

EnSure.AI

ENSURING YOUR HEALTH WITH THE BEST THAT MONEY CAN BUY

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COMPANY DESCRIPTION

Mission Statement

Provide the best healthcare solution for every life that we touch.

Goals

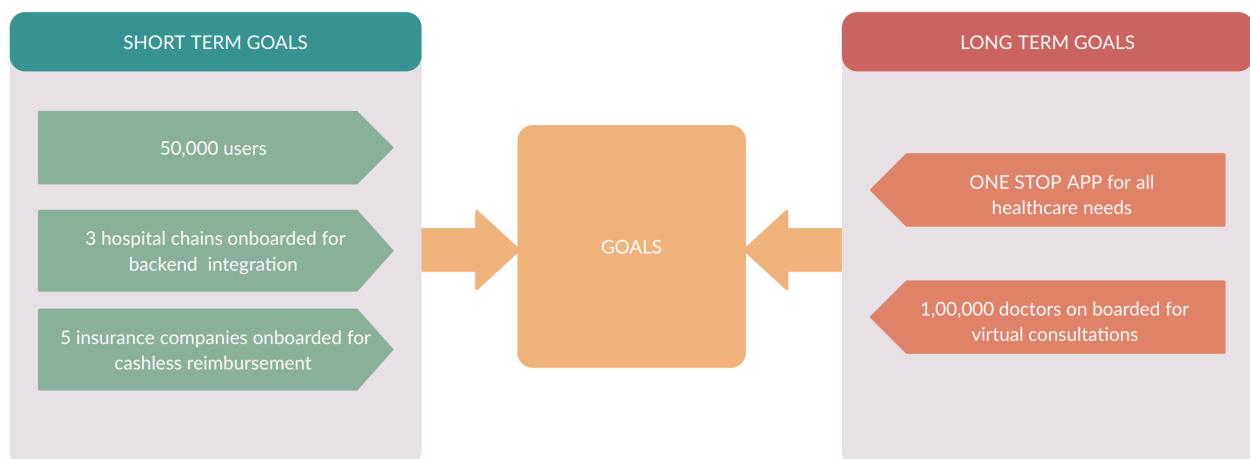
EnSure.AI (Ensuring your health with the best that money can buy) is a platform providing customer centric healthcare solutions including insurance solutions that aims to simplify in getting the best medical resolution to all the health-related queries as well extended to their loved ones.

Short Term (0-18 months)

- Enable at least 50,000 people to have a seamless experience right from consultations to hospitalization
- Tie up with 5 insurance companies to enable cashless treatments and cashless limits of the policy holder
- Tie up with 3 hospital chains to get medical history of the policy holder

Long Term (18-36 months)

- Become the one stop app for all your medical and insurance needs
- Enable virtual consultations and tie up with at least 1,00,000 doctors nationwide.



INDUSTRY

Industry Overview



Mobile technology is making huge inroads even in the healthcare space. mHealth (or mobile health) is commonly defined as the provision of health services through mobile technologies. mHealth is about leveraging mobile and wireless devices to improve health outcomes. The service could be as simple as using the mobile's SMS function to send alerts and reminders or leveraging inbuilt mobile sensors or apps to capture and interpret clinical data.

In India, there is considerable potential to leverage mHealth as an alternative healthcare delivery channel. Structural, financial and behavioural factors have created a significant need for such a channel. The structural issues are basic. The Indian patient base is rising and distributed. Access to even basic healthcare is a challenge because the supporting infrastructure and resources are inadequate. Financial constraints like rising healthcare costs and limited budget allocation for healthcare by the government further constrain the healthcare ecosystem in India. Behavioural factors such as change in lifestyle have resulted in newer types of diseases which require access to specialists who are few in number and cannot be reached through traditional means of healthcare delivery. Also, the population is getting more tech-savvy and demanding easier and convenient means to receive care.

