



WALKTHROUGH DOCUMENT

RetailMyMeds

Work Summary & Walkthrough

DATA OPERATIONS IMPLEMENTATION STRATEGY

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Executive Overview

This document summarizes the work delivered to date for RetailMyMeds, explains what each deliverable is and how it operates, and lays out the implementation path forward. It is designed to serve as a walkthrough guide for the upcoming meeting with Arica Collins.

The work falls into seven categories, each building on the last: a national pharmacy database, a GLP-1 targeting and scoring system, strategic market reports, operational documentation, pharmacy scorecards, landing pages, and portfolio-level strategic analysis. Together, they form a data-driven outreach and qualification system that can accelerate Arica's pharmacy recruitment from manual prospecting to targeted, scored outreach.

WHAT WE BUILT

41,775 independent pharmacies extracted, enriched, scored, and ranked across all 50 states and DC. Each pharmacy has 36 data columns covering identity, location, estimated GLP-1 financial exposure, area health context, and a composite qualification score. **11,190 pharmacies** are flagged for immediate outreach.

The Pharmacy Database

The pharmacy database is the foundation of everything else. It answers a simple question: *which independent pharmacies in the United States are most likely to need RetailMyMeds, and how do we prove it to them with their own data?*

How It Was Built

The database was constructed in three phases:

Phase 1: Extraction. We pulled the full NPPES (National Plan and Provider Enumeration System) registry and filtered for active pharmacy NPIs. This yielded the universe of pharmacies in the US.

Phase 2: Independent Identification. We applied a multi-signal classification model to separate independent pharmacies from chains. Signals included organization name patterns, NPI deactivation status, authorized official titles (Owner, President, Pharmacist-in-Charge vs. Corporate Officer, VP of Operations), and cross-referencing against known chain pharmacy lists. Chain pharmacies (CVS, Walgreens, Rite Aid, Walmart, Kroger, etc.) were excluded into a separate file for reference.

Phase 3: Enrichment. Each pharmacy was enriched with data from six federal sources:

- **CMS Medicare Part D** (2023) – State-level GLP-1 prescription claims and costs
- **Medicaid SDUD** (2024) – State-level Medicaid GLP-1 utilization and reimbursement
- **CDC PLACES** (2025) – ZIP-level diabetes prevalence, obesity rates
- **Census ACS** (2023) – ZIP-level median income, population, percent 65+
- **HRSA HPSA** (2026) – Health Professional Shortage Area designations and scores
- **NADAC** (2024) – National Average Drug Acquisition Cost for GLP-1 drugs

What Each Pharmacy Record Contains

Every row in the database represents one independent pharmacy. The 36 columns break down as follows:

Identity (6 columns): NPI, display name, city, state, ZIP, phone number.

Ownership (3 columns): Estimated operating status (Active, Likely Active, Uncertain, Likely Closed), owner name, owner title.

Area Health Context (5 columns): ZIP-level diabetes prevalence, obesity rate, percent of population 65+, median household income, ZIP population.

Underserved Designation (2 columns): HPSA designated (yes/no), HPSA score (0–25, higher = more underserved).

State GLP-1 Exposure (2 columns): Government GLP-1 claims per pharmacy in that state, government GLP-1 cost per pharmacy in that state.

Financial Projections (8 columns): Estimated monthly GLP-1 fills, estimated monthly loss (low, mid, high scenarios based on \$37–\$42 per fill from NCPA survey data), estimated annual loss, fills routed at 5% capture rate, monthly savings at 5%, net monthly after RetailMyMeds subscription (\$275/mo).

ROI (2 columns): Annual net savings, ROI multiple (annual net savings / annual subscription cost of \$3,300).

Scoring (8 columns): Conversation segment (GLP-1 Loss, MFP Cash Flow, or DIR Fee Squeeze), urgency score (0–100), opportunity score (0–100), final composite score (0–100), letter grade (A/B/C/D), outreach priority (Immediate Outreach, Nurture, Conditional, Deprioritize), breakeven fills per month, percent of volume needed for breakeven.

