

# Portfolio

ANALYSIS

Pricebook Digital | Mobile Clinic by OnRequest | RetailMyMeds

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## Executive Summary

This report presents a strategic analysis of three businesses in Kevin McCarron's portfolio: Pricebook Digital (HVAC sales software), Mobile Clinic by OnRequest (mobile healthcare delivery), and RetailMyMeds (independent pharmacy profitability). Each occupies a distinct vertical but shares a common thread: technology-driven solutions for underserved professional niches.

The analysis draws on publicly available data, industry research, and initial conversations to identify growth opportunities, scaling challenges, and areas where strategic support could free Kevin's bandwidth for highest-value work.

The most time-sensitive finding centers on Mobile Clinic: Kentucky has secured **\$212.9 million** in federal Rural Health Transformation funding for 2026–2030,<sup>1</sup> with behavioral health explicitly named as a priority. This funding was approved in December 2025 — meaning Year 1 is active *now*. Mobile Clinic's existing Baptist Health partnership and operational infrastructure position it to capture a meaningful share, but early movers will define the delivery landscape.

### KEY THEMES

- Mobile Clinic sits at the convergence of three major tailwinds: a tripling global mobile clinic market,<sup>5</sup> \$50B in federal rural health funding,<sup>6</sup> and Kentucky's \$212.9M state allocation beginning in 2026.<sup>1</sup> The primary account is now full-time (five days/week), validating the subscription-based shared clinic model.
- Pricebook Digital has built a defensible data moat (Pricebook DataSource) that competitors cannot easily replicate. The integration strategy with ServiceTitan and Housecall Pro is strategically sound — complementary, not competitive.
- Kevin's bandwidth is the primary constraint across all three businesses. Offloading analytical, strategic, and operational planning work would unlock capacity for product development and relationship management.
- RetailMyMeds addresses the existential cash flow crisis facing 18,960 independent pharmacies — a \$103B market<sup>10</sup> where 96.5% of operators say PBM reimbursement threatens their survival.<sup>11</sup> The platform's mail-to-retail routing and order-scheduling intelligence is precisely what the Independent Pharmacy Trends Report (December 2025) identified as the most critical software need.<sup>11</sup>

## Portfolio Overview

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Kevin McCarron — a creative technologist with a Visual Communications Design background from the University of Dayton — operates across three distinct businesses, each serving a specialized B2B vertical. In addition to these ventures, Kevin maintains a Wix partnership that generates a steady pipeline of custom web development work through referrals.

The portfolio reflects a pattern of applying technology solutions to industries where incumbents have underinvested in tooling and where domain expertise creates significant barriers to entry.

Business	Description	Kevin's Role	Industry
Pricebook Digital	HVAC sales & pricing SaaS platform	Software Creator	HVAC
Mobile Clinic	Mobile healthcare delivery platform	President & Co-Founder	Healthcare
RetailMyMeds	Pharmacy profitability software	Technology Partner	Pharmacy

## Pricebook Digital

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Pricebook Digital provides cloud-based sales and pricing software for the HVAC industry, powered by a proprietary data warehouse called Pricebook DataSource. Kevin wrote the core software. The company is owned by Jon, a close friend of Kevin's, and has grown to over 50 team members across 12 states.

The platform serves two primary customer segments: **dealers** (via PricebookPlus, \$169/month) and **distributors** (via Pricebook Catalog). The dealer tool enables HVAC contractors to generate multi-option proposals in minutes — down from 30 minutes manually — with correct equipment matchups, pricing, warranties, rebates, and financing. Dealers report average revenue increases of \$1,500+ per sale.

The core differentiator is DataSource: a comprehensive database of HVAC equipment specifications, down to component-level detail (capacitor wattage, AHRI data, system matchups). This data layer is actively maintained by Pricebook's team and represents years of accumulated domain knowledge that competitors cannot easily replicate.

### Strengths

- **Data moat:** Pricebook DataSource contains manufacturer specs, system matchups, AHRI data, and component-level detail across all major HVAC brands (Trane, American Standard, Daikin, Amana, York, Champion). This is the product's defensible advantage.
- **Smart market positioning:** Pricebook integrates *into* ServiceTitan and Housecall Pro rather than competing with them. This complementary approach avoids a head-to-head fight with platforms valued in the billions.
- **Proven revenue impact:** Dealers report \$1,500+ average revenue increase per sale. This is a quantifiable ROI story that practically sells itself.
- **ShowSite:** The interactive customer-facing presentation tool (Best/Better/Good options with a "Buy Now" button) enables both in-home and remote selling — a capability that became critical post-COVID.
- **Strong reviews:** Capterra and Software Advice users highlight exceptional customer support and response times superior to competing software.

