



RFI Response to State of Florida
Agency for Health Care Administration

June 3, 2022

**RFI 014-21/22 RE-PROCUREMENT OF THE STATEWIDE
MEDICAID MANAGED CARE PROGRAM**





State of Florida Agency for Health Care Administration (AHCA)

ATTN: Cody Massa, Procurement Officer

solicitation.questions@ahca.myflorida.com

RE: RFI 014-21/22 RE-PROCUREMENT OF THE SMMC PROGRAM

Dear Mr. Massa,

The eMed team appreciates the opportunity to submit a response to the RFI for Procurement of the SMMC Program regarding our direct experience in the managed health and long-term care industries regarding best practices and innovations in business models. Our Test-to-Treat™ digital point-of-care platform is a disruptive and innovative business model aligning with your request for innovative ideas and best practices regarding:

- Leveraging the managed care delivery system—either through expanded benefits or other mechanisms—to promote sustainable economic self-sufficiency among Medicaid recipients in the short and long term.
- Aligning quality metrics and outcomes with the Florida State Health Improvement Plan.
- Enhancing specialty health plans services to improve outcomes for recipients. Increase the number of plans to address target populations with specific health conditions or needs.
- Increasing access to community-based pharmacists within prescription benefit manager networks.
- Decreasing mortality rates for recipients with complex chronic diseases
- Considering innovative delivery methods that empower recipients in making more informed healthcare decisions.
- Improving recipient's experience with the SMMC Program.
- Increasing timely access to providers and services
- Achieving cost savings throughout the SMMC Program.

eMed is the only Test-To-Treat™ digital point-of-care platform that enables home diagnostic testing and therapeutics for infectious diseases. Since January 2021, eMed has distributed tens of millions of telehealth-capable rapid @home COVID-19 tests throughout the US. In March 2022, eMed launched our Test-To-Treat™ platform, offering individuals who test positive for COVID-19 an immediate extension of the telehealth session in which they are evaluated for therapy and provided with a prescription to their pharmacy of choice.

Individuals can start the eMed testing process anywhere with a smartphone, laptop, or tablet, 24/7, with no appointment necessary. The test procedure is supervised by live eMed Certified Telehealth Proctors in English or Spanish (other languages may be added), who guide test takers or their caregivers through their testing session and assist them in interpreting the result. As a CLIA-waived laboratory, eMed results are provided to both the test taker and public health authorities via an encrypted lab report.

The eMed Test-To-Treat™ platform provides rapid access to treatment for infections, which is especially valuable for communities that have been disproportionately impacted by COVID-19, and for communities that face challenges in rapidly accessing therapeutics due to structural



inequities related to insurance, geography, and/or healthcare availability. Due to the pandemic, COVID-19 has been the base model for the Test-To-Treat™ platform, but has planned expansion at scale to other at-home testing and treatment applications for a number of infectious diseases, including Covid-flu, UTIs, STIs, HIV, Strep and more over the remainder of 2022 and early 2023.

In Q3 of 2022, the eMed technology platform will include an outcome and adherence module so we can encourage and remind people to take their medication as intended and to better understand the outcomes of the program for continual quality improvement.

Working with the state Managed Care Organizations and AHCA, the eMed Test-To-Treat™ program can overcome many of the access and cultural barriers that place low-income, minority, and recent immigrant populations at higher risk of complications and sequelae of infections. And by diagnosing an infection via guided and verified home testing, eMed enables rapid initiation of therapy when it is most effective. This lowers the expected total cost of care for defined populations (lower utilization of FQHC, ED, and inpatient admissions) and benefits public health by decreasing the risk of transmission.

We look forward to discussing the opportunity to partner with AHCA on including the eMed Test-To-Treat™ digital point-of-care platform capabilities in the SMMC Program requirements, which will help the state advance the health and well-being of Florida's diverse people and communities.

