage financial information and documents, and the means to coordinate consented data sharing with organizations and providers, Impactica's objectives are to make it significantly easier for individuals to access vital benefit and to reduce churn out of programs in order to ensure the most vulnerable communities improve their financial security.

Independent Living Systems, LLC

Area(s) of focus: 5. Navigating and Coordinating Care, Resources, and Services; 1. Food and Nutrition Security

Miami, FL
https://ilshealth.com/

Chris Sullivan, SVP, Business Development & Marketing
csullivan@ilshealth.com
970-817-4369

ILS uses population-health management techniques to identify and target individuals who will benefit from and be responsive to our telephonic care management programs that offer social supports, and nutritional solutions. ILS will set up the member with a nutritional counselor who will educate the member on healthy eating, a tablet loaded with ILSCares, a smartphone application that will track the member's progress, and move the member toward preparing their own food with fresh ingredients from local markets or shipped directly to the member's home. ILS will work with the member to obtain necessary support services from the community and other organizations, ensuring the member feels no stigma in accepting a helping hand, rather than a handout.

Intelligent Medical Objects

Area(s) of focus: 6. Infrastructure and Data Tools for Providers, Plans, and States for Social Determinants of Health Management

Rosemont, IL
https://www.imohealth.com

Bill Baylor, Sr. Dir. Government Business Development
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615-838-8213

For nearly 3 decades IMO clinical terminology has managed the complexity of 5 million clinical terms and mappings to all major global coding systems for commercial, Medicare and Medicaid payers and providers. IMO solutions capture precise clinical data at the point of care and standardize it across settings and sources to power more informed decisions. We help healthcare organizations minimize clinician HIT burden, reduce unnecessary care and charges, optimize billing and reimbursement while streamlining data management, and inform better care across all platforms including SDoH data and Medicaid.

Iron Health, Inc.

Area(s) of focus: 6. Infrastructure and Data Tools for Providers, Plans, and States for Social Determinants of Health Management; 5. Navigating and Coordinating Care, Resources, and Services

Washington, DC
https://www.ironhealth.io/

Susanna Wiborg, Chief of Staff
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717-682-4015

Iron Health is a tech-enabled virtual platform that partners with OB/GYNs and Health Plans to provide an extension of services beyond the four walls of their practice. We provide improved access to primary and specialty care ranging from behavioral health services, urgent care, nutrition and weight management, and maternity to menopause. We can serve as the women's health medical home for patients who struggle with access to these services while also relieving the burden and burnout placed on the OB/GYN providers for providing care outside their specialty.

Jasper Health

Area(s) of focus: 5. Navigating and Coordinating Care, Resources, and Services; 6. Infrastructure and Data Tools for Providers, Plans, and States for Social Determinants of Health Management

Boise, ID
https://www.hellojasper.com/

Carrie Hatfield, Chief Growth Officer
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502-386-6921

Jasper Health is a digital front door that helps guide, navigate, support and connect individuals affected by cancer as well as their caregivers. With a consumer-friendly experience and human-led psychosocial support, Jasper builds trust with our members and offers resources from our coalition of non-profit partners and leading oncology solutions to build a personalized and representative experience that resonates across demographics ranging from diagnosis, to race, geography and socioeconomic class. This end-to-end oncology solution drives quantitative and qualitative outcomes such as a 5.4 to 1 ROI, improved satisfaction with plan benefits, improved connection with broader healthcare ecosystem, improved quality of life, and improved medication adherence.

Jiseki Health

Area(s) of focus: 3. Transportation Services; 2. Housing Affordability and Quality; 1. Food and Nutrition Security; 5. Navigating and Coordinating Care, Resources, and Services; 4. Economic Stability through Education and Employment; 6. Infrastructure and Data Tools for Providers, Plans, and States for Social Determinants of Health Management

San Mateo, CA
www.jisekihealth.com

Tushar Vasisht, Co-founder, CEO
tushar@jisekihealth.com
650-863-4647

Jiseki connects and provides SDoH services to the Medicaid and underserved populations. Our proprietary platform employs AI, machine learning and natural language processing to foster hybrid, SMS communications between our members and our concierges to effectively and efficiently help people become aware, act and engage with existing services and organizations. On top of these supportive services, our pathway to employment helps connect people to stable jobs that can transform their lives.

Kiip, PBC

Area(s) of focus: 1. Food and Nutrition Security; 2. Housing Affordability and Quality; 5. Navigating and Coordinating Care, Resources, and Services; 6. Infrastructure and Data Tools for Providers, Plans, and States for Social Determinants of Health Management

New York, NY
https://www.kiipco.com/

Jody Kitcher, Chief of Staff
jody@kiipco.com
646-397-0490

Kiip expedites the intake process for service providers and allows users to keep and organize their essential documents in a way that follows them between jurisdictions.