### Market Context

- **\$169/mo vs. \$250–500/tech/mo**

PricebookPlus pricing is significantly lower than ServiceTitan's per-technician model,<sup>15</sup> and unlike ServiceTitan, there is no \$5K–50K implementation fee.

- **50+ team members, 12 states (per Kevin McCarron)**

The company has scaled beyond startup phase into a mid-size operation. 100% remote workforce keeps overhead manageable.

- **Supported brands expanding**

Currently covers Trane, American Standard, Daikin, Amana, York, and Champion. Each new brand added to DataSource deepens the moat.

- **Complementary, not competitive**

Pricebook integrates *into* ServiceTitan (\$250–500/tech/mo, \$5K–50K setup)<sup>15</sup> and Housecall Pro rather than competing head-to-head. This is strategically sound: ServiceTitan is a field service management platform valued in the billions; Pricebook is the pricing intelligence layer that plugs into it.

## Opportunities

### STRATEGIC OPPORTUNITIES

- Adjacent verticals: plumbing and electrical contractors use similar quoting and supply-chain patterns. The DataSource model could extend to these trades.
- Distributor-side growth: Pricebook Catalog is described as “the most widely used system in the HVAC industry” for catalog management. Deepening ERP integrations could increase distributor lock-in.
- AI-assisted quoting: incorporating equipment recommendation logic based on home size, climate zone, and efficiency targets could further differentiate from manual competitors.

## Scaling Challenges

- DataSource maintenance requires ongoing manual curation as manufacturers update specs, pricing, and product lines.
- Kevin’s dual role as software creator and Wix partner across other businesses divides attention from product development.
- User-requested features (quote copying, install kit sharing between quotes) suggest incremental product gaps that could affect retention if unaddressed.

**QUESTIONS FOR KEVIN**

1. What is the current dealer and distributor customer count, and what does the growth trajectory look like?
2. How much of the DataSource maintenance is automated versus manual? This is a key bandwidth and scaling factor.
3. Are there plans to expand into adjacent trades (plumbing, electrical), or is HVAC the long-term focus?
4. What is Kevin's ongoing role in Pricebook's software development versus day-to-day operations?

## Mobile Clinic by OnRequest

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Mobile Clinic by OnRequest LLC operates a subscription-based mobile healthcare utilization platform, deploying Mercedes Sprinter vans (diesel) to serve rural and underserved communities in Kentucky. The model is straightforward: healthcare service providers subscribe to the utilization service, and as more vehicles get deployed and used, patient outcomes improve and provider economics strengthen. Kevin serves as President and Co-Founder alongside Buddy Stewart (CEO), a 40-year healthcare veteran and former Humana Corporate Director.

The primary account — anchored by a contract with Baptist Health in Richmond, Kentucky — is now going full-time at five days per week, a significant validation milestone. The vehicles operate as shared mobile clinics: multiple providers can subscribe to utilize the same fleet, maximizing asset utilization and lowering per-provider costs. Services include primary care and behavioral health for all ages, including K–12 students.

Kevin's stated expansion strategy is to move vehicles from Louisville into the central part of the state — not all of them, maintaining Louisville presence while extending reach into deeper rural territory. He has described this as a personal challenge, acknowledging the operational complexity of managing a geographically distributed fleet. The core thesis is compelling: inject rural communities with responsive, mobile healthcare, prove the model works, then “rinse and repeat” in new markets.

The leadership team brings exceptional healthcare credentials: John Morse (Provider Development Officer) holds a Wharton MBA and served as Kentucky's Secretary of Cabinet for Health Services. Steve Costello (Operations) has 35+ years at Humana. Cindy McGlothlen brings 40+ years of nursing practice.

**This is the business with the most significant near-term growth potential**, driven by a convergence of federal funding, state policy, and market demand that is arriving in 2026 — and a business model that is now proven at full-time operational capacity.