Sincerely,

Mitch Morris, MD
President
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Response Requirements

I. Organization Overview

Website	eMed.com
Executive Team (See Appendix I)	CEO and Co-founder , Patrice Harris, MD, MA President , Mitchell Morris, MD Chief Science Officer , Michael Mina, MD, PhD President eMed Labs LLC , Sam Miller, PhD Chief Technology Officer , Samantha Rassner Chief Financial Officer , Michael Cole Chief Growth Officer , Kurt Hammond
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II. eMed Test-To-Treat™ Platform Overview

Enhancing the SMMC Program by incorporating the eMed Test-To-Treat™ capabilities offers significant advantages and outcomes for individuals over existing processes.

eMed has developed a Test-To-Treat™ digital point-of-care platform that enables home diagnostic testing and therapeutics. eMed home-based diagnostics are third-party verified and validated and provide lab-quality results in minutes. When an infection is documented, eMed extends the telehealth session to include rapid clinical evaluation and e-prescribing when appropriate. Our focus is on the management of infectious disease with special expertise with COVID-19.

Individuals who test positive for an infection are immediately encouraged to complete an online medical intake form regarding past medical history, current symptoms, and



medications. This information is reviewed, typically within 5-10 minutes, by a licensed physician or advanced practice nurse.

Based on that review (in the case of COVID-19), patients can have an e-prescription for Paxlovid sent to their pharmacy of choice with delivery service in many cases. For individuals who would benefit from monoclonal antibody treatment, we can refer to home infusion therapy companies or steer people to a local/regional facility in coordination with State programs and the relevant providers.

Based on the medical evaluation, some will be medically complex, more acutely ill, or otherwise not qualify for therapy and may be referred for additional live telehealth evaluation or urgent/emergent care, as needed.

eMed has established relationships with the major retail pharmacies, online pharmacies and delivery services to expedite this ecosystem. We are also able to integrate with public and private health systems and FQHCs to facilitate the continuity of care.

eMed combines affordable, easy-to-use, and scientifically validated in-home test kits with the largest real-time network of certified remote proctors. The majority of eMed's customer base includes the public sector (e.g., states, local governments, federal agencies), employers, and direct to consumers.

By including the eMed Test-To-Treat™ offerings in the SMMC Program, the state can overcome many of the access barriers that place lower-income, communities of color, and recent immigrant populations at higher risk of severe COVID and other infectious diseases. Reasons for not seeking timely testing when symptoms develop include concerns of transportation, income loss, lack of childcare, worry about out-of-pocket costs, and rural location. People of all economic strata sometimes wait before accessing both testing and treatment; "I'll see how I feel tomorrow." By pre-positioning eMed-enabled test kits in the homes of at-risk populations, this Test-To-Treat™ program overcomes the challenges people face with a "wait and see" approach.

By diagnosing an infection via guided and verified home testing, eMed enables rapid initiation of therapy when it is most effective. This lowers the expected total cost of care for defined populations and benefits public health by decreasing the risk of transmission. eMed's testing permits health providers to focus on patients with other health issues and generates data for public health, economic, and quality analysis.