Structural	
Rising patient base with limited access	Inadequate healthcare resources
Financial	
Rising healthcare costs	Limited budget allocation
Behavioural	
Changing disease types	Changing patient behaviours
Alternative healthcare delivery through technology interventions like mHealth	

Source: PwC analysis

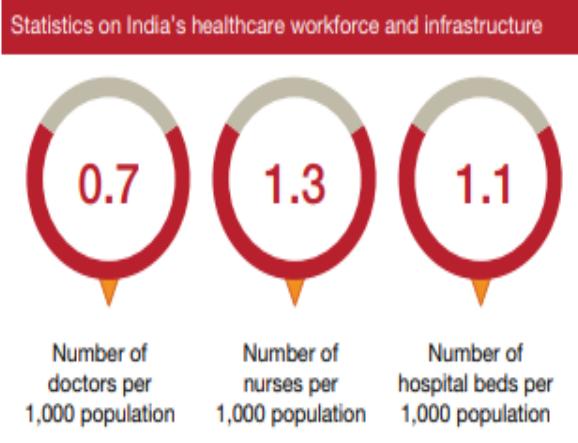


'Globally, mobile data traffic will grow 7-fold from 2016 to 2021, a compound annual growth rate of 47%. In India, mobile data traffic will grow 7-fold from 2016 to 2021, a compound annual growth rate of 49%.'

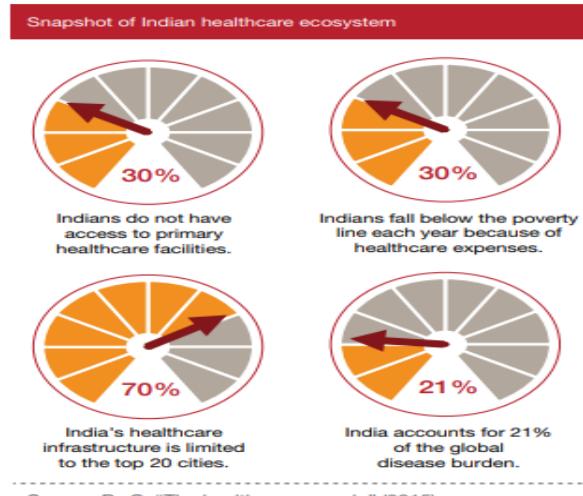
Source: CISCO, VNI Mobile Forecast Highlights, 2016-2021

Relevance of mHealth in India – Need for newer means of providing quality care

India needs newer and innovative ways like mHealth to provide care and compensate for the deficiencies of the healthcare workforce and infrastructure. The country does not meet the minimum WHO recommendations for healthcare workforce and bed density. A large segment of the population resides in rural areas, where the numbers are even worse. In particular, the low-income group lacks access to quality healthcare.