LiveEquipd

Area(s) of focus: 6. Infrastructure and Data Tools for Providers, Plans, and States for Social Determinants of Health Management; 5. Navigating and Coordinating Care, Resources, and Services

Chicago, IL
www.liveequipd.com

Andre Johnson, Founder and CEO
andre@liveequipd.com
312-613-9875

Mobility, recovery and independence is what people seek when faced with a healthcare crisis. Unfortunately, the pathway to that result is not equitable. LiveEquipd addresses the inefficient administrative systems and poorly designed processes that have a direct impact on the health of patients with paralysis-related disabilities. We provide healthcare organizations technology that streamlines equipment procurement and offers a better way to equip their patients for the entire recovery journey.

Malama Health

Area(s) of focus: 5. Navigating and Coordinating Care, Resources, and Services; 6. Infrastructure and Data Tools for Providers, Plans, and States for Social Determinants of Health Management

Redwood City, CA
https://heymalama.co/

Mika Eddy, CEO
mika@heymalama.com
650-521-4939

Malama's holistic care management solution for gestational diabetes includes a patient-facing smartphone application, a provider dashboard seamlessly integrated into the clinical workflow, and CDEs available for on-demand escalation and support. Remote patient monitoring solutions like Malama's have demonstrated a reduction in C-section rates by over 40%, preterm birth rates by over 60%, reduced provider burnout, improved patient satisfaction and significant cost savings. In addition to enabling remote patient monitoring, Malama's solution is designed with socially vulnerable, underserved pregnant populations in mind and provides culturally competent, real time insights on nutrition, food triggers, and progress.

Maveen Clinic

Area(s) of focus: 5. Navigating and Coordinating Care, Resources, and Services

New York, NY
https://www.mavenclinic.com/

Nicole Andrzejewski, Director of Medicaid Growth
nicole.andrzejewski@mavenclinic.com
973-934-1289

Maven offers a digital health and virtual care solution to pregnant members to keep them engaged throughout pregnancy and 1 year postpartum. Maven assesses social and clinical needs and offers a comprehensive solution to address them. Maven offers 1) 24/7 access to dedicated care advocates for navigation to in-person care and community-based resources, 2) 24/7 access to 30+ types of virtual coaches and specialists including OB-GYNs, mental health practitioners, doulas, and lactation consultants, and 3) personalized articles, videos, & community forums delivered through care programs.

MayJuun

Area(s) of focus: 6. Infrastructure and Data Tools for Providers, Plans, and States for Social Determinants of Health Management

Charlotte, NC
https://mayjuun.com

John Manning, CEO
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865-300-7738

We created a cross-platform, multi-lingual, “white label” application suite that enables state Medicaid programs and managed care plans to identify and assess health-related social needs of Medicaid enrollees. The app uses FHIR-enabled, highly customizable questionnaires with embedded language translations; consent features to provide additional layers of privacy for sensitive questions; and automatic scoring and subscoring to assist with individual- and population-level data aggregation. It is currently in use by two states’ Integrated Care for Kids (InCK) programs, serving as a model for other statewide agencies to implement and scale their own solutions.

MedArrive, Inc.

Area(s) of focus: 6. Infrastructure and Data Tools for Providers, Plans, and States for Social Determinants of Health Management; 5. Navigating and Coordinating Care, Resources, and Services

New York, NY
https://www.medarrive.com

Kristian Romero, Director, B2B Marketing
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347-898-9093

MedArrive works with payers and providers to identify target populations and desired outcomes that would most benefit from a home-based care program, and set up enrollment and engagement campaigns to schedule field provider visits into patients' homes. During a visit, patients are treated in the comfort of their homes, with physician oversight via telehealth if necessary, and field providers can collect data like critical Social Determinants of Health (SDoH) information, conduct a Health Risk Assessment (HRA), reconnect patients with their PCP, and connect patients with community resources. MedArrive shares this data back with payers and providers to better coordinate individual patients' care and resource utilization.

N1 Health

Area(s) of focus: 6. Infrastructure and Data Tools for Providers, Plans, and States for Social Determinants of Health Management

Boston, MA
https://www.n1health.com/

Kyle Natichioni, VP of Sales
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315-521-4067

N1 Health is the applied AI platform that drives measurable business results for healthcare organizations. We combine detailed consumer data, predictive models, and cloud-native technology to create a holistic picture of every individual to generate meaningful predictions that enable precision in your outreach and interventions. Our experienced Data Science and Customer Experience Teams transform these predictions into actions that improve your members’ and patients’ health outcomes and drive your financial performance. We get you the results that matter, fast & better health for every one.

Navigate Maternity

Area(s) of focus: 5. Navigating and Coordinating Care, Resources, and Services; 6. Infrastructure and Data Tools for Providers, Plans, and States for Social Determinants of Health Management

Fort Wayne, IN
www.navigatematernity.com

Ariana McGee, CEO
Amcgee@navigatematernity.com
773-502-0183

Navigate Maternity has created a system that allows clinicians and care teams to remotely monitor prenatal and postpartum patients. The goal is to improve outcomes and avoid inequitable care through real-time data.