### Strengths

- **Full-time operational validation:** The primary Baptist Health account is now running five days per week — a major step from pilot to proven operation. Baptist Health is Kentucky's largest not-for-profit health system, serving Madison, Estill, Garrard, Jackson, and Lee counties.
- **Shared clinic model:** The subscription-based utilization approach means multiple healthcare providers can share the same fleet, driving higher asset utilization and better unit economics. More vehicles used equals better outcomes for providers and patients.
- **Social determinants of health (SDoH) alignment:** Mobile Clinic directly addresses SDoH barriers — transportation, geographic access, and care availability — that drive health disparities in rural Kentucky. This is not just a service model; it is a public health intervention, which positions the company favorably for government funding and health system partnerships.
- **Exceptional leadership team:** Combined 160+ years of healthcare experience. Buddy Stewart's Humana background, John Morse's state-level policy experience, and Steve Costello's operations expertise create a team that health systems trust.
- **Replicable model:** Kevin's “rinse and repeat” framing is accurate — one van, one driver, one

provider partner, one market. The modularity means each expansion is a copy of the proven playbook, not a reinvention.

- **All-ages behavioral health:** Serving K–12 students in addition to adults opens a distinct market segment aligned with a national legislative wave — 29 states passed 75 bills in 2025 addressing school-based behavioral health.<sup>9</sup>

## Market Context

- **\$3.1–5.25B global mobile clinic market (2024)**

Estimates vary by source (Precedence Research, Verified Market Research).<sup>5</sup> Projected to reach \$12–16B by 2034 at 11–12% CAGR. Regardless of baseline, the market is tripling in a decade.

- **\$50 billion federal Rural Health Transformation Program (2026–2030)**

All 50 states receive awards.<sup>6</sup> States must expand preventive, primary, maternal, and behavioral health services. Mobile clinics are a direct delivery mechanism.

- **Kentucky: \$212.9M over 5 years (approved December 2025)**

Kentucky's Rural Health Transformation Plan was accepted in full.<sup>1,2</sup> Priorities include behavioral health gaps, chronic conditions, and maternity care deserts. Year 1 funding is active *now* (February 2026).

- **137 million Americans (40%) live in Mental Health Professional Shortage Areas**

Rural behavioral health access is at the 31st percentile versus 63rd in urban areas.<sup>3,4</sup> Over half of U.S. counties lack a practicing psychiatrist.

- **Kentucky: 4th highest overdose death rate nationally (CDC, 2023)**

Kentucky's drug overdose crisis is among the worst in the nation,<sup>7</sup> with rural communities facing acute behavioral health access gaps. This creates both urgent need and political will for mobile treatment solutions.

- **Kentucky's plan includes “Rapid Response to Recovery” (EmPATH Model)**

Features mobile crisis response, telepsychiatry, and stabilization services<sup>1</sup> — this is precisely what Mobile Clinic provides.

## Opportunities

### STRATEGIC OPPORTUNITIES

- **Capture Kentucky RHTP funding:** The \$212.9M allocation<sup>1</sup> explicitly targets mobile and behavioral health services. Mobile Clinic should be positioned as a delivery partner for state-funded programs. The SDoH framing — addressing transportation barriers, geographic access gaps, and care deserts — aligns directly with the language in Kentucky's approved plan.<sup>2</sup>
- **Central Kentucky expansion:** Kevin's near-term plan to move vehicles from Louisville into the central part of the state deepens the rural health mission while maintaining Louisville operations. This geographic diversification also reduces dependence on a single market and positions for broader state-level contracts.
- **"Rural health messaging in a different way":** Kevin's own framing captures a genuine market positioning opportunity. Mobile Clinic is not a traditional rural health provider — it is responsive, on-demand healthcare that comes to the community. This narrative resonates with funders, health systems, and policymakers who are tired of the same clinic-expansion playbook.
- **School-based behavioral health:** 29 states passed 75 bills addressing school-based mental health in 2025.<sup>9</sup> Mobile Clinic's all-ages model already serves K–12 students — this could become a dedicated service line, particularly in districts without on-site counselors.<sup>8</sup>
- **Multi-state replication:** After proving the central Kentucky expansion, the "rinse and repeat" model extends to Cincinnati and Indianapolis. Both Ohio and Indiana receive their own federal RHTP allocations. Each new market follows the same formula: Sprinter van, driver, provider partner, subscription base.

## Scaling Challenges

- **Driver dependency:** When the driver is sick, Kevin personally fills in. This single point of failure must be resolved before the central Kentucky expansion can proceed safely. A second driver (or on-call pool) is a prerequisite.
- **Geographic distribution complexity:** Kevin has acknowledged this as a personal challenge — managing vehicles split between Louisville and central Kentucky increases logistical coordination, maintenance routing, and personnel management. The operational playbook for a distributed fleet needs to be documented before the move, not after.
- **Diesel fleet economics:** Sprinter vans on diesel fuel mean fuel costs are a meaningful operating variable, particularly as routes extend deeper into rural territory. Fleet expansion should model fuel, maintenance, and depreciation per-van to establish clear unit economics.
- **Provider partnerships in new territories:** Baptist Health anchors the Richmond contract. Expansion into central Kentucky (and eventually Cincinnati or Indianapolis) requires identifying and securing new health system partners in each territory.

