Per plan, Per Payer Analytics

This is the data that we're currently missing in the [Redacted]/[REDACTED_2] data set, and it represents probably our fastest initial way to some sort of revenues. There are a *lot* of companies that offer third-party plan analytics and auditing, but there are no (to our knowledge) companies who can bring the plan audit into the C-suite with them on the first call. Having the data available means that we can scan plans ahead of time, find the ones with the most problems and the most recovery opportunities, and then build deep analytics on those plans that we can have available when we first contact them. This gives us a strong close, and if we partner with a firm that specializes in recovery, we're offering a soup-to-nuts complete solution. This is something that we would wrap around [REDACTED_3] for ERISA-type audits of medical plans and build the relationship so that we collectively receive a portion of the recovery. For other types of plans and audits, we would do everything ourselves and refer litigation and recovery to other firms. There are significant market differentiators associated with using the data this way:

1. No other firms already have the medical transactions of the clients. This is a huge value-add, and the CAA is making transparency important – they're doing our client education for us. Without exception, however, every other competing firm has to educate the client on their rights to their data, help them build a demand letter, push it all through HR and their broker, and then help them deal with push-back from their TPAs

and other service providers. With a statistically significant data cross-section already on-hand, we short-circuit all of that, and walk in with all the answers during the first meeting

– then we can talk about recovery.

2. With the data, not only do we already have the client data available for analytics, we can do comparative analytics with other plans by facility, by outcomes, by pricing / spend, by zipcode, etc.; there are no other firms who can offer this, unless they also partnered with a clearinghouse, and I'd bet anything there are no other clearinghouses that are exploring anything like this.

3. With the CAA now active as of Jan 1, 2023, and the race to transparency, companies

are becoming interested in acquiring their own data – we're already hearing about it in

Data-Centric Service Lines

client meetings with [REDACTED_3]. With the [Redacted]/[REDACTED_2] data, we're in a unique position to

offer the deidentified data (with all of the [Redacted]/[REDACTED_2]-specific business process fields

removed) as part of the engagement; they receive the transactions that they have legal

access to, and everyone gets paid.

4. Extremely rapid and effective sales cycle. Consider the process:

a. Other firms: Make calls, try to close a meeting over the phone. Get into the C-

suite, explain their service line. If there's interest, the other firm will very likely

have to assist the client in acquiring their own data (costs associated, and it'll

likely take weeks). *If* the data provided by the TPA or other entity is proper, not

redacted, and hasn't been 'adjusted', then the Other Firm can build their analytics

and deliver a work product and get paid. If there are recovery opportunities, they

can discuss those with the client.

b. [Redacted]/[REDACTED_2]/Hagimo/[REDACTED_3]: First, mine the data in a specific geographic area,

and do a top-level assessment by plan or TPA; select the most egregious

offenders and run deep analytics on their plan before ever reaching out to them.

Make the call, armed with top level information like 'In 2022, your plan overpaid

by more than $265,000 – we'd like to talk to you about recovering those monies

at no cost to you', etc. This is a much more powerful message. At the initial

meeting, we *already* have the analytics – we can close and get paid

immediately, and already have a recovery plan and a demand letter ready to go.

5. Extremely effective deliverables. Because we have their transactions in bulk, we can

calculate recoveries and inefficiencies much faster than other firms, and as we're not

working with a 'statistical sample' like BCBS and other large TPA's agree to provide, we

find more recoverables, more inefficiencies, more opportunities to tune and improve,

and we can do it all far faster than our competitors.

Note that Per Plan Per Payer service line work products depend on repairing the missing

[Redacted] payer and plan-level data (currently underway); With this data properly integrated

the PPPP service line will be ready to take off. Also, note that [REDACTED_3]/Hagimo only purchased

Tennessee, Texas, and Florida; we collectively already have leads and targets in Georgia,

New York, California, and other states – with our contemplated data partnership model, it

will make better financial sense for [REDACTED_3] and similar firms to simply purchase a working set

on a per-client (per plan or per payer/TPA) basis directly from [Redacted]/[REDACTED_2]/Hagimo, and

Hagimo can build their work product in-house (since we created it all anyway) – no data

needs to go out the door, turnaround is faster, and it's a recurring revenue stream. And

there will be other [REDACTED_3]'s.

Please find attached in this package file Integrity.000000000.00000.7.pdf, one of the

deliverable service line reports [REDACTED_3] rendered for [Redacted_4] Company. This report used

data requested from their TPA's, and from Hagimo LLC – No [Redacted]/[REDACTED_2] data was used,

due to the current limitations with plan-level data.