

VIRTUAL  
SHOWCASE  
SEPTEMBER 25, 2020

THE LOUISIANA  
MEDICAID  
INNOVATION  
CHALLENGE

WELCOME PACKET

LEARN MORE ABOUT THE CHALLENGE,  
PRESENTERS AND INVITED COMPANIES



ADAPTATION HEALTH



LOUISIANA  
DEPARTMENT OF HEALTH

## Welcome

The [Louisiana Medicaid Innovation Challenge](#) has been a multi-month project engaging constituents, stakeholders, and the state's Medicaid Leadership, to address improved communication and engagement solutions to support effective Medicaid eligibility and enrollment. The Challenge is centered around a [research brief](#) written by Adaptation Health and supports Louisiana Medicaid by identifying market-ready solutions to engage members through the appropriate use of technology.

*"Responses to this RFI included some truly creative solutions for member engagement. We are excited to hear more, and we look forward to the unique opportunity to share these innovations with others during the showcase."*

**Ruth Johnson, Executive Director of Louisiana Medicaid**

As part of a state Request for Information, this Showcase will feature the invited companies that will share their innovative solutions to address member communication and engagement and specifically address health disparities within underserved and marginalized populations.

We thank you for joining us and look forward to a wonderful event!

## Agenda

**10 am - 1:00 pm CT, September 25, 2020 | Invite others to RSVP through [Zoom](#)**

*All times listed are in Central Time*

10:00 AM	10:15 AM	Opening from Adaptation Health and Ruth Johnson, <i>Executive Director of Louisiana Medicaid</i>
10:15 AM	10:55 AM	Expert Panel
10:55 AM	11:15 AM	<a href="#">NovuHealth</a>
11:15 AM	11:35 AM	<a href="#">Accenture</a>
11:35 AM	11:55 AM	<a href="#">mPulse Mobile</a>
11:55 AM	12:15 PM	<a href="#">Memora Health</a>
12:15 PM	12:35 PM	<a href="#">ConsejoSano</a>
12:35 PM	12:55 PM	<a href="#">Revel Health</a>
12:55 PM	1:00 PM	Closing remarks

## Opening Remarks & Moderator



**Ruth Johnson**

Executive Director of [Louisiana Medicaid](#)



**Jennifer Katzman**

Medicaid Deputy Director - Policy, Waivers, and Public Affairs Division at the [Louisiana Department of Health](#)



**David Kulick**

Co-founder of [Adaptation Health](#)

## Expert Panel

The Showcase will start with a panel featuring the following experts and moderated by Jennifer Katzman.



**Dr. Andrey Ostrovsky**

Former Chief Medical Officer of [US Medicaid Program](#) and Managing Partner at [Social Innovation Ventures](#)



**Dr. Earl "Nupsius" Benjamin-Robinson**

Deputy Director of Community Partnerships & Health Equity Leadership at the [Louisiana Department of Health](#)



**Dr. Marcus Bachhuber**

Chief Medical Officer at [Louisiana Medicaid](#)



**Melinda Karp**

Senior Vice President, Consumer Partnership at [Commonwealth Care Alliance](#)

## Question Panel featuring Louisiana Medicaid Deputies

**Marcus Bachhuber**  
*Chief Medical Officer*

**Michael Boutte**  
*Medicaid Deputy Director - Program Operations and Compliance Division*

**Daniel Cocran**  
*Chief Financial Officer*

**Mitzi Hochheiser**  
*Chief Technology Officer*

**Jennifer Katzman**  
*Medicaid Deputy Director - Policy, Waivers, and Public Affairs Division*

**Tara LeBlanc**  
*Medicaid Deputy Director - Eligibility Division*



## Background on the Challenge

*“Our commitment is to serve our members with critical health care services in a timely and efficient manner. To do this we must also evolve and enhance our communication and engagement with the people we serve. This RFI will help us to identify innovative and effective ways to engage with all of our Medicaid members.”*

**Ruth Johnson, Executive Director of Louisiana Medicaid**

In the fall of 2019, Adaptation Health conducted a series of focus groups and interviews across the state of Louisiana in an effort to better understand the needs of beneficiaries in communication with the state.

The corresponding [research brief](#) captured the voice of the Louisiana Medicaid member. In summary there were three important points identified:

1. The communication dosage is an important consideration beyond the content and receipt date. Ideal solutions should create the correct balance between informing and engaging members while not overwhelming them.
2. Members spoke heavily about various ways in which they understand information, indicating a need to be considerate of process.
3. There is no single communication channel preferred by members. People spoke about various ways they prefer to receive communication indicating the need to be more comprehensive in channel and approach.