- **Subscription model maturity:** The shared clinic model — where multiple providers subscribe to utilize the same fleet — needs defined pricing tiers, utilization targets, and SLA commitments to attract and retain provider subscribers at scale.

#### QUESTIONS FOR KEVIN

1. With the primary account at five days per week, what does the per-van revenue look like? How many additional provider subscriptions would make a second van self-sustaining?
2. What is the timeline for moving vehicles into central Kentucky? Have specific communities or provider partners been identified?
3. Is there a strategy to pursue Kentucky RHTP funding directly, or does that flow through Baptist Health? The SDoH framing could be central to a funding application.
4. How many provider subscribers are currently on the platform, and what is the utilization rate across the fleet?
5. Has Mobile Clinic explored partnerships with school districts for dedicated behavioral health routes, particularly in the central Kentucky expansion area?

## RetailMyMeds

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RetailMyMeds is a mail-to-retail cash flow management platform for independent pharmacies, founded by Arica Collins, PharmD (owner of Dyer Drug Co.). Kevin provides technology partnership for the platform.

The core problem: PBM (Pharmacy Benefit Manager) reimbursement on certain prescriptions — particularly brand-name and specialty drugs — has become net-negative for independent pharmacies. With **96.5%** of independent pharmacists reporting that PBM practices threaten their existence<sup>11</sup> and **40.8%** being reimbursed below acquisition cost on over 40% of Medicare Part D scripts,<sup>11</sup> the need for intelligent prescription routing is existential, not optional.

RetailMyMeds' solution operates on three levels: (1) it identifies money-losing prescriptions and routes them to mail-order fulfillment — shipped to the patient or back to the referring pharmacy — so the local pharmacy stops bleeding cash; (2) it schedules drug orders around PBM reimbursement timelines (30–60 day cycles), so pharmacies are not floating expensive inventory while waiting for payment; and (3) it is positioned as a consulting package that independent pharmacies can adopt to restructure their entire prescription economics.

*Note: The Independent Pharmacy Trends Report (December 2025)<sup>11</sup> documented these exact market pressures in detail. Section 9.2 of that report recommended that software platforms deliver “intelligent routing and cash flow forecasting” — RetailMyMeds is precisely that recommendation, already built and operational.*

### Strengths

- **Solves the #1 survival problem:** With 80.3% of independent pharmacists reporting declining financial health and 30.3% considering closure,<sup>11</sup> RetailMyMeds addresses the most urgent pain point in a \$103 billion market.<sup>10</sup>
- **Cash flow orchestration, not just analytics:** Most pharmacy tools show you the problem. RetailMyMeds acts on it — scheduling orders around reimbursement timelines to keep cash in-house rather than tied up in inventory waiting 30–60 days for PBM payment.
- **Founded by a pharmacist:** Arica Collins owns Dyer Drug Co. and built the solution from firsthand experience with below-cost reimbursements. Domain credibility is unimpeachable.
- **Flexible fulfillment:** Scripts route to mail-order but can ship to the patient’s door or back to the referring pharmacy — preserving the patient relationship while eliminating the financial loss.
- **Association traction:** Sponsor of the West Virginia Independent Pharmacy Association (WVIPA), validating the state-association distribution model.

### Market Context

- **~19,000 independent pharmacies, \$103B market (NCPA, 2023–2024)**

The independent pharmacy sector has stabilized at roughly 19,000 locations<sup>10</sup> despite chain closures (3,000+ in four years). Every one of these pharmacies faces the reimbursement crisis that RetailMyMeds solves.

- **Medicare MFP: \$10,838/week cash flow shortfall per pharmacy**

The new Maximum Fair Price reimbursement model (Inflation Reduction Act)<sup>12,13</sup> creates a delayed manufacturer refund mechanism that compounds existing PBM timing pressure. RetailMyMeds' order-scheduling logic directly mitigates this by aligning purchases to payment cycles.

- **GLP-1 paradox: 80% of revenue growth, negative margins**

GLP-1 medications (Ozempic, Wegovy, Mounjaro) drive massive prescription volume but pharmacies lose money dispensing them.<sup>19</sup> Intelligent routing of these high-cost, low-margin scripts is exactly what RetailMyMeds was built for.