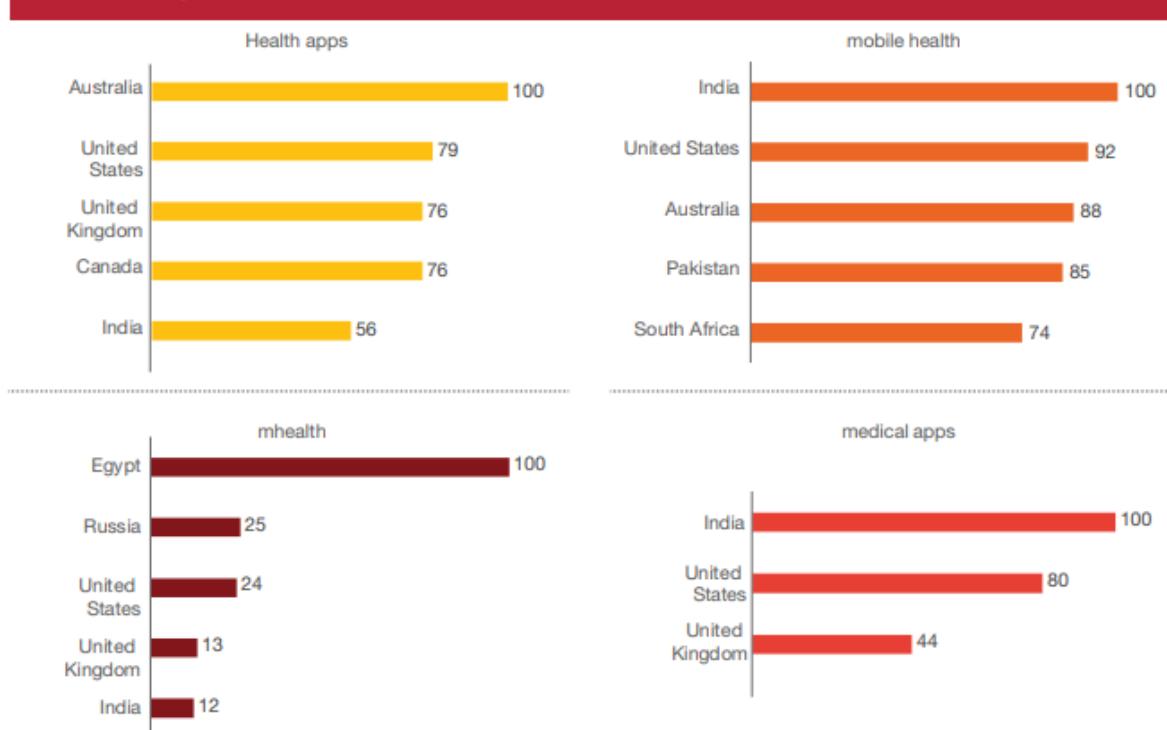


Source: PwC analysis



Source: PwC, "The healthcare agenda" (2015)

India ranks among the top 5 for mHealth-related searches



[\(Reference1\)](#)

In the fiscal year of 2019, over 472 million people across India were covered under health insurance schemes. Of these, the highest number of people were insured under government-sponsored health insurance schemes, while individual insurance plans had the lowest number of people. Overall, the penetration of health insurance in India stood at just around 35 percent in financial year 2018. [\(Reference\)](#)

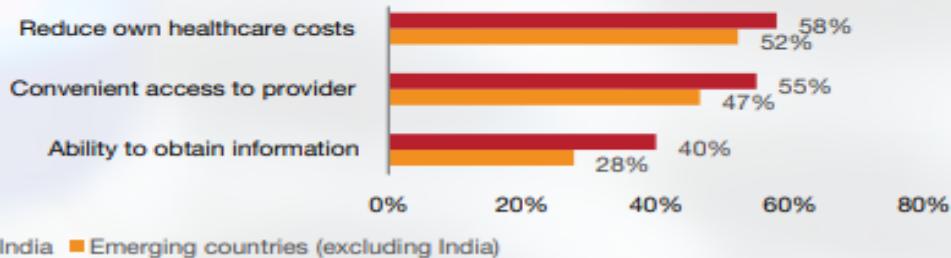
So there is still huge scope in the industry and the Government of India has taken number of initiatives to boost the insurance industry. The Government's policy of insuring the uninsured has gradually pushed insurance penetration in the country and proliferation of insurance schemes. Overall insurance penetration (premiums as per cent of GDP) in India reached 3.69 per cent in 2017 from 2.71 per cent in 2001.

Industry Growth & Outlook

Interest in leveraging mHealth as a means to improve health outcomes Unless there is an interest or demand, mHealth is unlikely to succeed. According to data gathered from Google Trends, a tool which helps understand the relative interest in a particular search term, India ranks among the top five countries for search terms like 'mobile health', 'health apps', 'medical apps' and 'mHealth'. This confirms that the Indian population is interested in mHealth. Additionally, there are some worrying statistics on the Indian healthcare ecosystem. In fact, a large segment of the population is deprived of even primary healthcare facilities. It is imperative to leverage newer ways to make quality and affordable healthcare accessible to everyone.