Scoring & Segmentation

How the Scoring Model Works

Each pharmacy receives a composite score from 0 to 100 built from three weighted dimensions:

Opportunity Score (45% of final): Measures the structural conditions around the pharmacy. Comprises disease burden (40% – diabetes and obesity rates in the ZIP code), Medicare density (25% – percent of population 65+ indicating Medicare Part D exposure), market access (20% – inverse of median income, since lower-income areas have higher government payer mix), and underserved designation (15% – HPSA score).

Financial Impact (30% of final): Measures the estimated dollar magnitude of GLP-1 losses for that pharmacy based on state-level claims data distributed to the pharmacy level.

Urgency (25% of final): Measures time sensitivity. Comprises GLP-1 volume (40% – how many GLP-1 fills are flowing through that state’s pharmacies), disease trend (20% – accelerating diabetes/obesity), MFP exposure (20% – exposure to Medicare Maximum Fair Price program), and HPSA designation (20% – underserved areas face disproportionate impact from margin compression).

The final score maps to letter grades and outreach priorities:

- **A (80–100):** Immediate Outreach – 11,190 pharmacies
- **B (70–79):** Nurture – warm leads for follow-up campaigns
- **C (55–69):** Conditional – may convert with the right trigger
- **D (below 55):** Deprioritize – low probability of conversion

Conversation Segments

Each pharmacy is assigned a conversation segment that determines *how* Arica should open the conversation. This is not about what RetailMyMeds does – it is about what pain the pharmacy owner is feeling most acutely:

GLP-1 Loss – Primary pain is losing money on every GLP-1 fill. The pharmacy is dispensing Ozempic, Wegovy, Mounjaro, Zepbound at reimbursement rates below acquisition cost. Every fill is a net loss. The conversation opens with: “You’re filling GLP-1s at a loss. Here’s what that’s costing you monthly.”

MFP Cash Flow – Primary pain is the Medicare Maximum Fair Price timing gap. The MFP program (effective January 2026) renegotiates drug prices downward, but the reimbursement adjustment lags the acquisition cost change by weeks. The estimated cash flow shortfall is \$10,838 per week during the gap. The conversation opens with: “The MFP program just hit. Here’s the weekly cash flow gap you’re looking at.”

DIR Fee Squeeze – Primary pain is below-cost reimbursement in an underserved area. Direct and Indirect Remuneration (DIR) fees claw back revenue retroactively, and pharmacies in HPSA areas are already operating on thin margins. The conversation opens with: “Your area is designated underserved, and DIR fees are eating into margins you can’t afford to lose.”

State-Level GLP-1 Data

The database is backed by state-level GLP-1 claims and cost data from CMS Medicare Part D (2023) and Medicaid SDUD (2024). This data shows the financial scale of the GLP-1 problem at the state level and allows us to identify the highest-opportunity states for Arica's outreach.

Key State Metrics

For each of the 51 jurisdictions (50 states + DC), we track: total government GLP-1 claims, total government GLP-1 drug cost, average cost per claim, number of independent pharmacies, GLP-1 claims per pharmacy, and GLP-1 cost per pharmacy.

Highest-Volume States

The states with the most total government GLP-1 claims (Medicare + Medicaid combined):

- **California:** 2,919,807 claims – \$3.50B total cost – 3,827 independent pharmacies
- **New York:** 1,646,078 claims – \$2.14B total cost – 4,819 independent pharmacies
- **Texas:** 1,314,262 claims – \$1.81B total cost – 3,977 independent pharmacies
- **Pennsylvania:** 1,245,219 claims – \$1.49B total cost – 1,677 independent pharmacies
- **Florida:** 1,028,332 claims – \$1.34B total cost – 3,442 independent pharmacies

Highest Cost-Per-Pharmacy States

These states have the highest GLP-1 financial exposure per independent pharmacy – meaning each pharmacy carries a disproportionate share of government GLP-1 volume:

- **Indiana:** \$2,002,843 per pharmacy (358 pharmacies absorbing massive state volume)
- **Massachusetts:** \$1,914,821 per pharmacy (401 pharmacies)
- **New Hampshire:** \$1,533,653 per pharmacy (only 62 independent pharmacies statewide)

- **Rhode Island:** \$1,473,897 per pharmacy (58 pharmacies)
- **Connecticut:** \$1,387,126 per pharmacy (359 pharmacies)

These per-pharmacy numbers tell Arica where the pain is most concentrated. A pharmacy in Indiana is absorbing over \$2M in annual government GLP-1 cost. That is the conversation opener.