## Challenge Statement

Louisiana Medicaid members have indicated they want to receive information through a variety of channels. Currently, official information regarding Medicaid eligibility and enrollment is provided through a single communication stream via direct paper mail. However, no one channel of communication works well for every member. Further, Medicaid members expressed anxiety and concern about the timeline and deadline to return information to Medicaid. The COVID-19 pandemic highlights the critical need to effectively communicate with all Louisiana Medicaid members specifically underserved communities and marginalized/vulnerable population groups. The Challenge aims to source vendors that can assist the state with improving communications strategies, channels and frequency between Medicaid and its members concerning their eligibility and enrollment status with respect to the considerations above to improve data capture, dissemination of pertinent public health information, along with improving the overall member experience.

## Focus Areas of the Challenge

To effectively address communication between the state and Medicaid members, the RFI had three focus areas for innovative vendors to address in their response (that are not mutually exclusive).

1. Companies that can identify the communication preferences of members by channels and dosages.
2. Companies that can provide culturally appropriate targeting and engaging messaging.
3. And companies that have the capability to provide a multi-channel approach.





*The leading healthcare consumer engagement company*

Novu's team of healthcare engagement strategists, product teams, content developers and senior leadership come from healthcare backgrounds. Some of us have run health plans. Others have developed clinical programs in plans and PBMs. Still others of us worked for the Centers for Medicare and Medicaid Services (CMS) in Washington, DC. And all of us understand the unique challenges and complexities of the government healthcare space, state-by-state, member-by-member.

The other half of our company DNA comes from our loyalty marketing expertise. Our teams are made up of people who have built out loyalty programs for some of the biggest consumer brands in the world like Best Buy, Target and American Express. And we apply the deep knowledge that comes along with years of expertise in this space to our work in healthcare.

That government programs expertise, member loyalty savvy and the cultural competency that comes from working with fifteen million members across forty health plans combine to make NovuHealth the leading healthcare member engagement company.

If you would like to learn more about ways NovuHealth has helped Medicaid and Medicare members improve their health and plans to improve their Quality scores, please visit:

[www.novu.com/corporate/contact-novuhealth-sales](http://www.novu.com/corporate/contact-novuhealth-sales)

Follow Novu and learn more on their blog [here](#).

### **Featuring Tom Wicka, Executive Chairman**



Tom Wicka is Executive Chairman & Co-Founder of NovuHealth. Tom helped develop the platform as a way to personalize the health care system, and is an advocate for better health and consumer engagement throughout the industry. A noted speaker and expert in member loyalty, Tom brings crucial insight to the nation's most innovative health care payers and providers to deliver quality outcomes that benefit both individuals and the care system alike.





# Meet the leading healthcare consumer engagement company

## OVERVIEW

With the shift to value-based care, growth of consumerism and a focus on satisfaction and retention, plan performance depends on successfully engaging and motivating members. At NovuHealth, we focus on the segments that drive the majority of costs—driving healthy outcomes for members, healthy performance for plans and a healthy foundation for member trust and loyalty.

We've worked with nearly 40 health plans and served nearly 15 million consumers across all 50 states. Plans choose NovuHealth because:

- We motivate consumers to complete high-value healthcare activities
- We apply proven loyalty and data science strategies to optimize performance
- We leverage deep industry and regulatory expertise to ensure compliance and results



**NovuHealth leads the industry in building healthy connections between plans and consumers.**

## SOLUTIONS



### Medicare Advantage Quality

Our quality solution for Medicare Advantage motivates members to close the care gaps that matter most to member health and plan business objectives.



### Medicaid Advantage Quality

Motivates complex, hard-to-reach populations to complete high-value healthcare activities that improve member health and quality of life – as well as plan performance.



### Member Satisfaction

Helps health plans proactively address the most common sources of member dissatisfaction, enhancing the member experience and positively impacting CAHPS measures.



### Member Retention

Recognizes the members who are proactively managing their care and motivates them to remain engaged—increasing their satisfaction with the plan while helping reduce churn.



### Healthy Connections for HOS

Engages members with uplifting, positive content to improve their perception of their mental and physical health, as their overall satisfaction with their health plan.



### Risk Adjustment

Proactively facilitates more productive Annual Wellness Visits (AWVs), helping reduce unknown risk and drive more timely, accurate Health Care Condition (HCC) coding.



### Site of Care

Engages and drives members to lower-cost or higher-quality medical services – such as back in network – to improve outcomes, manage costs and reduce member abrasion.



### Medication Management

Meaningful and consistent member education and engagement that improves Rx adherence, leading to better member health and lower overall healthcare costs.

## RESULTS

By applying our proven loyalty and data science strategies, and leveraging our deep industry and regulatory expertise, we help health plans boost quality scores, improve member satisfaction and drive overall plan performance. Plans who work with us see, on average:



increase gaps in care



decrease in churn



ROI

NovuHealth is the leading healthcare consumer engagement company, driven to improve consumer health and health plan performance. NovuHealth motivates consumers to complete high-value healthcare activities by leveraging its sophisticated engagement platform, proven loyalty and behavioral science strategies, and deep industry and regulatory expertise.