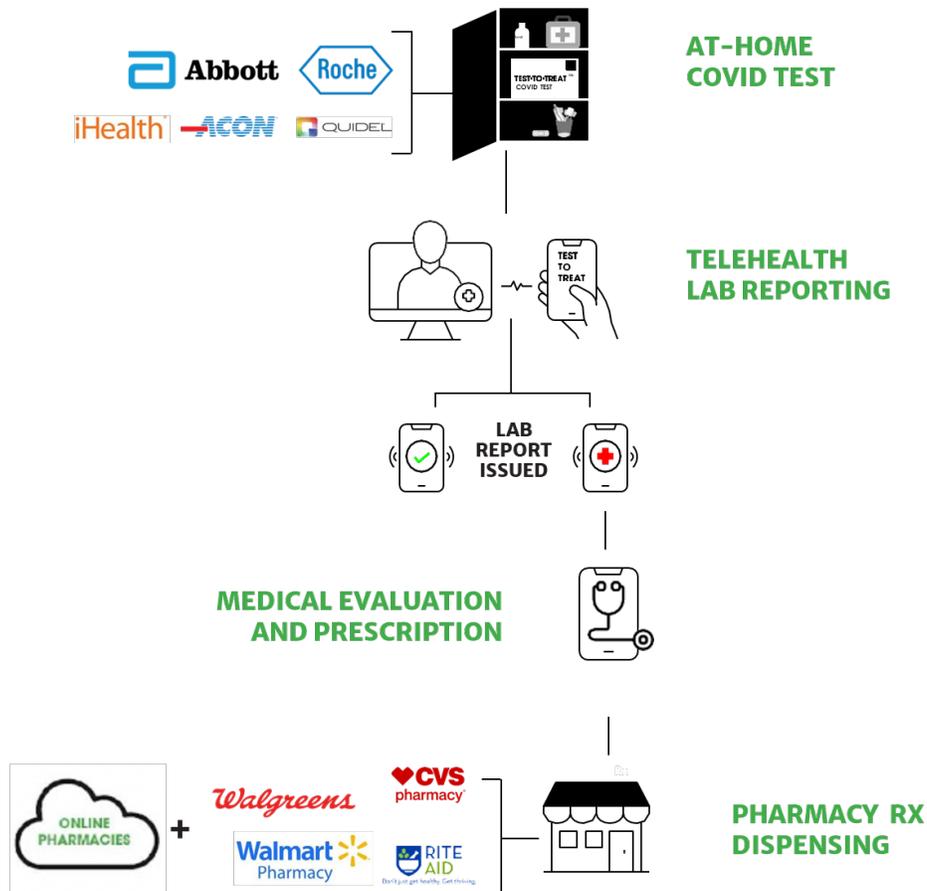
We recognize that not all Floridians have cellular access. In a recent study by Deloitte, 86% of Medicaid beneficiaries owned a smartphone and 69% a tablet device. For those who don't have a device, there is usually someone in the family or a friend who has one. While our solution does not cover everyone, the great majority are in reach of cellular access (4/5G not required). The technology and proctors may be accessed on an app or browser, cell phone, tablet or laptop.

eMed's testing programs in other states are offered for one low flat fee that covers the test, telehealth proctoring, a digital lab report, extended telehealth consultation, and prescription. There is no out-of-pocket expense for the test taker, and eMed does not seek any



additional reimbursement for the clinical evaluation. For COVID-19, if Paxlovid is prescribed, the cost of the medication is covered by the federal purchase program. Depending on how monoclonal antibodies are distributed in a locale, the treating entity may have additional fees. For most other common infections (flu, UTI, most STI), the cost of therapy is very low when the infection is caught early. If a patient is best served by an in person visit, the treating entity would seek reimbursement through the usual channels, and this might include an out-of-pocket expense for the patient. The eMed model attempts to minimize these costs.

Florida TEST-TO-TREAT™



III. Innovative and Best Practices Recommendations

Including Test-To-Treat program capabilities, as the eMed Test-To-Treat™ platform provides, will offer advantages or improvements over existing processes of the SMMC Program and specifically in the following areas.



A. Leveraging the Managed Care Delivery System

The eMed infectious disease program with Test-To-Treat™ is easily integrated with other payer programs that focus on disease management. Traditionally, such programs focus on chronic illnesses such as diabetes, COPD, heart failure, and the like. There is now a recognition that acute infections can be proactively managed to improve clinical outcomes and lower the total cost of care. eMed can be integrated with Medicaid managed care platforms to:

- Apply **analytics** to identify at-risk subsets of members who would benefit from home testing. For example, those with COPD where early identification and treatment of upper respiratory infections (COVID, Flu, RSV, etc) would prevent acute exacerbation of COPD with hospitalization and mortality. Early identification of HIV in at-risk groups where early initiation of therapy has a major impact on cost and outcome.
- Pre-position relevant test kits at the homes of at-risk members and, collaborating with the health plan, **educate and raise awareness** of the role of early testing when symptoms arise.
- **Integrate** asynchronous telehealth sessions with **Test-To-Steer™**, working with the health plan to convert to an in-person visit with an in-network and qualified provider when someone is medically complicated. For example, in the case of STI testing, infections such as chlamydia and trichomonas may be simply treated without a clinic visit with antibiotics. On the other hand, someone with a positive HIV test should be steered to the proper clinical setting for further evaluation and entry into an ongoing treatment program.
- Using the eMed adherence module, reminders and assessments following prescription may be sent to the member with the **data shared with the health plan** and, as indicated, with a provider. The same approach gathers data for ongoing assessment of quality and outcomes.

