

Embracing Tech-Enabled Innovation in an Evolving Medicaid Environment

October 1, 2025

2-3pm ET

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The Medicaid Innovation Collaborative is a program of Acumen America. CHCS is a technical assistance partner to the collaborative.

Agenda

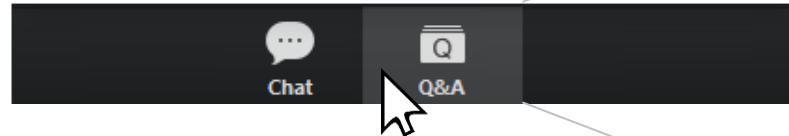
- Welcome and Introductions
- MIC Pilot Overviews: FarmboxRx, Kaizen Health, Samaritan,
- Panel Discussion: Exploring Tech-Enabled Solutions in Medicaid
- Moderated Q&A



Questions?



To submit a question online, please click the Q&A icon located at the bottom of the screen.



Q&A

Please input your question...

☐ Send Anonymously Send

Center for Health Care Strategies

Dedicated to strengthening the U.S. health care system to ensure better, more equitable outcomes, particularly for people served by Medicaid.

Together with our partners, our work advances:



Effective models for prevention and care delivery that harness the field's best thinking and practices to meet critical needs.



Efficient solutions for policies and programs that extend the finite resources available to improve the delivery of vital services and ensure that payment is tied to value.



Equitable outcomes for people that improve the overall well-being of populations facing the greatest needs and health disparities.



Focusing on Tech-Enabled Innovation

Tech-enabled solutions include a wide range of products and services, such as telehealth, text-based engagement, mobile health education, data-sharing partnerships, electronic health records, e-prescribing, and in-person care delivery that integrates technology.

- Historically, companies providing tech-enabled solutions have focused more on commercial and Medicare markets, rather than on Medicaid
- As the Medicaid landscape evolves amid growing budgetary pressures, tech-enabled solutions are one potential strategy for effectively and efficiently meeting Medicaid member needs
- Tech solutions are most effective when informed by community perspectives to ensure that innovations support community-based approaches and are tailored to members' needs



Medicaid Innovation Collaborative Overview

The complexity of Medicaid makes it difficult to identify and scale the right tech-enabled innovations to address critical challenges

56

State Medicaid Offices

States contract with Managed Care Organizations (MCOs) to provide care to Medicaid enrollees



290+

MCOs



MCOs negotiate with providers to provide services to their enrollees, either on a fee-for-service basis or through a fixed periodic rate



1000s

Health Innovation Companies



For a company to successfully contract in a managed care environment, they need to become a contracted provider or vendor to the MCO and enrolled in Medicaid