Headquartered in Minneapolis, NovuHealth has worked with nearly 40 health plans and served nearly 15 million consumers across all 50 states.



*Together, Greater Than Ever*

Accenture is a leading global professional services company, providing a broad range of services in strategy and consulting, interactive, technology and operations, with digital capabilities across all of these services. We combine unmatched experience and specialized capabilities across more than 40 industries – powered by the world’s largest network of Advanced Technology and Intelligent Operations centers. With 513,000 people serving clients in more than 120 countries, Accenture brings continuous innovation to help clients improve their performance and create lasting value across their enterprises. Visit us at [www.accenture.com](http://www.accenture.com).

To learn more on how Accenture can help, contact Matthew Green ([matthew.r.green@accenture.com](mailto:matthew.r.green@accenture.com)) or Kevin Ellenwood ([kevin.j.ellenwood@accenture.com](mailto:kevin.j.ellenwood@accenture.com)).

Learn more about Accenture on [Accenture.com](http://Accenture.com). Accenture is also on [Twitter](#), [Facebook](#) and [LinkedIn](#).

### Featuring Matthew Green, Managing Director & Kevin Ellenwood Managing Director



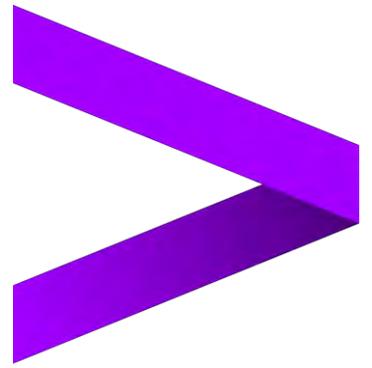
Matthew Green is an Account Executive for Accenture's Health and Public Service clients in Texas, Arkansas and Louisiana. As a Client Account Lead, Matt brings the best of Accenture to clients in the form of business development and delivery.



Kevin Ellenwood currently leads Public Sector Front Office and Citizen Experience for Accenture Interactive, North America. He is an accomplished Digital leader with over 20 years of digital consulting experience and 6 years of operations management experience. Kevin has a passion for connecting citizens and customers to government services enabling better engagement and driving better outcomes.



ABOUT  
**ACCENTURE**



## Accenture is a leading global professional services company

**We provide a broad range of services and solutions in strategy and consulting, interactive, technology and operations, with digital capabilities across all of these services.**

We combine **unmatched experience and specialized capabilities across more than 40 industries** – powered by the world’s largest network of Advanced Technology and Intelligent Operations centers.

With 513,000 people serving clients in more than 120 countries, Accenture brings continuous innovation to help clients **improve their performance and create lasting value across their enterprises.**

## We provide a broad range of services at scale – from strategy to operations.

### Strategy & Consulting

- Business / Technology Strategy
- Industry / Functional Consulting
- Technology Advisory
- Applied Intelligence
- Innovation Hubs

### Interactive

- Innovative Experiences
- Growth, Product & Culture Design
- Technology & Experience Platforms
- Creative, Media & Marketing Strategy
- Campaign, Content & Channel Orchestration

### Technology

- Application Services
- Intelligent Platform Services
- Cloud & Infrastructure
- Software Engineering
- Security Services
- Labs / Ventures
- Ecosystem Alliances

### Operations

- Business Process Services
- Function-Specific
- Finance & Accounting / Procurement / Marketing
- Industry-Specific
- Banking / Insurance / Health Care



