Point32Health
1 Wellness Way
Canton, MA 02021
point32health.org

Instructions: Below are the questions on the Innovation Challenge online application form. Please submit final submissions via the online application form by June 22nd at 11:59 PM for consideration.

Company Information: *(Required)*			
Company Name		**Innovation Name**	
Physical Address			
E-Mail Address			
Website URL			
Social Media			
Individual Contact Information: *(Required)*			
Name		**Title**	
E-Mail		**Phone**	
☐*Click this box if you've included an attachment of additional contacts*			

General Information *(Required)*	
Organization Total FTE Count	
Total capital raised from grants, angel investors, venture capital, and other outside funding sources:	
Organization revenue range raised over the past twelve months:	

Select your company stage:

☐**Discovery** - Early-stage health startup with an idea and a team, but still need to build a viable product or revenue stream.

☐**Development** - Startup with an idea, and likely with funding, but not yet with a viable product or activated business model.

☐**Deployment** - Startup with a minimum viable product, ready to engage with customers through strategic partnerships, further demonstrations, or an early customer experience. Active, vetted business model, annual revenue generated.

☐**Distribution** - Scaling startup with staff, revenue, and a stress-tested product. Typically, $3 million or greater in annual revenue, and multiple professional references.

Goal:	
What is the company mission statement? *(Required)*	
Does your solution address health inequity? If so, please describe.	
In which area of healthcare does your innovation seek to address a healthcare challenge? *(Required)*	☐ Behavioral Health ☐ Chronic Disease Management ☐ Maternal Child Health ☐ Oncology ☐Pain Management ☐SUD/OUD ☐Other:

Please describe your selection above:	
What technology is used to deliver care? *(Required)*	☐Medical Device ☐Precision Medicine ☐Wearable Device ☐Virtual Reality ☐Remote Monitoring ☐Telehealth ☐Digital Therapeutic ☐Other:
How is your solution innovative?	
Please describe the end-to-end workflow of your solution.	
Please share current engagement and retention experience with your solution.	
Please check if you company minority, veteran, woman owned.	☐ Yes ☐ No
Does your company comply with the Health Insurance Portability and Accountability Act (HIPAA) and other privacy and security federal and state laws?	☐ Yes ☐ No
Please indicate if your innovation improves one or more of the following:	☐ Patient Care ☐ Population Health ☐Healthcare Cost ☐Provider Experience
Please describe:	
Clinical Evidence:	
Is there data available that demonstrates safety and efficacy? If so, please provide as attachment or URL	☐ Yes ☐ No
Is your solution supported by real-world evidence and/or patient reported outcomes? Please describe.	☐ Yes ☐ No
Is your solution supported by clinical guidelines and/or standard of care? Please describe.	☐ Yes ☐ No
Has your solution received any regulatory clearance?	☐ Yes ☐ No
Add any URLs to support the above or attach with submission.	
Market Feasibility	
Please describe your partnership(s) with other payers or healthcare systems.	

Do you have experience working in the states below? ☐ CT ☐ MA ☐ ME ☐ NH ☐ RI Please describe:	
If awarded this grant what would a pilot with Point32Health look like?	
Does your solution require access to the Point32Health provider network, or does it have its own network of providers? Please describe.	
Is there a demo or prototype available for your solution? If so, please describe.	☐Yes ☐ No
Market comparison:	
Describe how your innovation compares to other similar existing solutions. Please include advantages and disadvantages.	
Costs:	
What direct costs are associated with the solution?	
What additional costs are associated with the solution?	
What potential savings could be realized with the solution?	
Considerations:	
Is there anything else you'd like us to know when considering your solution for a pilot with Point32Health?	
Please confirm your commitment to: *(Required)*	
Attend scheduled meetings:	☐Yes ☐ No
Attend an on-site symposium:	☐Yes ☐ No