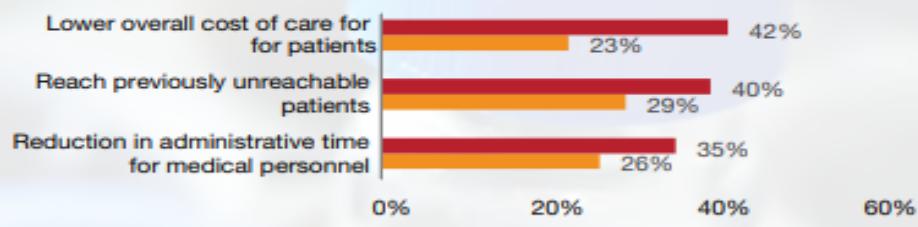
Factors driving providers and patients to leverage mHealth

Top drivers for patients to adopt mHealth in emerging countries and India



Source: PwC analysis based on EIU research (2012)

Top drivers for providers to adopt mHealth in emerging countries and India

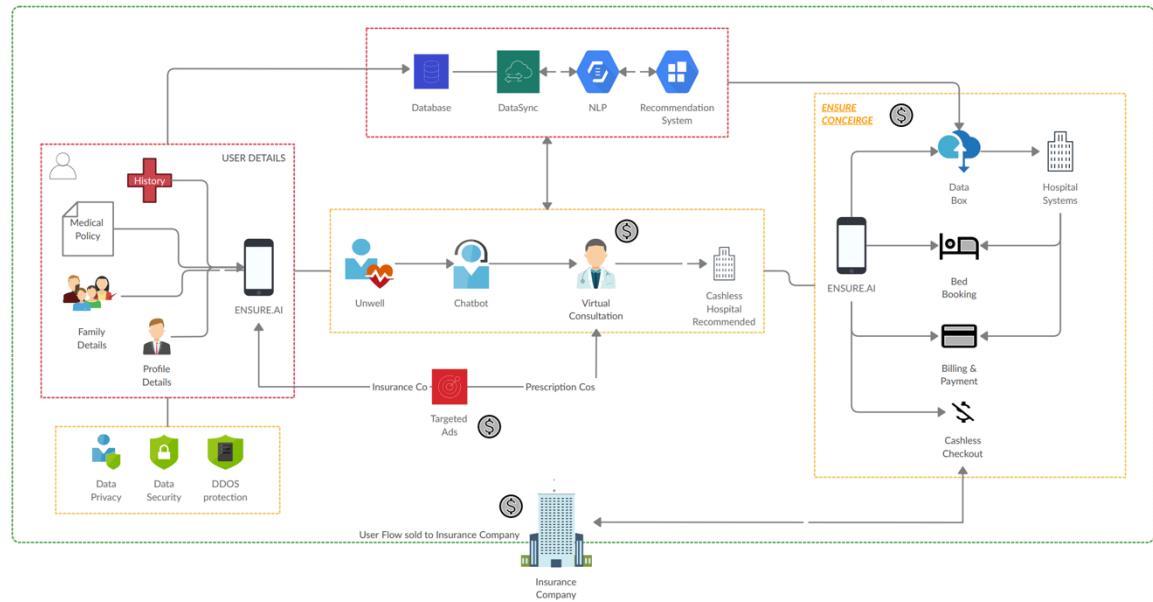


Source: PwC analysis based on EIU research (2012)

At the same time , the overall insurance industry is expected to reach US\$ 280 billion by 2020. Life insurance industry in the country is expected to increase by 14-15 per cent annually for the next three to five years. Demographic factors such as growing middle class, young insurable population and growing awareness of the need for protection and retirement planning will support the growth of Indian life insurance.

The health insurance industry in India is the fastest growing segment in the non-life insurance sector. The market witnessed a robust double digit growth of 24% in FY 17, with a market share of 24%, in the entire non-life insurance sector. It has been the fastest growing market segment, registering a CAGR of 23%, for the past 10 years. This phenomenal growth may be attributed to the liberalization of the economy and growing general awareness among the public on healthcare. The health insurance industry is at an embryonic stage, with roughly 25% of the population under its coverage. There exists a huge potential for growth and penetration of health insurance to a larger population.