- **PBM consolidation: top 3 control ~80% of market**

CVS Caremark, Express Scripts, and OptumRx dominate reimbursement rates.<sup>18</sup> PBM-affiliated pharmacies now capture 68% of specialty drug revenue (up from 54% in 2016).<sup>18</sup> Independent pharmacies need tools to compete — not on negotiating power, but on operational intelligence.

## Opportunities

### STRATEGIC OPPORTUNITIES

- State pharmacy association partnerships (WVIPA model) as a scalable distribution channel — replicate across all 50 states. Each association provides credibility, access to membership lists, and speaking opportunities.
- **Consulting package expansion:** Position RetailMyMeds not just as software but as a full prescription economics consulting service. Independent pharmacies need guidance on hybrid fulfillment strategy — the software is the tool, but the consulting relationship drives retention and upsell.
- Cross-referral with Mobile Clinic: independent pharmacies in rural areas served by Mobile Clinic's routes are natural RetailMyMeds prospects, creating a healthcare ecosystem play across Kevin's portfolio.
- **MFP crisis as tailwind:** The new Medicare cash flow shortfall (\$10,838/week per pharmacy)<sup>12</sup> is creating urgent demand for exactly the kind of order-timing intelligence RetailMyMeds provides. This is a narrow window to capture market share while pharmacies scramble for solutions.

## Scaling Challenges

- Competitive landscape requires further assessment. Pharmacy profitability tools are an active space — understanding differentiation against PioneerRx, Outcomes/Cardinal Health, and newer entrants is important for positioning.
- Scaling from association sponsorship to national adoption requires either a direct sales team or channel partnerships (GPOs, wholesalers, pharmacy management systems).

- Kevin's technology partnership role means the product roadmap is ultimately Arica's to drive. Clarifying the strategic influence and equity structure would help assess long-term positioning.

#### QUESTIONS FOR KEVIN

1. What is the current pharmacy client count and growth trajectory?
2. What does Kevin's technology partnership look like day-to-day — platform development, or web presence and marketing?
3. Is the consulting package model generating revenue independently, or is it bundled with the software?
4. Has Arica considered the data aggregation opportunity — anonymized prescription routing data across clients could be valuable for industry benchmarking?

## Cross-Portfolio Analysis

While Pricebook Digital, Mobile Clinic, and RetailMyMeds serve different industries, they share structural similarities that create both synergy opportunities and bandwidth tensions.

### Potential Synergies

#### WHERE BUSINESSES INTERSECT

- **Healthcare corridor:** Mobile Clinic and RetailMyMeds both serve healthcare verticals with overlapping geography. As Mobile Clinic expands from Louisville into central Kentucky, independent pharmacies along those rural routes are natural RetailMyMeds prospects — and pharmacies already using RetailMyMeds could refer patients to Mobile Clinic for in-home services. Both businesses address social determinants of health (access, transportation, affordability) — a shared narrative that strengthens grant and partnership applications for either company.
- **Technology pattern:** All three businesses apply technology to underserved professional niches. The playbook — deep domain data + intuitive tooling + niche go-to-market — is consistent and could be codified as a repeatable model.
- **Wix partnership as distribution:** Kevin's Wix partner status provides a pipeline of businesses needing custom web work. This is both a revenue source and a deal flow mechanism for identifying new niche opportunities.
- **Data moat pattern:** Pricebook's DataSource model (curated HVAC pricing data as the product moat) is a proven playbook that RetailMyMeds could replicate. Aggregated prescription routing and reimbursement timing data across pharmacy clients would create the same kind of defensible data asset — industry intelligence that competitors cannot easily replicate.

### Bandwidth Analysis

Kevin currently holds significant responsibilities across all three businesses, plus his Wix referral pipeline:

- **Pricebook Digital:** Software creator and ongoing technical contributor for a 50+ person company
- **Mobile Clinic:** President and Co-Founder, including operational duties (backup driver when staff is unavailable) and managing the central Kentucky expansion logistics
- **RetailMyMeds:** Technology partner supporting platform development and pharmacy consulting positioning
- **Wix Partnership:** Ongoing referral-based custom web development work — a steady pipeline

but also a steady draw on time

This breadth of involvement means Kevin's time is the scarcest resource in the portfolio. His Visual Communications Design background and creative technologist instincts are highest-value when applied to product vision and technical architecture — not operations or administrative tasks. Strategic and analytical work — market research, competitive analysis, grant and funding applications, operational process documentation — are high-value activities that can be delegated to free Kevin for product development, relationship management, and executive decision-making.