B. Aligning with Florida State Health Improvement Plan

Align quality metrics and outcomes with the Florida State Health Improvement Plan.

The quality metrics and outcomes of the eMed Test-To-Treat™ platform align with the following Florida State Health Improvement Plan priority areas and goals:

Priority Area 6 - Social and Economic Conditions Impacting Health

Social and economic conditions impacting health are the conditions in the environments where people live, work, and play that influence health throughout the lifespan. These factors, including but not limited to income, employment, social support, literacy skills, and transportation have a significant impact on people's ability to lead long, healthy lives.



By including the eMed Test-To-Treat™ offerings in the SMMC Program, the state can overcome many of the access barriers that place lower-income, communities of color, and recent immigrant populations at higher risk of severe COVID and other infectious diseases. Reasons for not seeking timely testing when symptoms develop include transportation concerns, income loss, lack of childcare, worry about out-of-pocket costs, and rural location. People of all economic strata sometimes wait before accessing both testing and treatment; “I’ll see how I feel tomorrow.” By pre-positioning eMed-enabled test kits in the homes of at-risk populations, this Test-To-Treat™ program overcomes the challenges people face with a “wait and see” approach.

Here are two of several potential models for Florida:

- Directly distribute eMed-enabled tests to vulnerable populations so that people have tests at home that can be used for Test-To-Treat™. This can focus on SMMC and especially the Special Needs Population (D-SNP) populations. Rural communities can also be prioritized. We are working with other states to leverage the managed care organizations to aid in the identification and distribution of tests and raise awareness. This approach ensures an equitable program since only at-risk groups receive the tests.
- Place eMed-enabled tests in public centers in at-risk communities, like models in Ohio. A case study of the Ohio model is in the appendix. Note this was launched prior to COVID-19 therapy being widely available. This model is somewhat less effective than having tests already at home and there can still have a “wait and see” approach before testing.

Collaboration at the state and local levels and providing education to raise awareness in at-risk communities that this resource is available will be vital to success with either approach. We recognize that each community and group is unique, and we would look forward to collaborating to tailor distribution models based on local needs. Thus, our services will only be provided to communities designated by the SMMC to ensure that we are aligned with your equity goals.

At eMed, we recognized that scheduling and traveling to appointments and co-pays are very high barriers to care. We solved this by making testing via eMed available on-demand, 24/7, with no scheduling, and by making the telehealth evaluation and prescription for treatment entirely free. Anyone with an “eMed-enabled” rapid test can scan the QR code on the test box and begin a session with a Telehealth Proctor in minutes—usually with no wait time. The Telehealth Proctor guides the user through the test, helps evaluate the results, and reports the result to public health agencies as well as to the individual with a CLIA-waived lab report.

Priority Area 7 - Transmissible and Emerging Diseases

Infectious organisms that are primarily acquired and transmitted through sexual activity cause many harmful, often irreversible, and costly clinical complications in reproductive,



fetal and perinatal health. Other emerging infectious agents pose the threat of disease outbreaks. Prevention, treatment and diagnostic strategies are essential.

The public health and economic impact of infectious disease is profound. eMed has created a unique approach we call Infectious Disease Management. By lowering the barriers to testing and treatment, infections are identified early when treatment is less disruptive to the recipient and less costly to the payer. In the case of sexually transmitted illnesses and HIV, concerns of social stigma may inhibit people from seeking testing. By using a home test and asynchronous telehealth evaluation, people are more likely to test when they have early symptoms or reports of an infected partner.

The platform is a proven approach to emerging infectious agents, as seen in our approach to COVID-19. Test at home, report to public health agencies, treat via telehealth consultation, and steer people to in-network provider resources as needed.