# We serve more than 6,000 clients in 120+ countries.

## 91

of the Global

**FORTUNE**  
**100**

Are Accenture Clients

## 75%

of the Global

**FORTUNE**  
**500**

Are Accenture Clients

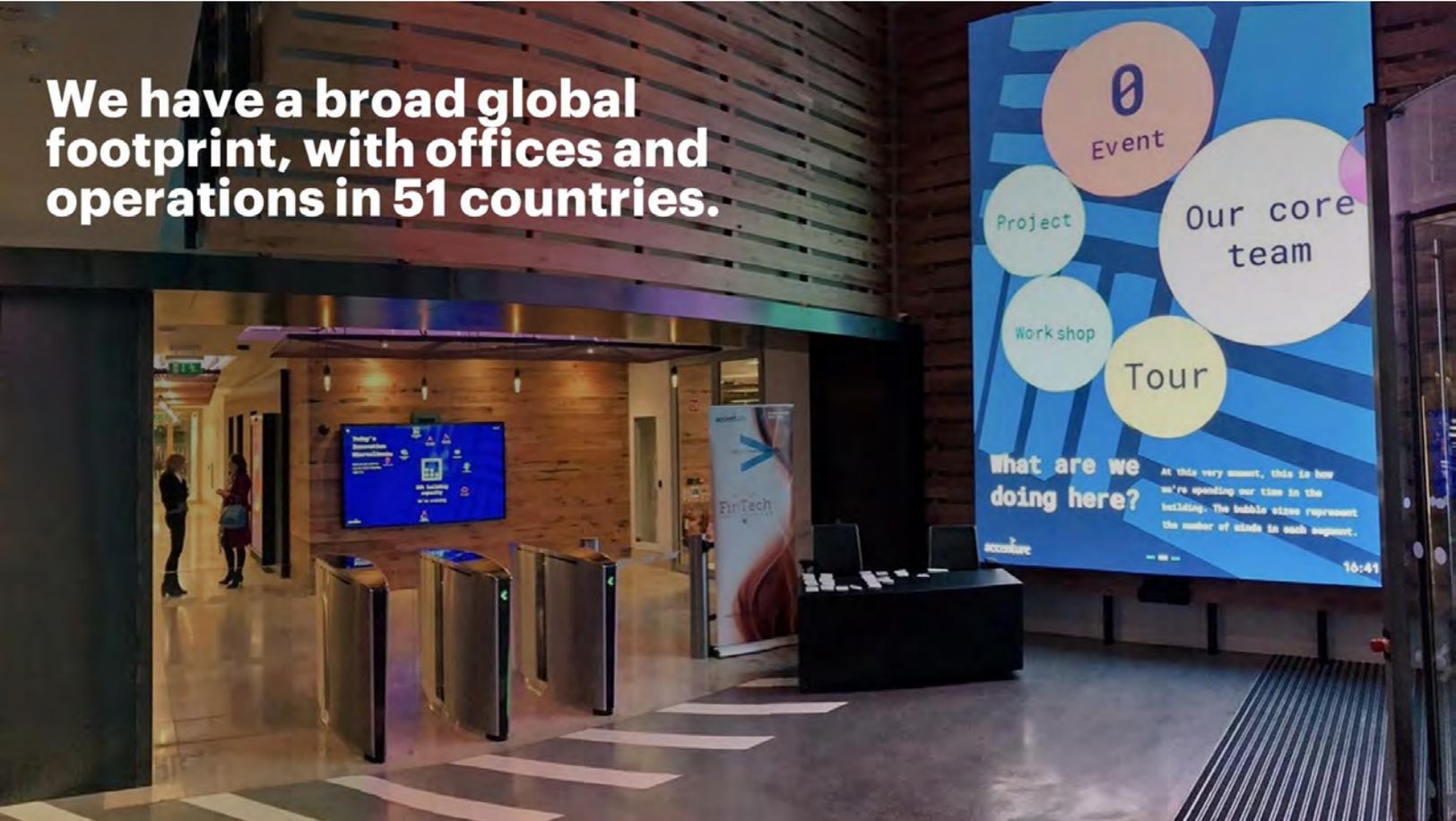
## 95

of our top

# 100

Have been our clients for at least 10 years

## We have a broad global footprint, with offices and operations in 51 countries.



**LEARN MORE**

Visit us at [www.accenture.com](http://www.accenture.com)



***The leader in Conversational Activation Intelligence (AI)***

mPulse Mobile improves health outcomes and drives business efficiencies through our Conversational Activation Intelligence (AI) and digital engagement solutions. Simply stated – we help healthcare communicate with underserved end beneficiaries through the power of conversation, leveraging personalized, culturally sensitive, meaningful and interactive dialogues informed by social determinants of health (SDOH) and Activation Intelligence.

mPulse Mobile partners with more than 100 healthcare companies and will surpass 300 million digital interactions with end beneficiaries by the end of 2020, which gives our company the scale and experience necessary to help our partners achieve their business goals.

mPulse Mobile's strength is engaging and achieving results with underserved and disengaged populations through the use of information such as social determinants of health (SDOH) and the consumer needs index (CNI). mPulse Mobile achieves this by employing behavioral data scientists, linguists and content writers whom create content which is grade-level appropriate for the end beneficiary and engages them to be active in their healthcare. In addition, mPulse Mobile provides SMS content through 2-way, culturally appropriate, tailored engagement, creating a conversation with the end beneficiary and enabling a better experience. Our company prides itself on the results we have been able to show our clients. Through our efforts of working with Medicaid MCO's we have been able to engage over 10 million end beneficiaries through multiple channels which has led to significant increases in redetermination rates, new beneficiary navigation satisfaction, program enrollment and HEDIS metric improvements.

Through an omni-channel communication approach and by employing personnel who have the experience of engaging and activating underserved end beneficiaries, mPulse Mobile has the ability to get the right message to the right beneficiary at the right time through a channel that is most desired.