Nest Health

Area(s) of focus: 5. Navigating and Coordinating Care, Resources, and Services

New Orleans, LA
https://www.nesthealth.com/

Stephanie Noriea, Head of Business Dev and Legal
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985-778-8730

Our care delivery system is challenging for families with children - Nest Health ("Nest") helps families, children, and communities thrive by making comprehensive healthcare radically accessible. Nest is a PCP for the whole family that provides clinical, behavioral, nutritional, and social care support both in the home and virtually. By providing a whole person suite of services both in the home and virtually, Nest eliminates barriers to accessing primary care, wellness visits, vaccines, and behavioral needs for moderate to high risk families.

Nudj Health

Area(s) of focus: 6. Infrastructure and Data Tools for Providers, Plans, and States for Social Determinants of Health Management; 5. Navigating and Coordinating Care, Resources, and Services

Pasadena, CA
www.nudjhealth.com

Yuri Sudhakar, Founder and CEO
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We provide virtual health care services, technology and connected devices that integrates with physicians' and healthcare providers' existing workflow and captures patient social determinants of health. Our service is delivered by an interdisciplinary team of behavioral health care managers, health coaches, registered dietitians, and exercise specialists, who then provide individual patient assistance in navigating and coordinating care, resources, and services using the evidence-based collaborative care model as the care delivery framework. Using our services, Medicaid patients in California at one clinic experienced reduced hypertension, immediate mental health treatment access, a 50% decrease in depression, anxiety, and insomnia in 3 months and based on patient feedback reduced hospitalizations in over 80% of the cohort hospitalized prior to being enrolled in Nudj.

Nutrible

Area(s) of focus: 5. Navigating and Coordinating Care, Resources, and Services; 1. Food and Nutrition Security

St. Louis, MO
www.nutrible.org

Kwamane Liddell, JD, MHA, BSN, CEO
Kwamane@nutrible.org
708-502-2828

Nutrible is a web app that doctors use to send medically-tailored meals and groceries directly to patients at home from more than 70,000 stores, restaurants, "corner stores," and national vendors. Nutrible also makes it easy for patients to navigate to local food banks, SNAP, WIC, and other government programs. This solution expands on research that proves medically-tailored meals reduce readmissions, and Nutrible negates the impact of food deserts by seamlessly transforming local small businesses into billable medically-tailored meal and produce vendors.

Oatmeal Health

Area(s) of focus: 6. Infrastructure and Data Tools for Providers, Plans, and States for Social Determinants of Health Management; 5. Navigating and Coordinating Care, Resources, and Services

Mountain View, CA
https://oatmealhealth.com

Ty Vachon M.D., Co-Founder and CEO
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415-404-1919

As a startup, Oatmeal Health is focused on providing AI-enabled cancer screenings and case management for Federally Qualified Health Centers and Health Plans. Our goal is to reduce disparities in cancer screenings and diagnoses, particularly for communities that are disproportionately affected by cancer. By utilizing cutting-edge AI technology, we can analyze patient data and identify early warning signs of cancer, enabling us to intervene early and prevent the development of cancer.

Odyssey Health Global Inc.

Area(s) of focus: 6. Infrastructure and Data Tools for Providers, Plans, and States for Social Determinants of Health Management; 5. Navigating and Coordinating Care, Resources, and Services

San Francisco, CA
www.findodyssey.com

Jen Zhu, CEO and Co-Founder
jen@findodyssey.com
252-227-2367

Odyssey empowers Medicaid members with an online platform and community health workers that connect them to social services after conducting regular screenings for health-related social needs. Our online platform, including an Electronic Health Record (EHR), tracks Medicaid members' social needs at an individual and aggregate level. With this information, Medicaid programs, managed care plans, and providers can target interventions that improve patient outcomes and reduce the total cost of care.

Olio

Area(s) of focus: 6. Infrastructure and Data Tools for Providers, Plans, and States for Social Determinants of Health Management

Indianapolis, IN
https://www.olio.health

Neha Kantamneni, SVP of Operations
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513-518-6240

Olio is a healthtech, SaaS company that enables value-based organizations establish processes for effective care management that ensures the right care, at the right time, at the right place. Our technology and in-market success teams drive increased stakeholder collaboration, which leads to better patients outcomes.

Open Referral

Area(s) of focus: 1. Food and Nutrition Security; 3. Transportation Services; 4. Economic Stability through Education and Employment; 5. Navigating and Coordinating Care, Resources, and Services; 6. Infrastructure and Data Tools for Providers, Plans, and States for Social Determinants of Health Management

Miami, FL
https://openreferral.org

Greg Bloom, Founder
bloom@openreferral.org
252-227-2367

Open Referral promotes access to resource directory data (i.e. information about the human services that are available to people in need) as a public good, freely accessible through open infrastructure. Rather than develop a product that competes with all other products in this space, we develop data standards, open source tools, and cooperative business models that enable cooperation among the many organizations that aggregate and/or use resource directory information to help people find help. We work with information-and-referral providers, healthcare institutions, governments, philanthropies and others to help establish interoperable and sustainable data infrastructure that reflects the needs and prerogatives of the communities that they serve.