## How I Can Help

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The preceding analysis demonstrates a specific kind of work: structured market research, competitive positioning, policy tracking, and strategic framing — delivered as a finished document, not a conversation. Below is a concrete preview of what ongoing strategic support would look like for each business, drawn directly from the findings in this report.

### Mobile Clinic by OnRequest

#### RHTP FUNDING CAPTURE PACKAGE

Kentucky's \$212.9M Rural Health Transformation allocation<sup>1,2</sup> has been approved, with the Kentucky Cabinet for Health and Family Services (CHFS)<sup>25</sup> as lead agency. Disbursement mechanisms and application timelines are pending as of early 2026 but expected soon. The state's plan names mobile crisis response, behavioral health expansion, and SDoH-aligned delivery as priorities — Mobile Clinic checks every box. I would establish proactive monitoring of CHFS announcements, research the specific disbursement pathways (whether funds flow through CHFS, DMS, or directly to provider applicants), identify the decision-makers, and draft a positioning document that frames Mobile Clinic's Baptist Health partnership and five-day operational track record as evidence of delivery capability. The deliverable is a ready-to-submit funding proposal or partnership application — not a memo about why someone should write one.

#### CENTRAL KENTUCKY EXPANSION PLAYBOOK

Kevin has described the geographic expansion as a personal challenge. I would build the operational blueprint: map target communities against HPSA (Health Professional Shortage Area) designations and existing provider coverage, model per-van economics (fuel, maintenance, depreciation, driver costs) for extended rural routes, and draft a fleet distribution plan that maintains Louisville operations while establishing central Kentucky presence. This includes the driver recruitment strategy — role requirements, sourcing channels for CDL/medical transport drivers, and an on-call pool structure to eliminate the single-driver failure mode.

### SCHOOL-BASED BEHAVIORAL HEALTH SERVICE LINE

Twenty-nine states passed 75 bills addressing school-based mental health in 2025,<sup>9</sup> and Mobile Clinic already serves K–12 students. In Kentucky, nearly 9% of schools have no certified counselor and almost half do not meet the recommended student-to-counselor ratio.<sup>8</sup> I would identify districts in the expansion footprint with the most critical shortages, map their biennial budget cycles (2026–2027 decisions finalize spring 2026),<sup>24</sup> and draft a dedicated service line proposal that positions Mobile Clinic as the behavioral health partner for rural districts. The \$212.9M RHTP funding explicitly covers youth behavioral health — this is a single proposal that taps two funding streams.

### Pricebook Digital

#### DATASOURCE PROCESS AUDIT & AUTOMATION ASSESSMENT

The DataSource data moat is Pricebook's competitive advantage, but maintaining it across Trane, American Standard, Daikin, Amana, York, and Champion requires ongoing curation as manufacturers update specs and pricing. I would map the current maintenance workflow end-to-end — what is automated, what is manual, where bottlenecks exist, and where Kevin's personal involvement is required. The output is a process document with specific recommendations for reducing manual touchpoints, including whether manufacturer data feeds or structured scraping could partially automate spec updates.

#### ADJACENT VERTICAL FEASIBILITY STUDY

Plumbing and electrical contractors use similar quoting and supply-chain patterns to HVAC. The adjacent markets are substantial: MEP software is projected at \$9.51B by 2030,<sup>16</sup> electrical estimating at \$4.08B by 2031.<sup>17</sup> I would assess whether the DataSource model extends to these trades: how different are the data structures (equipment specs, matchup logic, pricing hierarchies), what is the competitive landscape in plumbing/electrical quoting software, and what would the minimum viable DataSource look like for a second trade. The deliverable is a go/no-go recommendation with market sizing, not a vague “we should explore this.”

#### COMPETITIVE POSITIONING REPORT

ServiceTitan charges \$250–500/tech/month with \$5K–50K implementation fees.<sup>15</sup> Housecall Pro operates in the same space. Pricebook's complementary integration strategy is smart, but the positioning story needs to be told clearly to dealers who don't yet understand the difference. I would produce a competitive analysis document that maps Pricebook against ServiceTitan, Housecall Pro, and any emerging HVAC quoting tools — including pricing, feature overlap, and the specific value of DataSource that no competitor can replicate. This becomes a sales enablement asset for Pricebook's team.