For additional information about mPulse Mobile, Inc. and company solutions, please visit [www.mpulsemobile.com](http://www.mpulsemobile.com) or contact Larry Houk (National Sales Director) at [larry.houk@mpulsemobile.com](mailto:larry.houk@mpulsemobile.com).

Follow mPulse Mobile on [LinkedIn](#) and [Twitter](#).

### **Featuring Chris Nicholson, Chief Executive Officer**



As Chief Executive Officer of mPulse Mobile, Chris brings over 20 years of experience in healthcare and digital technology leadership in fortune 100 companies and dynamic startups. Prior to mPulse Mobile, Chris spent over a decade in strategic leadership roles at Humana, including VP and COO of Wellness, and led Humana's Strategic consultancy division. At mPulse Mobile, Chris brings a passion for developing solutions that improve health outcomes while transforming member experience. He holds a B.A. in Marketing from the University of Kentucky and an MBA from University of Louisville. He also completed the Harvard Executive Development Program for Healthcare Leaders.



# Medicaid Engagement for Eligibility and Enrollment

mPulse Mobile, the leader in Conversational AI for healthcare engagement, helps Medicaid organizations create meaningful touchpoints with the people they care for around their benefits. We partner with you to create a beneficiary-centric experience that drives key actions and gathers insights for underserved and hard-to-reach populations.

## Our Approach



### UNDERSTAND Each Member

We leverage data and insights from the automated conversations we have with beneficiaries to tailor content that improves outcomes

- Channel and frequency preferences
- Spoken language and cultural background
- Health literacy
- Health activation levels
- Proprietary SDOH Index score
- Demographic information
- Engagement history



### DELIVER Actionable Conversations

The member receives conversational outreach on their preferred channel to improve engagement and drive key actions.

- Remind and follow up with beneficiaries to complete their renewals
- Tailor conversations based on dynamic member profiles
- Utilize conversations to gather key information
- Adapt content to align with state requirements and enrollment procedures



### OPTIMIZE Your Solution

We work with you to capture key insights and update the solution to continuously improve engagement with hard-to-reach beneficiaries.

- Analyze all aspects of solution performance using solution dashboards
- Measure and understand conversational engagement across population segments
- Optimize conversation content and structure and minimize friction for beneficiaries to take action

## Proven Results

31%

Click-through rates for previously unengaged members to update contact information with state Medicaid agency

91%

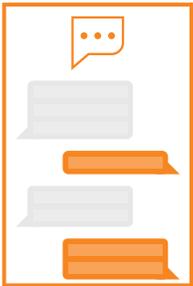
Survey respondents reporting improved understanding of benefits and services

22pp

Improvement in coverage renewal rates through omnichannel conversations

# Engagement Across Channels

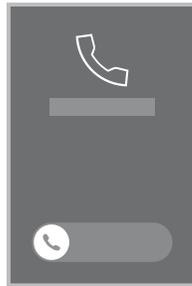
Our leading omnichannel engagement platform powers over 300 million conversations to healthcare consumers annually. We leverage the channel mix that meets beneficiaries where they are and maximizes engagement.



SMS delivers interactive reminders and check-ins while effectively reaching non-engaged and hard-to-reach members.



Mobile Web supports rich content for education, secure surveys and forms, and data gathering.



IVR diversifies core channel strategy and fits member preferences.



Email enables additional coordinated touchpoints and links to information or resources.



RCS delivers powerful interactive content without app downloads for Android users.

## Supporting Large & Diverse Medicaid Populations at Scale

Our capabilities are configured to support large and ethnically diverse Medicaid populations with reliable and secure omnichannel outreach.

30%

Percentage of the 75 million total Medicaid lives covered by our partner plans

13

Languages supported across SMS, RCS, IVR, email, mobile web and push

10

Years of experience

100+

Healthcare clients

**mPulse**  
mobile



[mpulsemobile.com](http://mpulsemobile.com)

mPulse Mobile, the leader in Conversational AI solutions for the healthcare industry, drives improved health outcomes and business efficiencies by engaging individuals with tailored and meaningful dialogue. mPulse Mobile combines behavioral science, analytics and industry expertise that helps healthcare organizations activate their consumers to adopt healthy behaviors.

With over a decade of experience, 100+ healthcare customers and more than 300 million conversations annually, mPulse Mobile has the data, the expertise and the solutions to drive healthy behavior change.