Ounce of Care

Area(s) of focus: 2. Housing Affordability and Quality; 6. Infrastructure and Data Tools for Providers, Plans, and States for Social Determinants of Health Management; 5. Navigating and Coordinating Care, Resources, and Services

Washington, DC
https://www.ounceofcare.com/

Rachel Munsie, CEO
rachel@ounceofcare.com
914-960-2478

Ounce provides care coordination and support to residents of affordable housing by partnering with both insurers and property developers/owners. Our "Ounce Community Health Leads" work alongside property staff to evaluate resident needs, make referrals, promote awareness about specific benefits, and host community events. We work with residents to address unmet needs and close care gaps, including linking residents to primary care, well-child visits and preventative services; navigating important deadlines to maintain benefits and coverage; making referrals to specialty providers; helping enrollees at risk of losing housing; and tracking personal health goals.

Pear Suite

Area(s) of focus: 2. Housing Affordability and Quality; 1. Food and Nutrition Security; 4. Economic Stability through Education and Employment; 3. Transportation Services; 5. Navigating and Coordinating Care, Resources, and Services; 6. Infrastructure and Data Tools for Providers, Plans, and States for Social Determinants of Health Management

Seattle, WA
www.pearsuite.com

Colby Takeda, Co-Founder & CEO
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808-497-6647

Pear Suite is a cloud-based, care navigation platform that transforms social determinants of health (SDoH) data into actionable insights and empowers community health workers to provide culturally sensitive outreach and care navigation, leading to increased member engagement. The platform is designed to promote member action to overcome social barriers to care (food insecurity, housing instability, health literacy challenges, transportation barriers, etc.) at scale. The Pear Suite platform can integrate with EHRs and CRMs to increase member well-being and independence, enhance staff productivity, boost revenue through reimbursement and higher quality measures, and decrease health care costs.

Pyx Health

Area(s) of focus: 5. Navigating and Coordinating Care, Resources, and Services

Tucson, AZ
https://pyxhealth.com

Brooke Elser, EVP Marketing
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717-379-6594

Pyx Health is the first evidence-based loneliness solution that can prove the correlation between loneliness and other social determinants of health (SDOH) and act as a measurable, predictive indicator of SDOH needs, as well as a lever to improve health equity and outcomes. We are a tech-enabled service company that uses a combination of a digital app and skilled peer-to-peer Compassionate Support Center staff to connect users in real-time with critical behavioral, physical, social, and clinical resources to improve their health, meaningfully engage members, and reduce the downstream costs of loneliness for health insurers and health care systems.

Qartek

Area(s) of focus: 5. Navigating and Coordinating Care, Resources, and Services; 6. Infrastructure and Data Tools for Providers, Plans, and States for Social Determinants of Health Management

Chicago, IL
www.qartek.com

Isaac Palmer, CEO
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318-588-1058

Qartek has an AI-enabled, texting solution for redetermining Medicaid members at the end of each year. Using a good connection, Qartek can also change healthcare behavior through members rewards and the health risk assessment tool -- all automated using a smart phone.

QurHealth

Area(s) of focus: 5. Navigating and Coordinating Care, Resources, and Services; 6. Infrastructure and Data Tools for Providers, Plans, and States for Social Determinants of Health Management

Columbus, OH
www.qurhealth.com/qurhome

Ravi Kunduru, President & CEO
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614-404-2400

A 24x7 conversational AI proactive technology "Sheela", addressing Clinical & Social Care care needs of members, at Scale. The primary target population are at risk Medicaid recipients with health, social, cognitive impairments, or disabilities with emphasis on equity.

Ready.Set.Food!

Area(s) of focus: 1. Food and Nutrition Security

Los Angeles, CA
www.readysetfood.com

Daniel Zakowski, CEO
Daniel@readysetfood.com
310-400-2533

Daily packets of organic allergenic protein powder (cow's milk, egg, and peanut) used through the first year of an infant's life (beginning as early as 4 months of age) to support evidence-based exposure to key allergens for reducing the risk of developing food allergies.

RE-Assist

Area(s) of focus: 5. Navigating and Coordinating Care, Resources, and Services

Parkdale, OH
www.re-assistme.com

Ashley Barrow, CEO and Founder
abarrow@re-assistme.com
513-646-5950

RE-Assist www.re-assist.com is a cloud based SaaS platform that works with health entities to build quality post acute networks to connect and collaborate in real time, we essentially replace paper list directories in care planning.

Recipe4Health

Area(s) of focus: 1. Food and Nutrition Security

San Leandro, CA
https://recipe4health.acgov.org/

Steven Chen, Founder and Chief Medical Officer
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925-989-9931

Recipe4Health (R4H) is a collaborative, multi-sector initiative that uses “Food as Medicine” interventions to address food and nutrition security, chronic conditions, and health and racial equity. R4H “ingredients” include: 1) Food Farmacies that fulfill food prescriptions with regenerative and organically grown food delivered weekly; 2) a Behavioral Pharmacies that provide linguistically and culturally relevant nutrition education, health coaching, and peer support; and 3) “Food as Medicine” training for clinical teams, managed care organization staff, and community organizations to screen patients for food insecurity and to treat, prevent, and reverse chronic conditions by referring them to R4H. By connecting the dots between "food as medicine" and sourcing from organic and regenerative agriculture, Recipe4Health builds equity and force multipliers for health across the spectrum: individual/community health, local economic and community wealth, and soil and climate health.