C. Enhance Specialty Health Plans Services

Enhance specialty health plans services to improve outcomes for recipients. Increase the number of plans to address target populations with specific health conditions or needs.

eMed will focus on integrating and supporting the Health Plans through a Digital Point-of-Care at-home platform instead of initiating new plans. For example, COPD patients with symptoms of a respiratory infection will have access to immediate testing with access to treatment without leaving home. The approach relieves the obstacles of scheduling and traveling to a location for test/treatment services and is designed to limit downstream clinical encounters and hospitalizations.

Plans that focus on home health and long-term care may also be supported by testing in place for infectious illnesses in a population that is especially vulnerable.

D. Increase access to Community-Based Pharmacists

Increase access to community-based pharmacists within prescription benefit manager networks.

The eMed Test-To-Treat™ digital platform has the flexibility to conform to specific requirements of the SMMC Program. Once the person testing has completed the evaluation, they are given the opportunity to select a pharmacy of their choice to have the prescription sent. The platform can be configured to steer members to specific community-based pharmacists with prescription benefit manager networks.

E. Decrease Mortality Rates

Decrease mortality rates for recipients with complex chronic diseases.

By diagnosing an infection via guided and verified home testing, eMed enables rapid initiation of therapy when it is most effective, preventing hospitalizations and even death.



This is especially true for populations with co-morbidities and complex chronic diseases. Immediate treatment is essential and starts with convenient verified testing and medical evaluation, lowering the expected total cost of care for defined populations and benefits public health by decreasing the risk of transmission.

F. Empower Recipients in Making More Informed Health Care Decisions

Consider innovative delivery methods that empower recipients in making more informed health care decisions.

By including the eMed Test-To-Treat™ offerings in the SMMC Program, the state can overcome many of the access barriers that place lower-income, communities of color, and recent immigrant populations at higher risk of severe COVID and other infectious diseases. Reasons for not seeking timely testing when symptoms develop include concerns of transportation, income loss, lack of childcare, worry about out-of-pocket costs, and rural location. People of all economic strata sometimes wait before accessing both testing and treatment; “I’ll see how I feel tomorrow.” By pre-positioning eMed-enabled test kits in the homes of at-risk populations, this Test-To-Treat™ program overcomes the challenges people face with a “wait and see” approach.

G. Improve Recipients Experience

Improve recipient’s experience with the SMMC Program.

eMed works with departments of health across the US, as well as federal agencies and corporations, to reach all sectors of society. The eMed technology was specifically designed to provide equitable access to Verified Testing and Treatment for all patient populations by making reliable testing, reporting and treatment available from almost anywhere with a cellular connection.

eMed technology uses video via smartphone, tablet, laptop, or any web-connected device and to make it highly accessible, can adjust the frame rates based on bandwidth so that even slower cell connections can use eMed. In fact, eMed is used across the entire globe for international travel with minimal bandwidth problems.

According to the Pew Research Center, 85 percent of US adults report owning a smartphone, including 83 percent of Black adults, 85 percent of Hispanic adults, and 80 percent of those living in rural areas. With smartphone technology prevalent across the country, eMed’s telehealth services are accessible to the vast majority of Americans, and can be used to reach traditionally underserved communities.

Further, eMed provides its services in both English and Spanish and can incorporate additional languages as needed.

H. Increase Timely Access



Increase timely access to providers and services

By including the eMed Test-To-Treat™ offerings in the SMMC Program, the state can overcome many of the access barriers that place lower-income, communities of color, and recent immigrant populations at higher risk of severe COVID and other infectious diseases. Reasons for not seeking timely testing when symptoms develop include concerns of transportation, income loss, lack of childcare, worry about out-of-pocket costs, and rural location. People of all economic strata sometimes wait before accessing both testing and treatment; “I’ll see how I feel tomorrow.” By pre-positioning eMed-enabled test kits in the homes of at-risk populations, this Test-To-Treat™ program overcomes the challenges people face with a “wait and see” approach.