## RetailMyMeds

### MFP CRISIS RESPONSE BRIEF

The Medicare Maximum Fair Price program took effect January 1, 2026 with the first 10 negotiated drug prices,<sup>12</sup> and a second cycle publishes September 2026 with a third cycle (expanded scope) already initiated.<sup>14</sup> The cumulative cash flow pressure on pharmacies is intensifying with each cycle. RetailMyMeds' order-scheduling logic directly mitigates this timing gap. I would produce a concise market brief that quantifies the MFP impact across all three negotiation cycles, explains how RetailMyMeds' scheduling intelligence addresses it, and frames the platform as the urgent solution pharmacies need *now*. This is a marketing asset, a conference handout, and a talking point for Arica's association presentations — all in one document.

### STATE ASSOCIATION REPLICATION PLAYBOOK

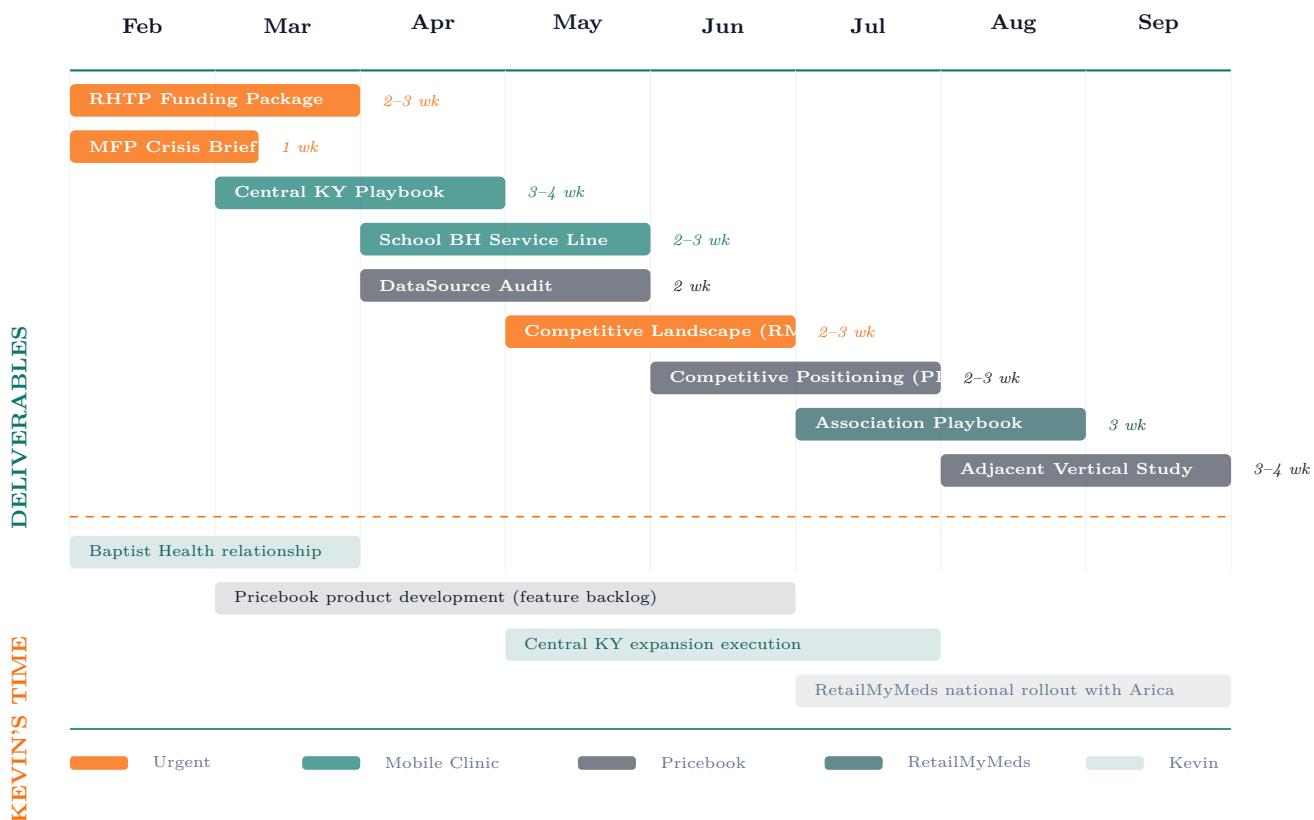
The WVIPA sponsorship validates the state-association distribution model. I would research the top 5 state pharmacy associations by independent pharmacy density — North Dakota,<sup>21</sup> Mississippi,<sup>23</sup> and Montana<sup>22</sup> lead — map their sponsorship structures and conference calendars, and build a replication playbook: outreach templates, sponsorship tier recommendations, and a presentation deck that Arica (or Kevin) can customize per state. The goal is to turn a single sponsorship into a repeatable national distribution channel.