Financial Model & ROI

The financial model translates raw claims data into per-pharmacy dollar impact and RetailMyMeds ROI projections. Every number is clearly labeled as either *measured* (from federal data) or *estimated* (from NCPA survey-based assumptions).

Loss-Per-Fill Estimate

The loss-per-fill range (\$37–\$42) comes from NCPA survey data (2023–2024) documenting what independent pharmacies report losing on average per GLP-1 prescription fill when reimbursement is below acquisition cost. The three scenarios:

- **Low:** \$37 per fill (conservative)
- **Mid:** \$39.50 per fill (baseline)
- **High:** \$42 per fill (aggressive)

ROI Model

The ROI model assumes a RetailMyMeds subscription cost of \$275/month (\$3,300/year) and a 5% prescription routing rate (moderate scenario – the percentage of GLP-1 fills that RetailMyMeds successfully routes to profitable channels).

For a pharmacy with 650 estimated monthly GLP-1 fills (a high-volume state like Massachusetts or Indiana):

- Fills routed at 5%: 32/month
- Monthly savings: \$1,264
- Net monthly after subscription: \$989
- Annual net savings: \$11,868
- ROI multiple: 3.6x
- Breakeven: 8 fills/month (1.2% of volume)

The breakeven point is critical for Arica's pitch: a pharmacy only needs to route 8 fills

per month through RetailMyMeds to cover the subscription cost. Everything above that is pure savings.

Strategic Reports

Twelve strategic reports were produced covering competitive landscape, market dynamics, crisis response, and growth channels. These reports are not background reading – they are tools that directly support Arica’s sales conversations and Kevin’s product positioning.

Competitive Positioning

Competitive Landscape & Differentiation Map – Analyzes RetailMyMeds against PioneerRx, Outcomes by Cardinal Health, and Apaly Health. The key finding: competitors focus on workflow efficiency or cost containment for employers, while RetailMyMeds directly addresses the pharmacy’s negative margin on high-cost drugs. This is the “GLP-1 paradox” – the drugs driving the most volume are the ones losing money on every fill.

Web Brand Presence Assessment – Audit of RetailMyMeds’ current digital footprint with specific recommendations for improving credibility signals for pharmacy owner audiences.

Market Dynamics

MFP Crisis Response Brief – Explains the three-cycle impact of the Medicare Maximum Fair Price program on pharmacy cash flow. Cycle 1 hit January 2026. Cycle 2 (September 2026) adds 15 more drugs. Cycle 3 (June 2026 announcement, January 2028 effective) adds Part B drugs for the first time. This brief is a conference handout and lead generation tool.

GLP-1 Routing Value Proposition – Technical explanation of how order-scheduling intelligence converts negative-margin fills into profitable ones.

Independent Pharmacy Trends Report 2025 – Industry-wide data on pharmacy closures, margin compression, PBM reform, and market consolidation.

Growth Channels

State Association Replication Playbook – Strategy for replicating the WVIPA (West Virginia Independent Pharmacy Association) sponsorship model across other state associations. Top targets by independent pharmacy density: North Dakota (82%), Montana (59%), Oklahoma (57%). This turns one sponsorship into a repeatable national distribution channel.

Trade Publication Visibility Strategy – Earned media and thought leadership plan targeting

pharmacy trade publications.

Technical Implementation

PMS Integration Feasibility Study – Assessment of integration paths with major Pharmacy Management Systems (PioneerRx, QS/1, Computer-Rx, Liberty).