Here are two of several potential models for Florida:

- Directly distribute eMed-enabled tests to vulnerable populations so that people have tests at home that can be used for Test-To-Treat™. This can focus on SMMC and especially the Special Needs Population (D-SNP) populations. Rural communities can also be prioritized. We are working with other states to leverage the managed care organizations to aid in identification and distribution of tests and raise awareness. This approach ensures an equitable program since only at-risk groups receive the tests.
- Place eMed-enabled tests in public centers in at-risk communities, like models in Ohio. A case study of the Ohio model is in the appendix. Note this was launched prior to COVID-19 therapy being widely available. This model is somewhat less effective than having tests already at home and there can still be “hesitancy of testing”.

Collaboration at the state and local levels and providing education to raise awareness in at-risk communities that this resource is available will be vital to success with either approach. We recognize that each community and group is unique, and we would look forward to collaborating to tailor distribution models based on local needs. Thus, our services will only be provided to communities designated by the SMMC to ensure that we are aligned with your equity goals.

At eMed, we recognized that scheduling, traveling to appointments and co-pays are very high barriers to care. We solved this by making testing via eMed available on-demand, 24/7, with no scheduling, and by making the telehealth evaluation and prescription for treatment entirely free. Anyone with an “eMed-enabled” rapid test can scan the QR code on the test box and begin a session with a Telehealth Proctor in minutes—usually with no wait time. The Telehealth Proctor guides the user through the test, helps evaluate the results, and reports the result to public health agencies as well as to the individual with a CLIA-waived lab report.

I. Achieve Cost Savings



Achieve cost savings throughout the SMMC Program.

Early rapid diagnosis and treatment is shown to decrease the cost of downstream clinical encounters. In the case of COVID-19, a claims analysis conducted by Optum and eMed, of 900,000 clinical episodes of COVID-19 demonstrates the high economic burden of illness. With our Test-To-Treat™ program, we expect a four to one (4:1) return on investment to the state and managed care organizations, and we would be pleased to review this financial model with AHCA. Analysis of flu and UTI is currently underway and we expect similar savings primarily by reducing the costs of ambulatory, ED, and inpatient clinical encounters. For HIV, cost savings of earlier diagnosis is well documented

(<https://www.ncbi.nlm.nih.gov/entrez/eutils/elink.fcgi?dbfrom=pubmed&retmode=ref&cmd=prlinks&id=21063228>)

As the AHCA and the state seek improvements in the SMMC Program, we believe that including Test-To-Treat benefits, as the eMed Test-To-Treat™ platform offers, can play a key role in your approach. Adding these capabilities will improve health equity and minimize the costly impact of illness on vulnerable populations.

IV. Additional Considerations

I. Operational Strategies

Here are two (2) of several potential operational models for a Test-To-Treat™ program in Florida:

- Directly distribute eMed-enabled tests to vulnerable populations so that people have tests at home that can be used for Test-To-Treat™. This can focus on SMMC and especially the Special Needs Population (D-SNP). Rural communities can also be prioritized. We are working with other states to leverage the managed care organizations to aid in identification and distribution of tests and raise awareness. This approach ensures an equitable program since only at-risk groups receive the tests.
- Place eMed-enabled tests in public centers in at-risk communities, like models in Ohio. A case study of the Ohio model is in the appendix. Note this was launched prior to COVID-19 therapy being widely available. This model is somewhat less effective than having tests already at home and there can still be a “wait and see” attitude rather than testing.

eMed has regularly performed between 20,000 to 30,000 telehealth proctored sessions daily. Within the first two months we would be able to handle approximately 100,000 to 200,000 tests daily. When individuals take our test because they have symptoms, the positivity rate is generally 25% (for COVID-19). As we add new tests and treatments, we view utilization in two groups:



- Seasonal/variable - upper respiratory illnesses tend to be seasonal including flu, COVID-19, RSV, and others. When surges occur, our predictive modeling tools allow us to drive our capacity ahead of demand so we can maintain an under two-minute wait time for testing and under ten minutes for clinical evaluation.
- Constant - STIs, UTI, yeast infection, and HIV are infections with a more constant prevalence.