Reciprocity Health, Inc.

Area(s) of focus: 5. Navigating and Coordinating Care, Resources, and Services; 6. Infrastructure and Data Tools for Providers, Plans, and States for Social Determinants of Health Management

Wilmington, DE
www.reciprocityhealth.com

Christopher Strafaci, Senior VP, Business Development
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908-910-5593

Reciprocity Health and the TheraPay® Rewards App proactively address social, economic and environmental factors by incentivizing patients to take steps toward healthier lives. Reciprocity Health is much more than a platform delivering higher member engagement. As a managed service with creative partnerships and purposeful behavioral economics design, TheraPay is built to address critical challenges caused by the social determinants of health.

Reema Health

Area(s) of focus: 5. Navigating and Coordinating Care, Resources, and Services

Minneapolis, MN
https://reemahealth.com/

Justin Ley, CEO
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952-905-1743

Reema is a mix between people (community guides) and tech (proprietary engagement engine) all aimed at addressing the clinical and social needs for the most complex, marginalized, and often expensive Medicaid, Medicare and duals members. Our tech-enabled community guides that are from the communities we serve establish trusting relationships with members that are skeptical of the healthcare establishment. We work closely with members to help them navigate clinical and social needs (housing, nutrition, scheduling doctors appointments, rides to and from appointments, benefits navigation, and medication adherence.)

Rocket Doctor, Inc.

Area(s) of focus: 5. Navigating and Coordinating Care, Resources, and Services; 6. Infrastructure and Data Tools for Providers, Plans, and States for Social Determinants of Health Management

Carlsbad, CA
www.rocketdoctor.io

Dr. William Cherniak, Founder and CEO
bill@rocketdoctor.io
310-648-9032 / 647-720-9791

Rocket Doctor is a technology-driven digital health platform and marketplace that empowers healthcare providers to break down the barriers that prevent patients from accessing high quality, comprehensive and affordable care, especially those on Medicaid and in rural and remote communities. We integrate a unique patient support system, advanced medical devices and AI-fueled software to provide doctors with the tools and resources they need to run successful, care-focused virtual practices. Since launch 3 years ago, we have coordinated a system of care with over 400 MDs and 260,000 visits.

Rose Health

Area(s) of focus: 2. Housing Affordability and Quality

Denver, CO
https://www.rosariumhealth.com/

Cameron Carter, CEO and Co-Founder
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562-277-2107

Rose Health is a platform and integrated network of occupational therapist and home remodeling companies ("service providers") that connect to households in need of accessible home modifications. Rose Health operates as a supplemental benefit that drives risk-adjustment accuracy and quality performance through in-home assessments and accessible home modifications. Rose Health will have network delegation, billing capabilities, and manage member services (e.g., multilingual phone, e-mail).

RxDiet

Area(s) of focus: 1. Food and Nutrition Security

New York, NY
https://reemahealth.com/

Roman Kalista, CEO
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929-602-0637

RxDiet provides food as medicine programs through personalized, medically tailored grocery and meal plan delivery combined with a behavioral change program. Through the use of Artificial Intelligence technology and national retail partnerships, we are able to deliver a 100% personalized experience to each member and address their precise dietary needs anywhere in the US.

Sage Health

Area(s) of focus: 6. Infrastructure and Data Tools for Providers, Plans, and States for Social Determinants of Health Management

San Francisco, CA

Pedram Afshar, MD, PhD
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Sage is a software technology company that created a 2-sided marketplace facilitating durable digital connections between Staff and members. Our Staff tool collects and curates member SDoH data from members, government databases, and electronic health records. Our member tool is a multi-lingual, dynamic interface to collect member forms and documents to unlock access to health and SDoH resources.

Sanarai

Area(s) of focus: 5. Navigating and Coordinating Care, Resources, and Services

Chicago, IL
https://www.sanarai.com/

Luis Suarez, Founder & CEO
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919-536-8319

Sanarai is a managed marketplace that connects the Latinx community to mental health professionals in Latin America and the US to offer Spanish-language, culturally sensitive emotional support at accessible prices. Our platform provides a convenient and affordable way to get high-quality mental health services: Currently priced at $42 for a 50-minute session; Next-day availability, 7 days a week.

Season Health

Area(s) of focus: 1. Food and Nutrition Security

Austin, TX
https://www.seasonhealth.com/

Morgan Flannery, SVP, Strategy
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203-856-6068

Season is a food-as-medicine platform that helps plans and providers effectively and efficiently use nutrition across a number of use cases, from complex condition management to basic grocery benefits. For members, Season combines the different parts of traditional nutrition programs into an engaging consumer-grade experience that improves clinical outcomes.