To ask a question or request a call, go to: [mpulsemobile.com/contact](http://mpulsemobile.com/contact)



***Memora Health enables health organizations to automate and digitize the full spectrum of patient communication.***

Memora Health has developed the most comprehensive platform for automating and scaling patient communication. We provide health organizations with the infrastructure necessary to virtually deliver care, including remote patient monitoring, care pathways, automated patient-provider matching/scheduling, multi-channel messaging (SMS, IVR, email), automated coding, and risk assessment. Generated from several millions of interactions that have taken place on the Memora platform, we have developed comprehensive engagement models that inform how different patient personas ought to receive healthcare communication.

Memora works closely with partner health organizations to identify specific challenges that currently exist across the full spectrum of patient communication. Leveraging these insights, our team will co-design an engagement "program" centered around how the patient's experience will look after implementing the Memora platform. Our platform is then customized to support the specific features needed and integrated into an organization's current workflow, significantly improving their patient experience. Example interventions our team has implemented range from a comprehensive scheduling and reminder system for a health plan, a remote patient monitoring initiative with a large academic health system, automated care delivery pathways in oncology and orthopedics at a large community health system, and more. To-date, we have worked with over 40 healthcare organizations.

Please reach out to our team to learn more, see a demo, or discuss your needs at [memorahealth.com/contact](https://memorahealth.com/contact) or at [info@memorahealth.com](mailto:info@memorahealth.com).

Follow Memora Health on [LinkedIn](#), [Twitter](#) and [Facebook](#)

### **Featuring Manav Sevak, CEO**



Manav Sevak is the CEO and founder of Memora Health. Manav's focus in digital health stems from his background in medicine and training as a computer scientist. Previously, he has worked as a public health researcher at the U.S. Centers for Disease Control and Harvard School of Public Health, and most recently as a computational biologist focused on cancer genomics research at the Broad Institute of MIT and Harvard. He has previously lectured in medical informatics at the University of Pennsylvania and Georgia Institute of Technology.





# MEMORA HEALTH

The Operating System for Patient Engagement



## Optimize workflows

Real-time analytics on existing patient engagement workflows to identify inefficiencies and poor outcomes



## Automate engagement

Schedule automatic reminders, surveys, discharge instructions, and responses to simple patient FAQs

### Connect

- HIPAA compliant text, email, phone, and video visits
- Provider-to-provider messaging
- Care coordination and notification routing

### Monitor

- Remote patient monitoring
- PRO collection
- AI-backed, automated chatbot for clinical Q&A
- Patient satisfaction tracking
- Pre/post-visit checklists

### Access

- Automated scheduling/recall
- Symptom checker and triage
- Contactless check-in, payment, virtual waiting room
- COVID solutions (screening, advice, resources)

### Adhere

- Intelligent care "pathways"
- Reminders (appointment, medication, imaging)
- Caregiver notifications
- Lab test notifications via secure link

36%

Increase in clinician productivity\*

16%

Reduction in 30-day readmissions\*

\$670

Saved per patient per department\*



*Building tech-enabled health equity*

ConsejoSano is a curated, omni-channel, culturally-aligned engagement experience. The team behind the technology is committed to utilizing our solution to build greater health equity and access. Our solution is the only one on the market today that was built from day one with multicultural communities at the center. We offer services in 20+ languages, with each campaign cohort carefully segmented by cultural alignment and strategic demographic indicators. We offer multi-channel modalities and campaigns with proven results. We serve populations across the healthcare spectrum, but our passion is in serving Medicaid populations, and they're the vast majority of people we engage on a daily basis.

We acknowledge and we respect every single cultural community that we engage. When you live a life between languages, in a culture where your native language or dialect is not predominantly spoken, you become very adept at identifying messages that weren't originally intended for you. Our messages are intentionally created for the people who receive them, which is the first step in building trust. People who are engaged by ConsejoSano on behalf of their provider, plan, or other organization, know that if they respond with a question, a real person who shares their culture will respond. That's the second part of building trust. The ongoing relationship and increased trust create opportunities to close care gaps, modify and shape behaviors, and achieve compliance. All of which lead to better health outcomes for communities and lowered costs and increased revenues for our partners.

ConsejoSano is a white-label, full-service solution that helps partners address common data gaps (outdated addresses, missing language or gender, etc); ease HEDIS / STAR and other regulatory compliance audits; and keep partners updated and aware while freeing time and resources to focus on other organizational goals.

Interested in how partnering with ConsejoSano may benefit your organization? Reach out to Kim Howell at [kim@consejosano.com](mailto:kim@consejosano.com) to set up a time to chat and learn more. Follow ConsejoSano on [Twitter](#) and [LinkedIn](#).

## Featuring Abner Mason, CEO & Kim Howell, Sr. Director of Business Development



Before creating ConsejoSano, Abner Mason was Founder and CEO for the Workplace Wellness Council of Mexico, now the leading corporate wellness company in Mexico. From 2003-2008, he was founder and Executive Director of AIDS Responsibility Project, driving the creation of CONAES and JaBCHA, the first business councils on HIV/AIDS in Mexico and Jamaica. Abner previously served as Chairman of the International Committee and member of the Presidential Advisory Council on HIV/AIDS (PACHA), appointed by President Bush in 2002.