There are three areas of scale to address:

- **Technology** - The technology platform is cloud-based, operating on Amazon Web Services, and designed to scale to meet capacity demands.
- **Proctors** - The telehealth proctoring is delivered to eMed under contract with four companies with whom we have initiated an innovative, flexible model that allows us to scale up and down with 1-2 week notice with few limits. Using our business analytics platform, we have developed a predictive model that has allowed us to scale up in advance of COVID-19 surges and maintain less than two-minute wait times.
- **Doctors and Nurses** - The clinical consultations are delivered by physicians and advanced practice nurses licensed in all 50 states. In terms of capacity, our telehealth partner will handle millions of patient consults in 2022, and similar to the proctors, eMed can scale our COVID-19-specific services with brief notice. The network is built for flexibility and scale. Our partner has had 15,000 individual Clinicians apply to participate in their network and they bring them online based on demand, creating designated networks for launch and quickly adding to capacity as required by demand. We are very familiar with virtually treating patients who have tested positive for COVID-19 and the nuances of ePrescribing Paxlovid. We have a large base of Florida clinicians and the ability to add additional capacity faster than anyone in the industry through their onboarding team.

II. **Performance Metrics - including use of digital measures and electronic clinical data sources**

At-home rapid test capacity has surged as a result of recent advances made possible by the federal government. With eMed's Test-To-Treat™ digital platform, the goal of testing is to provide access to treatment in order to prevent hospitalizations. Although at-home tests are highly valuable for public health, a test that does not link to reporting or treatment becomes a "test to know", but not a reliably reported test nor a test that provides a clear avenue to access treatment and prevent hospitalization.

Capability to Track and Measure

eMed's AWS cloud-based technology stack is fully encrypted and compliant with all



relevant laws and policies relevant to Protected Health Information and HIPAA. The system can fully secure transactional reporting of laboratory results to individuals (encrypted and PW protected) and authorized third parties (departments of health and others) via API.

Analytic capabilities are provided via a live summary dashboard via Tableau, which can be customized to fit the needs of the AHCA and can report live and on historical bases with a wide variety of data elements. Metrics that can be tracked include:

- Testing time to session start: Under 2 minutes, no appointment needed
- Subject satisfaction scores: 1-5 stars, average 4.86 over the past 90 days
- Time for clinical response to intake form: SLA no more than 4 hours, currently averaging under 10 minutes
- Time from symptom onset and from time of first contact with eMed to receipt of therapy
- Metrics on pharmacy pickup and delivery
- Patient demographics for race, ethnicity, age, zip code,
- Insurance information can be gathered but is not currently a data element
- eMed also has a live dashboard (appendix) a version of which would be available to Florida to monitor the program results.

III. Provider network requirements

There are two aspects of provider interaction. For the asynchronous telehealth consultation, eMed has a network of providers (physicians and APNs) licensed to practice in Florida that can handle demand even in a surge. For Test-to-Steer, we refer patients to in-network qualified providers as informed by the recipient's health plan. The eMed telehealth program does not seek or receive reimbursement above and beyond the base fee. Additional clinical services performed by network providers are beyond the scope of our model and would be reimbursed per contract with the health plan. The impact of eMed would significantly lower the number of clinical encounters for this population.

IV. Best practices for maximizing communication and resources.

Essential to programmatic success is raising awareness of recipients in close coordination with the SMMC plans. eMed has worked with states, counties, employers, and schools to educate their communities, employees, and students. We find that local organizations understand their constituency. We rely on close collaboration to design programs with, in this case, health plans to best serve their members. This includes outreach and communication. Along these lines, our system collects data and creates a dashboard on utilization metrics, satisfaction and outcome which we share with our partners to continually improve the program.

V. Integration with the Agency's Florida Health Care Connections (FX) Project and the federal Centers for Medicare and Medicaid Services Interoperability Rule



eMed is laboratory certified to perform CLIA-waived tests via a digital point-of-care platform that provides a proctored, at-home testing solution for respiratory and transmittable infections and viruses, including the SARS-CoV-2 virus. The manufacturers of the tests we proctor are responsible for all regulatory submissions for their tests. Our digital point of care platform and digital CLIA laboratory is SOC 2 Type 1 certified.