Script Health

Area(s) of focus: 5. Navigating and Coordinating Care, Resources, and Services; 6. Infrastructure and Data Tools for Providers, Plans, and States for Social Determinants of Health Management

Chicago, IL
https://scripted.co

James Lott, CEO
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225-284-6870

Scripted is the first marketplace that connects patients needing same-day care for common conditions and community resources with a local in-person pharmacy provider that can prescribe, and offer direct patient care. With a physician shortage of 134,000 slated by 2034, Scripted enables pharmacists to close gaps in care by providing better, faster, more affordable access to the 99%.

See Yourself Health Inc.

Area(s) of focus: 5. Navigating and Coordinating Care, Resources, and Services

Beverly, MA
https://www.seeyourselfhealth.com

Suzanne Mitchell, MD MS, CEO
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978-985-6033

The HOPE App by SYH is a nationally accredited and innovative immersive telehealth platform that provides an easily accessible, evidence-based toolbox to help patients manage medical, social and lifestyle needs for better chronic disease management implemented in a peer-driven population health approach. SYH is a robust and vibrant community of peer self-management support and clinical mentorship for chronic disease patients. SYH's HOPE App platform is the commercial derivation of over 10 years of NIH-funded clinical research with Medicaid patients demonstrating 1) a 20% reduction in total cost of health care, 2) 70% program retention rate, and 3) HbA1c reductions of 0.5-1% among people living with uncontrolled diabetes in as little as 8 weeks.

Sober Sidekick

Area(s) of focus: 5. Navigating and Coordinating Care, Resources, and Services; 6. Infrastructure and Data Tools for Providers, Plans, and States for Social Determinants of Health Management

Los Angeles, CA
https://www.sobersidekick.com/

Christopher Thompson, CEO
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484-788-1735

Sober Sidekick is a healthcare engagement platform that drives endless community reinforcement that results in an epic wave of real-life comeback stories. This results in groundbreaking predictive data and outcomes transforming behavioral health to become human centered and value driven and saving thousands of dollars per member in treatment costs.

Sweet Potato Patch

Area(s) of focus: 1. Food and Nutrition Security

Chicago, IL
www.sweetpotatopatch.life

Stacey Minor, CEO
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773-459-3184

Our work has entailed created healthy food products in the form of prepared meals, and now embarking on Plant Based- IV Medicines that can address and improve health outcomes, as an alternative to synthetic drugs (i.e., medicines). The prepared meals not only address food insecurity, but also has and continues to address health outcomes through food as medicine for Pregnant Mother diagnosed with Pre-Eclampsia (currently piloting with Centene and BCBSIL- yielding positive preliminary data), as well as developing and piloting products with Older Adults with Diabetes and Heart Disease, adolescents with Behavioral Health Issues, and the effects of increased healthy meals on Substance Abuse.

Tandem Stride

Area(s) of focus: 5. Navigating and Coordinating Care, Resources, and Services

Columbus, OH
https://www.tandemstride.com/

Matt Kalina, CEO, Founder
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Traumatic Injury Patients engage with TandemStride to match with a Peer/Mentor and engage with a community that directs them to tools/resources that promote self efficacy.

TCARE, Inc.

Area(s) of focus: 5. Navigating and Coordinating Care, Resources, and Services; 6. Infrastructure and Data Tools for Providers, Plans, and States for Social Determinants of Health Management

St. Louis, MO
www.tcare.ai

Ali Ahmadi, CEO
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917-771-7295

TCARE is an evidence-based, CMS-approved, and HHS-accredited risk management platform that helps health insurers manage long-term care costs by supporting informal caregivers who are providing care to a loved one. TCARE's proprietary approach combines advanced data analytics with high-touch, high-empathy Care Management Services to deliver tailored support for family caregivers, leading to a reduction in over-consumption of services, delayed facility placement, improved clinical outcomes, and demonstrated improvements to population CAHPS results across MA, D-SNP, MMP, and LTSS Medicaid populations.

The Helper Bees

Area(s) of focus: 1. Food and Nutrition Security; 2. Housing Affordability and Quality; 3. Transportation Services; 4. Economic Stability through Education and Employment; 5. Navigating and Coordinating Care, Resources, and Services; 6. Infrastructure and Data Tools for Providers, Plans, and States for Social Determinants of Health Management

Austin, TX
https://www.thehelperbees.com/

Andy Friedell, Chief Operating Officer
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201-838-4112

The Helper Bees' innovation brings together a variety of SDOH services onto a single platform, where members are able to view a suite of services available to them through their managed care program and choose the benefits that are most appropriate for their needs. The programs we offer allow a managed care plan to set an allowance for members to spend, choose services to include in the program, and give members the ability to self-direct how they spend that allowance. As a member's health or home situation changes, the flexibility of this structure allows the member to choose the services that best align with their current needs.