A business development and marketing strategy professional, Kim Howell began her tenure with ConsejoSano on the Operations team. She built the first multicultural Care Coordinators, owned relationships with provider clients; and created strategies to address regulatory and requirement pivots. Now she works closely with potential clients and industry stakeholders to identify how they can partner with ConsejoSano to address the challenges they face in an ever-shifting landscape.





**ConsejoSano**

BUILDING TECH-ENABLED  
HEALTH EQUITY

## OUR MISSION

ConsejoSano utilizes technology and cultural alignment to improve patient outcomes, lower costs, and increase revenue for plans and providers.

## OUR SOLUTION

ConsejoSano is a curated, omni-channel, culturally-aligned engagement experience.

The team behind the technology is committed to utilizing our solution to create greater health equity and access. Our solution is the only one on the market today that was built from day one with multicultural communities at the center.

## SOLUTION MODALITIES

2-way SMS ▪ Live Outbound Calls ▪ Secure Email ▪ Paper Mail

## THE RESULTS OF CULTURAL ALIGNMENT



### EQUITY

COVID threatened the viability of safety-net providers due to lack of revenue from clinic visits.

SMS campaign generated **50,000+ Medicaid telehealth visits.**



### ACCESS

"Never-seens" (no care in 12+ mos.) adversely affected a health plan's Medicaid risk scores.

Appointments made by **40% of contacted "never-seen."**



### SAVINGS

Low HRA Completion rates raised costs for a large Health Plan.

Increased HRA completion rates saved the Plan an estimated **\$6.2M per year.**

## CONSEJOSANO STANDS OUT

### PARTNERSHIPS

White label  
Full service  
Customized  
Reliable

### PERFORMANCE

2-way engagement  
Multi-modal  
Scalable  
Results-driven

### PARITY

Multicultural expertise  
Equity-driven  
Services in 20+ languages  
Patient dignity honored

# CONSEJOSANO ENGAGEMENT SPECTRUM



## CAMPAIGN CATEGORIES

- HEDIS/STAR gap closures
- Chronic disease support
- Preventative care screenings
- Onboarding and experience
- Re-enrollment eligibility support
- Community resource matching
- SDOH screening
- E.R. avoidance

## MORE THAN JUST A TEXT MESSAGE

- Appointment Scheduling
- Appointment Reminders
- Satisfaction surveying
- Program Updates
- PDF Links with additional information
- Links to local resources
- Audio files in the right language
- Assigned provider contact information
- Online form URLs
- One tap phone numbers
- COVID updates
- Contact information updates
- Digital incentives
- Links to plan-supported Apps
- Directions to clinics or urgent care

## BUDGET PLANNING

We are committed to a best-in-class experience for the people we serve and for our partners. In order to deliver on that commitment, we offer:

Clear, upfront pricing ▪ Programs customized to fit budgets ▪ Contracted, consistent monthly rates

## BUILT FROM THE COMMUNITIES WE SERVE





## ***Making the World a Healthier Place***

Revel is a next gen healthcare technology company using data science and behavioral research to build personal connections and move people to better health.

There are factors that need to be considered to achieve better health outcomes with the Medicaid population. With additional barriers to overcome, engagement requires a different approach. Our health action programs are designed to meet people where they are with

### **Who We Help—Medicaid**

Medicaid plans manage diverse populations with different needs, which can complicate engagement. Revel can help health plans with risk adjustment, HEDIS scores, and drive better completion rates with a hard to reach population.

Revel understands people. We know health engagement it's about pure segmentation and population health—it's about the individual. Through our health action programs, we learn how to sustain engagement with individuals, recognizing their unique situation—social determinants, values, and beliefs to deliver coordinated programs without member abrasion.

Are you ready to learn the true SDoH barriers your members encounter? Through Revel's innovative field research by our behavioral science team, we've spent time talking with health plan members in their homes to understand the barriers people face.

### **What You'll Learn**

The significance of a zip code. How social environments impact behavior. Communication is more than well-timed messages. [Get the eBook](#). Follow Revel Health on [LinkedIn](#) and [Twitter](#).

### **Featuring Sara Ratner SVP, Government Programs & Strategic Initiatives & Ryan Schonecker, SVP Sales and Marketing**



A proven leader in the healthcare industry, Sara was the CEO of HealthEHR where she helped venture-backed organizations develop Medicare and Medicaid program strategies for emerging markets leveraging CMS and state frameworks to generate opportunities for program development and expansion. She has also served as SVP, Corporate Systems and Compliance at RedBrick Health, President of NeoPath Health, and as General Counsel, VP of Strategic Partnerships and Human Resources at CVS CareMark (MinuteClinic division).