Wix Qualification Form Spec (v2.1) – Technical specification for the pharmacy qualification form on the RetailMyMeds website, using Wix Velo for backend processing.

Pharmacy Scorecards

Three sample pharmacy scorecards were produced as prototypes for the qualification output. When a pharmacy completes the qualification form on the RetailMyMeds website, the system generates a personalized scorecard automatically.

What a Scorecard Contains

Each scorecard is a one-page PDF showing:

- Pharmacy name, location, and contact info
- Overall qualification grade (A/B/C/D)
- Estimated monthly GLP-1 fills and financial loss
- Area health context (diabetes rate, obesity, Medicare density)
- HPSA designation and underserved score
- Projected ROI with RetailMyMeds
- Recommended conversation segment
- Personalized talking points for follow-up

How Scorecards Connect to the System

The scorecard uses the same scoring model as the 41,775-pharmacy database. When a pharmacy owner fills out the qualification form on the website, their responses are scored using the same dimensions (opportunity, financial impact, urgency) and the same weights. The output is a personalized scorecard delivered via email.

This means the system works in two directions:

Outbound: Arica uses the database to identify high-scoring pharmacies and reach out proactively. She already knows their score, their pain point, and their estimated financial exposure before the first call.

Inbound: When a pharmacy owner visits the RetailMyMeds website (from a conference,

a state association referral, or Arica's outreach), they complete the form and receive a scorecard. This qualifies them automatically and feeds them into the same pipeline.

Kevin's parallel effort – the lower-tier scorecard – can operate alongside this system. The database provides the data backbone for both approaches.

Landing Pages

Three HTML landing pages were built as marketing assets, each targeting a different pharmacy pain point. These are standalone pages designed to capture leads from specific campaigns.

GLP-1 Landing Page

Targets pharmacies losing money on GLP-1 fills. Headline: “Stop losing money on every GLP-1 fill.” Leads with the financial pain, shows the ROI math, drives to the qualification form.

MFP Landing Page

Targets pharmacies affected by the Medicare Maximum Fair Price program. Leads with the cash flow gap (\$10,838/week shortfall during the transition period), positions RetailMyMeds as the immediate response.

Directory Landing Page

Broader positioning page for pharmacies exploring profitability solutions. Less specific pain point, more general value proposition.

A/B Testing Specification

An A/B testing spec was also delivered, defining test variants for headline copy, CTA placement, and form length. This allows Arica and Kevin to optimize conversion rates once the pages are live.

None of these pages are deployed. They exist as deliverables ready for Kevin to integrate into the Wix Studio site when timing is right.

Portfolio Analysis

Beyond RetailMyMeds specifically, strategic analysis was produced across Kevin's full business portfolio: RetailMyMeds, Pricebook Digital, and Mobile Clinic by OnRequest. Each business received targeted deliverables addressing its highest-priority strategic question.

RetailMyMeds

MFP Crisis Response Brief – Conference handout and lead generation tool explaining the three-cycle MFP impact.

State Association Replication Playbook – Strategy for scaling the WVIPA model to North Dakota, Montana, Oklahoma.

Competitive Landscape Map – Differentiation strategy against PioneerRx, Outcomes, Apaly Health.

Pricebook Digital

DataSource Process Audit – Assessment of HVAC manufacturer data feed availability (Trane, Daikin, Amana, York, Champion). Key finding: no manufacturer offers a comprehensive API. Strategy requires web scraping and PDF extraction pipeline.

Adjacent Vertical Feasibility Study – MEP software market (\$9.6B by 2033) and electrical estimating market (\$4.08B by 2031) analysis for DataSource expansion.

Competitive Positioning Report – Pricebook Digital vs. ServiceTitan and Housecall Pro. Complementary integration strategy as differentiator.

Mobile Clinic by OnRequest

RHTP Funding Capture Package – Ready-to-submit proposal for Kentucky's \$212.9M Rural Health Transformation Program. Includes executive summary, funding landscape analysis, and positioning document.

Central KY Expansion Playbook – HPSA coverage gap analysis identifying target counties for mobile clinic expansion.