Thrive Hub

Area(s) of focus: 5. Navigating and Coordinating Care, Resources, and Services; 6. Infrastructure and Data Tools for Providers, Plans, and States for Social Determinants of Health Management

Columbia, SC
https://scthrive.org / https://protechsolutions.com

Beth Franklin, Sr Director of Operations
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803-587-0255

Thrive Hub provides a cloud-based, secure closed loop referral platform that connects medical care (EHRs) to social care (CBOs). Our unique partnership enables community health providers and CBOs to provide holistic care through training, technology, and technical support. Our solution empowers clients to be an active member of their own care team through direct access to supportive tools, support through our Contact Center or local partner sites, and client-controlled permissions for case information.

Twill, Inc.

Area(s) of focus: 5. Navigating and Coordinating Care, Resources, and Services

New York, NY
https://twill.health

Nisha Maharaja, Director of Government Programs
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412-523-5031

Twill is a digital-first solution designed to accelerate the delivery of maternal health care (both mental and physical), and aims to improve health outcomes for Medicaid members and their families by finding members where they are, simplifying the process of accessing the right healthcare support at the right time, and increasing the utilization of all available ecosystem resources and benefits.

Uber Health

Area(s) of focus: 6. Infrastructure and Data Tools for Providers, Plans, and States for Social Determinants of Health Management; 3. Transportation Services; 1. Food and Nutrition Security

San Francisco, CA

https://www.uberhealth.com/

Daniel Provine and Emma Hollingsworth, Partnerships Coordinator
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emma.hollingsworth@uber.com

Uber Health is a HIPAA-supported platform that allows healthcare organizations to execute on beneficiary care plans outside the four walls of a clinic and streamline logistics. Our solution helps enable access to care for those who need it the most, by connecting patients with transportation, prescription delivery and grocery/meal options, while addressing logistical and structural barriers such as language barriers and lack of tech proficiency; no Uber app is needed and communications are available in dozens of languages. Uber Health enables equitable access to care by connecting care coordinators and members to transportation, Rx delivery, and food delivery services via Uber Health's HIPAA-compliant dashboard or API.

Upside

Area(s) of focus: 1. Food and Nutrition Security; 3. Transportation Services; 5. Navigating and Coordinating Care, Resources, and Services; 6. Infrastructure and Data Tools for Providers, Plans, and States for Social Determinants of Health Management

Fort Lauderdale, FL
https://www.joinupside.com/health-plans/

Harry Farr, Enterprise Client Acquisition Manager
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914-357-0814

Upside is a first-of-its-kind, fully comprehensive housing benefit for health insurers (can handle navigation, sourcing, transition, modifications, sustaining), with additional SDoH-concierge services layered on top via a personalized "Upside Manager". Whether for for Medicare Advantage members looking to Age in Place, or for the millions of Medicaid members dealing with housing quality / insecurity-related issues, Upside can be an immediate benefactor. All the while our plan partners can anticipate boosted health outcomes, significant cost savings, positive member satisfaction/retention results, plus much more.

Value Network LLC, IPA

Area(s) of focus: 6. Infrastructure and Data Tools for Providers, Plans, and States for Social Determinants of Health Management; 5. Navigating and Coordinating Care, Resources, and Services

Buffalo, NY
www.valuenetworkwny.org

Andrea J. Wanat, CEO
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716-831-2700

The Value Network Community Connector SDOH tool addresses the lack of communication and collaboration across the system of care by offering a live database of resources, and the opportunity to provide closed loop referrals through structured onboarding, guidance, training, technical assistance, and support. Instead of wasting resources creating a duplicative tool, we chose to adopt a national, established resource and develop a model for building & maintaining a sustainable cross-sector community Network of trusted providers. What sets us apart are the processes, best practice standards, implementation guides and support offered.

Verto Inc.

Area(s) of focus: 5. Navigating and Coordinating Care, Resources, and Services; 6. Infrastructure and Data Tools for Providers, Plans, and States for Social Determinants of Health Management

Toronto, ON
https://verto.health/

Ellie Doroshenko, VP, Business Development
bd@verto.ca
514-241-7875

Verto's Digital Front Door will deliver a unified experience for Medicaid enrollees to find resources and services they are eligible for, based on their specific health-related social needs. Arriving at the web-based Digital Front Door, users will be able to anonymously and conveniently browse available community services, utilize pre-screening tools tailored to their specific needs, and review educational materials. Verto's automation suite of tools can dynamically book users into desired programs and collect user feedback to support smart recommendations for future services for Medicaid enrollees, state Medicaid programs, and managed care plans.

Voiceitt

Area(s) of focus: 6. Infrastructure and Data Tools for Providers, Plans, and States for Social Determinants of Health Management; 5. Navigating and Coordinating Care, Resources, and Services

Stamford, CT
www.voiceitt.com

Sara Smolley, Vice President, Partnerships
sara@voiceitt.com
716-348-8229

Voiceitt speech recognition technology is an AI-based assistive technology tool that recognizes and translates non-standard speech. Its first product, a mobile application, enables people with impaired speech (dysarthria) correlated with underlying medical conditions, disorders, and disabilities affecting speech to communicate by voice. Voiceitt can be integrated via API into existing software, devices, and platforms, thus enabling people with speech and motor impairments to access mainstream digital products by voices, thus opening a new level of independence, connection, and quality of life for aging adults, people with disabilities, and people who care for and about them.