As SVP of Sales & Marketing, Ryan brings more than 15 years of experience in sales planning, strategy, and leadership with large multinational corporations. He received his Bachelor of Science degree in International Business from University of St. Thomas. Ryan's career path has brought him to focus on working with organizations who are introducing something brand new to the marketplace. This is what drew him to Revel and driving the message of health action.





# REVEL MEDICAID

## WE'RE REVEL.

A next gen healthcare technology company using behavioral research and data science to move people to better health.

14x

improvement in  
Medicaid HRA  
completions

30%

decrease in  
HRA program  
administration costs

36%

that engaged took  
another health action

12%

of a previously  
unreachable  
population engaged

### Social determinants of health complicate engagement.

Let's connect with people like they're humans. There are factors that need to be considered to achieve better health outcomes with the Medicaid population. With additional barriers to overcome, engagement requires a different approach.



## We reach the unreachable.

- We keep a library of questions required by state that must be included in questionnaires, for easy customization
- We have a team of experts that can offer innovative guidance to plans that want to address social determinants of health
- Revel knows the compliance requirements on a plan by plan and state by state basis
- Revel can survey a population throughout the year before official questionnaires are deployed to correct engagement efforts and behaviors that may create lower CAHPS scores
- We leverage a mix of health and non-healthcare data sources to build a more complete understanding of a member and other factors that create barriers

## What makes Revel different?

Revel understands people. We know Medicaid isn't about population health — it's about the individual. Through our health action programs, we learn how to sustain engagement with individuals based on their values and belief system to deliver coordinated programs that can help the individual without burning them out on communications.

- **Personalization.** We focus on individual needs, not broad programs.
- **Holistic.** We layer non-health care member data for a more complete and accurate understanding of each member.
- **Engagement.** We consistently achieve high engagement rates across programs. And once someone is engaged, they stick with us.
- **Action.** We don't just engage with people, we move them to take action. We create the spark that starts someone down the path to better health.

## Introducing healthcare technology so advanced, it's human.

Let's connect with members like they're humans, drive them to take action, enroll in beneficial programs, and most importantly — improve outcomes.



Get started with a Revel health action program today!

Ready. Set. Rev. [revel-health.com](http://revel-health.com) | [go@revel-health.com](mailto:go@revel-health.com)



## Project Partners



The Louisiana Department of Health strives to protect and promote health statewide and to ensure access to medical, preventive and rehabilitative services for all state residents. The Louisiana Department of Health includes the Office of Public Health, Office of Aging & Adult Services, Office of Behavioral Health, Office for Citizens with Developmental Disabilities, and Healthy Louisiana (Medicaid). To learn visit [www.ldh.la.gov](http://www.ldh.la.gov) or follow us on [Twitter](#), [Facebook](#), or our [blog](#).



Adaptation Health is a buyer-side incubator program developing and building thought leadership and value on behalf of State Medicaid programs and Managed Care Organizations. Through Medicaid Innovation Challenges, we connect state Medicaid agencies, Managed Care Organizations, and innovative vendors to solve deep-rooted problems in public health and Medicaid service delivery. We match market needs and Medicaid priorities against market and product fit to cultivate an awareness of the value that innovations can bring in solving persistent and deep-rooted challenges. To learn more visit [www.adaptationhealth.org](http://www.adaptationhealth.org) or contact Kyle Murphy at [kyle@adaptationhealth.org](mailto:kyle@adaptationhealth.org).



The California Health Care Foundation (CHCF) is an independent philanthropy dedicated to advancing meaningful, measurable improvements in the way the health care delivery system provides care to the people of California, particularly those with low incomes and those whose needs are not well served by the status quo. We work to ensure that people have access to the care they need, when they need it, at a price they can afford.

Launched in 2011, the CHCF Innovation Fund invests in emerging companies to bring the best innovations and technology to the providers, health systems, and payers serving Californians, particularly within Medi-Cal, the state's Medicaid program. The Fund invests in mission-aligned, venture-backed technology companies that are well-positioned to scale in California. The Fund makes a direct financial investment in the company and offers grants to safety net partners to support adoption. To learn more about the Fund and portfolio of companies, visit the website at [www.chcf.org/program/chcf-health-innovation-fund](http://www.chcf.org/program/chcf-health-innovation-fund)



The Kresge Foundation was founded in 1924 to promote human progress. Today, Kresge fulfills that mission by building and strengthening pathways to opportunity for low-income people in America's cities, seeking to dismantle structural and systemic barriers to equality and justice. Using a full array of grant, loan, and other investment tools, Kresge invests more than \$160 million annually to foster economic and social change. For more information visit [kresge.org](http://kresge.org).