The certified Telehealth Proctor guides the user through the test, helps evaluate the results and the eMed platform reports the result to public and state health agencies through standard interfaces. The password-protected, CLIA-waived lab report is also sent to the individual via email. eMed follows the NIST framework, has routine internal security audits, and maintains all relevant certifications.



Appendix I - eMed Leadership Team



Patrice Harris, MD, CO-FOUNDER AND CHIEF EXECUTIVE OFFICER

Past President, American Medical Association (AMA). Former Public Health Director, Fulton County, Georgia. Visiting Professor, Columbia University, Vagelos College of Physicians and Surgeons; Department of Psychiatry



Mitchell Morris, MD, PRESIDENT

CEO, Optum Advisory Services, UnitedHealth Group. Vice Chairman, Global Industry Leader, Life Sciences and Healthcare, Deloitte. Chief Information Officer, Senior Vice President, The University of Texas MD Anderson Cancer Center. Professor Gynecologic Oncology and Health Services Research, The University of Texas MD Anderson Cancer Center. Professor (adjunct), School of Biomedical Informatics, UT Health, Houston



Michael Cole, CHIEF FINANCIAL OFFICER

Managing Director at Madison Dearborn Partners, \$23 billion private equity firm. Successful investment track record over many years in Tech Services and Health Care. Member or Observer on 15 corporate boards. Healthcare investment experience at leading firms, including Bear, Stearns & Co. Inc.



Kurt Hammond, CHIEF GROWTH OFFICER

Global VP of Partnerships and Business Development, IBM Watson Health
Chief Sales and Marketing Officer, Merge Healthcare



Michael Mina, MD, PhD CHIEF SCIENCE OFFICER

Former Associate Professor of Epidemiology, Immunology, and Infectious Disease at Harvard T.H. Chan School of Public Health. Core faculty member of the Center for Communicable Disease Dynamics (CDD) Associate Medical Director in Clinical Pathology at Brigham and Women's Hospital, in the Harvard Medical School. Leading voice on rapid testing during COVID-19 pandemic.



Sam Miller, PhD, PRESIDENT, eMed LABS

Engineer, National Aeronautics and Space Administration (NASA). Co-founder and VP, Magic Leap. Innovation and advanced technology leader with 50+ patents and many first-to-market technologies.



Appendix II - Aggregate Data Dashboards

Track volume, usage, test positivity, telemedicine and prescription funnel and more.





Appendix III - Ohio Success Story



State Testing Program

Situation

- Throughout the pandemic, the State of Ohio leveraged testing programs as a key component to identifying community spread, isolating positive cases, and keeping its residents safe.
- The State of Ohio purchased millions of rapid at-home antigen tests from eMed in January 2021.
- They wanted to set up an infrastructure that would make rapid testing broadly accessible in all parts of the state, including in areas that had previously been hardest to reach with site testing.

Solution

- The state distributed the tests to local health departments, K-12 schools, universities, federally qualified health centers, libraries, and others to make the tests available, free of charge, to anyone in their community. A landing page for users was established to enable a streamlined workflow and improve data access ohio.emed.com.
- eMed-enabled at-home rapid antigen tests made testing much more accessible in each of Ohio's 88 counties, as they could reach more parts of the state and be executed with non-clinical community organizations for testing.
- The validation, verification, and reporting component of eMed's testing procedures have relieved school officials from having to set up and execute their own testing protocol.
- Because the tests are proctored through telehealth sessions, it has enabled the State of Ohio to rely on the results for purposes such as ending quarantine and facilitating travel, making them highly useful for its population.

"In schools, the ability to relieve our school officials of the need to manage CLIA waivers, provider orders, test administration, and result reporting – all of which are managed by eMed with these tests – has addressed many of the logistical challenges that we have seen to testing in schools throughout the pandemic."

- Mark Hamlin, Ohio Public Health Policy Advisor