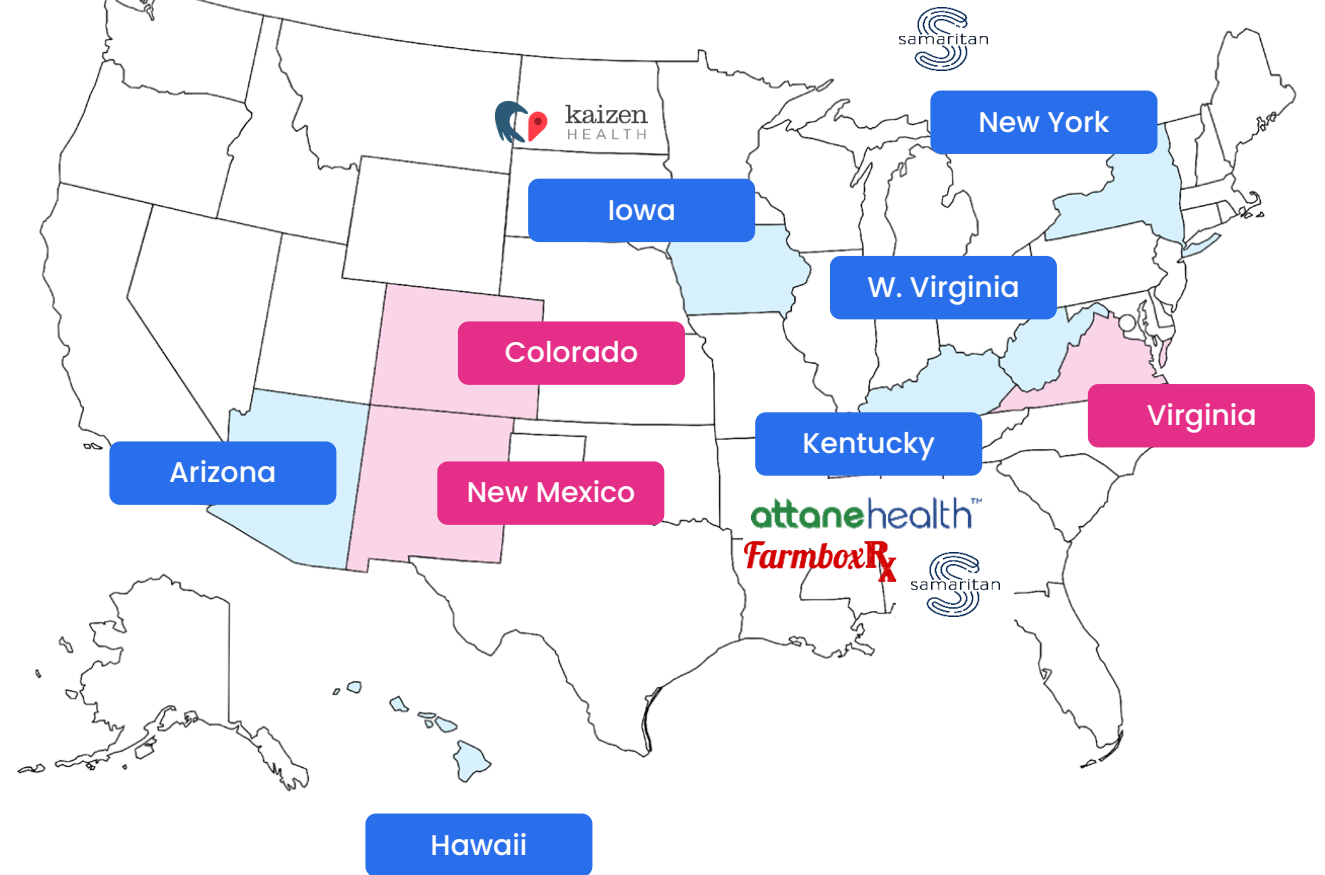


Medicaid Innovation
Collaborative

Advancing health equity through the *Medicaid Innovation Collaborative*

MIC was launched by Acumen America in 2020 to fuel systems change by partnering with state Medicaid programs, MCOs, and entrepreneurs. Together they identify, implement, and test tech-enabled solutions that address deep-rooted inequities faced by individuals on Medicaid.

In 2023 – 2024, MIC convened three states and 13 MCOs to launch *5 health equity pilots* focused on food, transportation, and housing



6 states

MIC has partnered with 6 states across 2 cohorts to help scale health equity innovation

3 states

MIC is working with a new 2025 cohort to support social determinants of health needs

Our model is built to address existing challenges and barriers to bringing innovation to Medicaid

Coordinate across ecosystem

Align

cohort members on a common goal and share lessons learned across states and MCO. Source relevant solutions to address goal.



Center on consumer voice

Connect

with beneficiaries to understand challenges and integrate community members into program feedback loops through the **MIC Consumer Advisory Board**



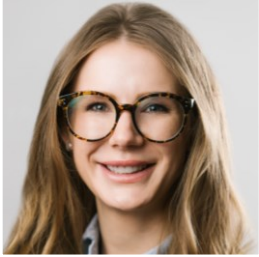
Enable action

Guide

states on policy and payment levers to enable innovation adoption and connect plans to high-impact, scalable solutions

MIC Pilot Overviews: FarmboxRx, Kaizen Health, Samaritan

Today's Panelists



Meghan David

Chief Commercial & Operating Officer,
FarmboxRx



Ariel Cooper

Chief Operating Officer, Samaritan



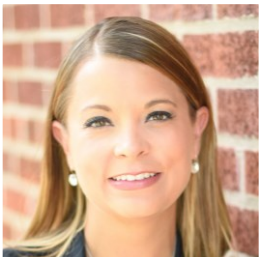
Stephanie Stone

Assistant Vice President for Healthcare
Services, Passport by Molina Healthcare



Tess Kursel

Customer Success Lead, Samaritan



Mindi Knebel

CEO, Kaizen Health

FarmboxRx | FarmboxRx partnered with Passport by Molina Healthcare to provide home-delivered groceries



Challenge

- **Food insecurity is a persistent public health concern** across the nation
 - Disproportionately affects **low-income communities**
 - Puts individuals at **higher risk for chronic diseases**
- In alignment with national trends, Kentucky faces the challenge of **limited access to affordable, nutritious foods**, which exacerbates conditions like diabetes
- In Jefferson County, for example:
 - **13%** of the population experiences **food insecurity**
 - **11%** of adults live with **diabetes**

Solution

- 12 months of free **home-delivered groceries and nutrition coaching**
 - **Monthly pre-set, nutritious, diabetes-friendly grocery boxes** that alternated between pantry staples and fresh produce
 - **Informational materials** on healthy eating habits and strategies for managing diabetes included with each grocery box
 - Telephonic and live / in-person **nutrition education**
- Offered to **165 Medicaid enrollees** living with diabetes and experiencing food insecurity
- Pilot ran from January to December 2024

FarmboxRx | The pilot supported behavior change, improved health knowledge / outcomes



Health knowledge and outcomes

77%

noticed an improvement in their **blood sugar**

91%

reported having better **access to healthy food**

93%

reported **feeling more confident** managing their blood sugar

88%

said they had **better eating habits**, felt more comfortable making healthy meals

Behavior change

HEDIS metric (2024)	Pilot enrollees	Control group
Completed A1C test	71%	61%
Compliant A1C (<8%)	28%	24%
Completed EED test	43%	35%
Completed wellness visit	27%	24%