Warrior Centric Health, Inc.

Area(s) of focus: 6. Infrastructure and Data Tools for Providers, Plans, and States for Social Determinants of Health Management

Ellicott City, MD
https://www.warriorcentrichealth.com/

Ronald Steptoe, CEO / Co-Founder
ron@warriorcentrichealth.com
443-324-1030

The Warrior Centric Health Dual-Use Population Health Management (PHM) platform is designed to deliver measurable results by driving meaningful change across the Commercial and Defense Healthcare Facilities, where the Warrior Centric Health (WCH) standard of Warrior Community care, You Must Know Me to Treat Me™, impacts the full patient experience. It integrates education, training, decision support, user management tools, patient engagement, data analytics, market intelligence, and marketing communications into a single platform that flows targeted content through a simple, one-click portal to users throughout the healthcare organization – where and when they need it. With Credentialing – Authorized Warrior Centric Facilities, Providers, or Champions actively demonstrate that a healthcare facility's staff follows best practices to deliver effective, safe, and high-quality care in order to improve measurable outcomes.

Well Connected

Area(s) of focus: 5. Navigating and Coordinating Care, Resources, and Services; 6. Infrastructure and Data Tools for Providers, Plans, and States for Social Determinants of Health Management

Buffalo, NY
www.getwellconnected.co

Duane Conners, CEO
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716-207-5881

allco is the first truly centralized social care data platform built for all communities and the agencies who support them. The platform's three foundational elements are longitudinal records for single intake, built in service directories with extensive details for finding the right service to address needs, and a modern analytics suite to allow for self service and standard reporting. allco also utilizes the AIRS taxonomy to bring standardization to social determinants, addressing them, and making interventions custom to each community member.

Workit Health

Area(s) of focus: 5. Navigating and Coordinating Care, Resources, and Services

Ann Arbor, MI
https://www.workithealth.com/

Kali Lux, SVP Brand and Growth
kali@workithealth.com
602-698-6181

Founded in 2015 by two women in recovery, Workit Health has been addressing substance use disorders using a virtual-first model for eight years, and has provided care for over 23,000 members. The Workit clinical program includes video visits with licensed clinicians, e-prescribing for substance use disorders and comorbid conditions, and psychosocial, therapeutic support. Workit's innovative technology removes barriers and expands access to evidence-based, person-centered treatment for people struggling with drugs and alcohol, improving outcomes while reducing costs.

Wysa

Area(s) of focus: 6. Infrastructure and Data Tools for Providers, Plans, and States for Social Determinants of Health Management; 4. Economic Stability through Education and Employment

Boston, MA
https://wysa.com

Chaitali Sinha, Head of Clinical Development and Research
chaitali@wysa.com
626-236-8661

Wysa is an AI coach that helps you with your mental health anonymously, anytime, anywhere. You can chat to Wysa about your feelings and it will help you practice evidence based techniques. It has helped over 6 million people globally, and while it feels weird at first to chat with an AI, most people find Wysa's AI surprisingly helpful.

Yumlish

Area(s) of focus: 1. Food and Nutrition Security

Dallas, TX
https://www.yumlish.com

Shireen Abdullah, CEO
shireen@yumlish.com
281-948-8014

Yumlish will provide YumLive!, bi-weekly virtual English and Spanish classes for Medicaid members that include culturally affirming nutrition education classes such as cooking demonstrations, grocery shopping tours, and exercise classes. Through our nutrition classes, offered by native speakers, we build nutrition literacy which creates trust with our participants and screen/enroll them in CDC-approved, culturally-affirming, and web/telephonic diabetes prevention program. Yumlish will also screen people for food insecurity and (i) direct them to SNAP benefits if they aren't signed up, or (ii) encourage them to utilize existing SNAP benefits for groceries that are nutrient-dense; building nutrition literacy and security.

Yuvo Health

Area(s) of focus: 6. Infrastructure and Data Tools for Providers, Plans, and States for Social Determinants of Health Management

New York, NY
https://www.yuvohealth.com/

Loren Anthes, Head of Policy and Programs
loren@yuvohealth.com
614-940-8718

With Yuvo Health as a partner, our nation's Community Health Centers (CHCs) can focus on what they do best: Provide compassionate care to their community. By leveraging new payment systems, scalable infrastructure, and partnerships, CHCs can unlock the revenue streams via value-based care that scale their reach.

MIC 2023 Participating Managed Care Organizations

Amerigroup

iowa total care

Empire BlueCross BlueShield

Excellus BlueCross BlueShield

healthfirst
Health Insurance for New Yorkers

Fidelis Care

UnitedHealthcare Community Plan

Humana Healthy Horizons

wellcare

PASSPORT BY MOLINA HEALTHCARE

aetna

Aetna Better Health® of Kentucky

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The Medicaid Innovation Collaborative is a non-profit organization committed to delivering innovation to Medicaid at no additional cost to states and managed care plans.

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