### COMPETITIVE LANDSCAPE & DIFFERENTIATION MAP

PioneerRx, Outcomes/Cardinal Health, and newer entrants including Apaly Health<sup>20</sup> (whose Apaly Rx product directly targets GLP-1 routing) are active in the pharmacy profitability space. I would map the competitive landscape: what each tool does, where it falls short, and where RetailMyMeds' mail-to-retail routing and order-scheduling intelligence is genuinely differentiated. The GLP-1 paradox (80% of revenue growth, negative margins) is now attracting dedicated competitors — the window for positioning RetailMyMeds as the solution is narrowing, making this analysis time-sensitive.

## Proposed Timeline — 2026

The following timeline sequences all nine deliverables across 2026, prioritized by urgency and natural dependencies. Three items are time-sensitive: the RHTP funding capture and MFP crisis brief are front-loaded to March (funding windows are active now), and the RetailMyMeds competitive landscape analysis is elevated to May after identifying a direct GLP-1 routing competitor entering the market.



**Top track:** Deliverables produced by strategic support engagement. **Bottom track:** What Kevin gains bandwidth to focus on as each deliverable removes research, planning, and documentation from his plate. The sequencing reflects natural dependencies — the RHTP research informs the expansion playbook; the DataSource audit informs the adjacent vertical study. With parallel capacity, the top track compresses.

## ENGAGEMENT MODEL

Each of these proposals is designed to produce a finished, usable deliverable — a funding application, a competitive analysis, a market brief, an operational playbook. The format of engagement is flexible: project-based deliverables, a monthly retainer for ongoing research and strategic support, or a hybrid model that starts with the highest-priority items (the RHTP funding capture and MFP crisis brief are time-sensitive) and expands as value is demonstrated.

This report is itself a sample of the work — produced from publicly available data, a single conversation, and structured research. With access to Kevin's proprietary information, financials, and strategic priorities, the depth and specificity would increase substantially.

## Next Steps

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This report is a foundation for deeper engagement. The preceding section outlines nine specific deliverables with a proposed timeline. The following actions would begin that process:

1. **Review this report together** — Identify corrections, fill gaps in understanding, and prioritize which areas matter most. Some of the questions throughout this document may reshape the analysis significantly.
2. **Prioritize the timeline** — The proposed 2026 timeline sequences nine deliverables by urgency and dependencies. Kevin should identify which items are highest-value and whether the sequencing reflects his priorities. The RHTP funding capture and MFP crisis brief are time-sensitive; others can be reordered.
3. **Define the engagement structure** — Establish how ongoing strategic support works in practice — scope per deliverable, cadence of check-ins, and how Kevin wants to receive and review work product.
4. **Begin with the urgent items** — The RHTP Funding Capture Package and MFP Crisis Response Brief are front-loaded for a reason: the funding window and market timing are active now. Starting here delivers immediate, measurable value while establishing the working relationship.

The goal of this analysis is not to prescribe a path, but to demonstrate the kind of strategic research and structured thinking that can complement Kevin's deep technical and operational expertise. The businesses in this portfolio are well-positioned in growing markets. The constraint is not opportunity — it is bandwidth. Freeing Kevin to focus on what he does best is the highest-leverage move across the entire portfolio.

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## About This Report

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This report was prepared using publicly available information, industry market research, federal and state policy documents, and insights from an initial meeting with Kevin McCarron. All market data is cited from published sources including CMS, HRSA, NCPA, KFF, Precedence Research, and CDC. Claims were independently fact-checked against primary sources; where data ranges vary by publisher, ranges are noted. A complete source list appears on the preceding page.

Company-specific details (team size, state coverage, brand partnerships) reflect Kevin's direct statements and publicly available materials. These will be refined in subsequent versions with Kevin's input.

This is a draft document intended to initiate deeper strategic discussion. Subsequent versions will incorporate Kevin's feedback, additional proprietary information shared in confidence, and targeted research on priority areas.

Report generated using the Texume document platform (Jinja2 + L<sup>A</sup>T<sub>E</sub>X).

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<b>Prepared For</b>	Kevin McCarron
<b>Prepared By</b>	Matthew Scott
<b>Date</b>	February 2026
<b>Version</b>	v1.0 — Draft for Discussion

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