Kaizen Health | Kaizen partnered with three Iowa MCOs to offer free transportation addressing health, HRSN



Challenge

- **Access to transportation** is essential for reaching medical care, employment, education, food, and social connection
- **5% of U.S. adults report having missed necessary health care** due to a lack of transportation
 - **Significantly higher for adults from low-income households (14%)** or on public insurance (12%)
- Medicaid typically provides some non-emergency medical transportation benefits, but **long wait times and limited availability create barriers** to fully using these services

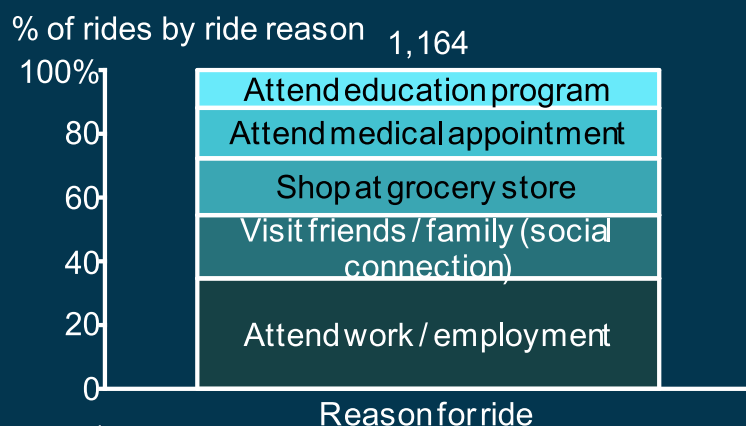
Solution

- **Free transportation services** to Medicaid enrollees to **address health and health-related social needs**, e.g.,
 - Accessing medical services
 - Employment and education support
 - Obtaining food
 - Preventing / addressing social isolation
 - Accessing social services
- Offered to **206 Medicaid enrollees**
- **Completed 1,164 rides** through rideshare service providers (e.g., Uber, Lyft) and local transportation network partners
- Pilot ran from October 2023 to January 2025

Kaizen Health | The pilot addressed key health, health-related social needs, drove broader policy change



This partnership successfully facilitated **access to critical services meeting health / health-related social needs**. It also supported **larger-scale systems change** by helping gain stakeholder buy-in for using rideshare services as part of Iowa NEMT.



Member anecdote

Two members from Iowa Total Care utilized Kaizen's transportation services to get to an interview, obtain a new job, and then get to and from work until they were able to purchase their own car.

Implementation lessons learned

- 1 **Robust and ongoing member engagement** is challenging, but central to successful implementation
- 2 **Strong state leadership** is important for supporting MCP collaboration
- 3 **Building flexibility into pilot design** helped address member needs; out-of-the-box thinking and flexibility in both the number and reasons for rides allowed members to more effectively use rides to address HRSN
- 4 **Refining an evaluation approach earlier in the pilot** may have helped to assess impact in more depth

Samaritan | Samaritan encouraged engagement with care, services among unhoused populations in NY, KY



Challenge

- Individuals experiencing **housing insecurity are a priority population** for many state Medicaid programs
 - **Negatively impacts physical and mental health;** exacerbated by pre-existing chronic conditions
 - Acts as a significant **barrier to healthcare access**
- Typically **difficult to engage or support** individuals experiencing housing insecurity
 - Lack of reliable communication channels
 - Frequent relocation, unpredictable location
- Most direct solution (providing housing) is often cost-prohibitive, logistically challenging

Solution

- **Free membership** offered to high-need unhoused members identified by state plans
- Digital platform used by local care managers to build **personalized monthly health-related action steps for members**, e.g.,
 - Preventative care (e.g., visiting a PCP)
 - Well-being needs (e.g., visiting a local food bank)
- Provided **financial incentives** to members for completing action steps, removing barriers to care and encouraging engagement
- Piloted in **New York** with Healthfirst, SI PPS and in **Kentucky** with Aetna, Humana

Samaritan | Preliminary analysis indicates Samaritan increased PCP utilization, reduced total cost of care



These partnerships **facilitated strong care coordination and engagement**, empowering community organizations, plans to **meet members' health-related social needs more effectively**.

**New
York**

91%

of incentivized case mgmt. to-dos / action steps completed by Samaritan members

94%

PCP utilization among Samaritan members post-intervention (vs. 75% goal)

Implementation lessons learned

- ① **Integrating systems to enhance care coordination**, ensure continuity of services, identify potential gaps, evaluate services
- ② Ongoing **commitment from all partners to program evaluation** and gathering robust data across IT systems
- ③ **Building on existing partnerships and organizational strengths** allow for a strong foundation for the pilot

Panel Discussion



Questions?

Visit CHCS.org to...

- **Download practical resources** to improve health care for people served by Medicaid.
- **Learn about cutting-edge efforts** from peers across the nation to enhance policy, financing, and care delivery.
- **Subscribe to CHCS e-mail updates**, to learn about new resources, webinars, and more.
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