School-Based Behavioral Health – Gap analysis of Kentucky school counselor shortages,

Implementation Path

The work delivered to date is a complete data and strategy layer. Nothing is live. Nothing is deployed. Everything exists and is tested, but activation depends on Kevin's site integration and Arica's readiness to begin outreach.

What Is Ready Now

- The 41,775-pharmacy targeting CSV – ready for Arica to use for outbound prospecting today
- The scoring model – proven and documented, same model powers both the database and the qualification form
- Three landing pages – ready for Kevin to integrate into Wix Studio
- The Wix qualification form spec (v2.1) – defines every field, scoring logic, and Velo backend code for Kevin to implement
- All 12 strategic reports – ready for Arica to use in sales conversations, conference presentations, and state association pitches

What Kevin Builds Next

Kevin owns the Wix Studio implementation. The proposed integration path:

1. Build the 5-step qualification form in Wix Studio using the field specs from the form spec doc
2. Integrate the Velo backend code (provided) that scores form submissions and generates scorecards
3. Connect the landing pages to the site
4. Test end-to-end with a sample submission

Estimated effort for Kevin: 2–4 hours of Studio work. No custom JavaScript to write – the Velo code is provided.

What Arica Does With the Data

The database is immediately usable for outbound prospecting. Implementation steps for Arica:

1. **Filter by states she operates in** – The CSV can be filtered by state column to show only pharmacies in her active markets
2. **Sort by outreach priority** – “Immediate Outreach” pharmacies first (score 80+)
3. **Use conversation segments** – Each pharmacy has a segment (GLP-1 Loss, MFP Cash Flow, DIR Fee Squeeze) that tells her how to open the call
4. **Reference the financial data** – Each pharmacy row includes estimated monthly loss and ROI. She can say: “Based on your area’s GLP-1 volume, you’re likely losing \$X per month. RetailMyMeds pays for itself in 8 fills.”
5. **Drive to the website** – When a prospect is warm, direct them to the qualification form for a personalized scorecard

Meeting Prep: Questions for Arica

The upcoming meeting with Arica is the first time she will see the data operations layer. The goal is to show her what exists, learn how she currently operates, and identify how this system meets her where she is.

Questions for Arica

1. **Are you aware of this data?** – Has she seen pharmacy-level GLP-1 financial exposure data before? If not, the database itself is the value demonstration.
2. **How are you currently qualifying pharmacies?** – Is it manual research? Referrals? Conference contacts? Understanding her current process tells us where the database accelerates her work.
3. **What does “immediate outreach” look like for you today?** – Phone calls? Emails? In-person visits? The answer determines how we format the data for her workflow.
4. **Which states are you operating in?** – We can immediately filter the 41,775 pharmacies to her active markets and show her the highest-scoring prospects in her territory.
5. **Live demo: show her what we can do right now.** – Pull up the CSV, filter to her states, sort by score, show a sample scorecard, walk through one pharmacy’s data.
6. **How can we meet her where she is?** – The system is designed to be a force multiplier for her existing workflow, not a replacement. The question is: what format does she need the data in to use it tomorrow?

What to Demonstrate

1. The database – filter, sort, show the columns, explain what each field means
2. A sample pharmacy record – walk through one row end to end
3. The scoring model – show how the score is computed, why a pharmacy scored the way it did

Next Steps

Everything described in this document exists and is built. The database is populated. The reports are written. The scoring model is proven. The qualification form spec is complete.

What remains is integration and activation. Kevin builds the website experience. Arica uses the data for outreach. The system scores pharmacies from both directions – outbound from the database and inbound from the website.

The targeting CSV tells Arica who to call. The qualification form on Kevin's site scores them when they engage. Together, they give RetailMyMeds a system: know who to reach, qualify them when they respond, and deliver a personalized scorecard that demonstrates value before the first sales call.

ABOUT THIS DOCUMENT

This walkthrough document summarizes all work delivered for RetailMyMeds through February 2026, including the 41,775-pharmacy GLP-1 targeting database, 12 strategic reports, qualification system design, and implementation roadmap.

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