SOLUTION AT A GLANCE



EnSure.AI is a platform which prioritizes the customer's health needs to map to the best insurance/health solutions available in the market and in turn share the customer journey to the insurance company so that claim filing becomes easy & as well in case of any doubts or fraudulent claims, this journey will come into picture.

Survey Responses on a Health APP ([Reference2](#))

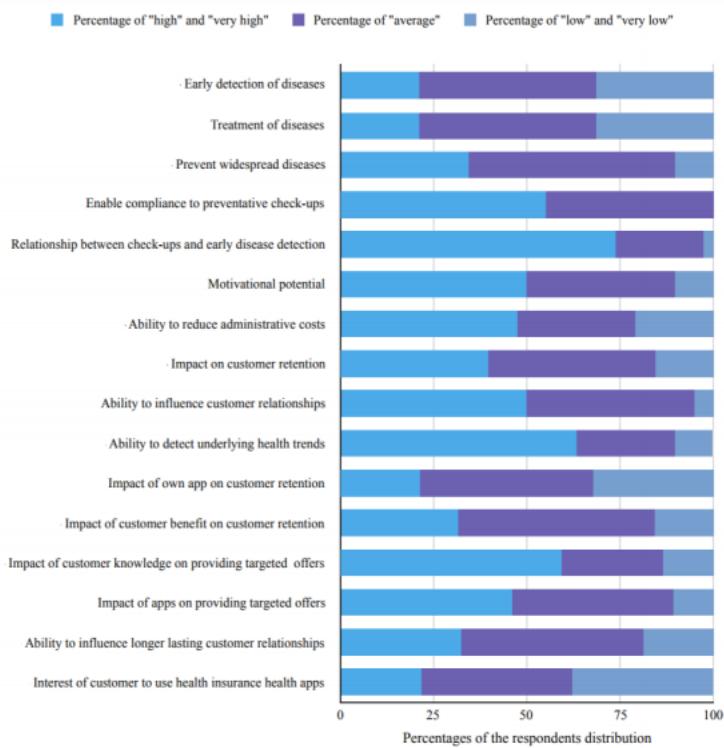
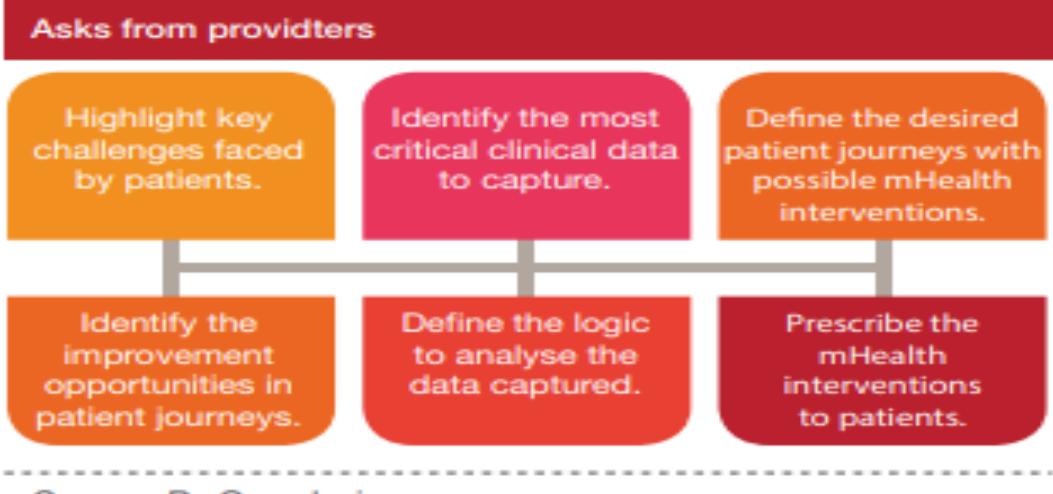


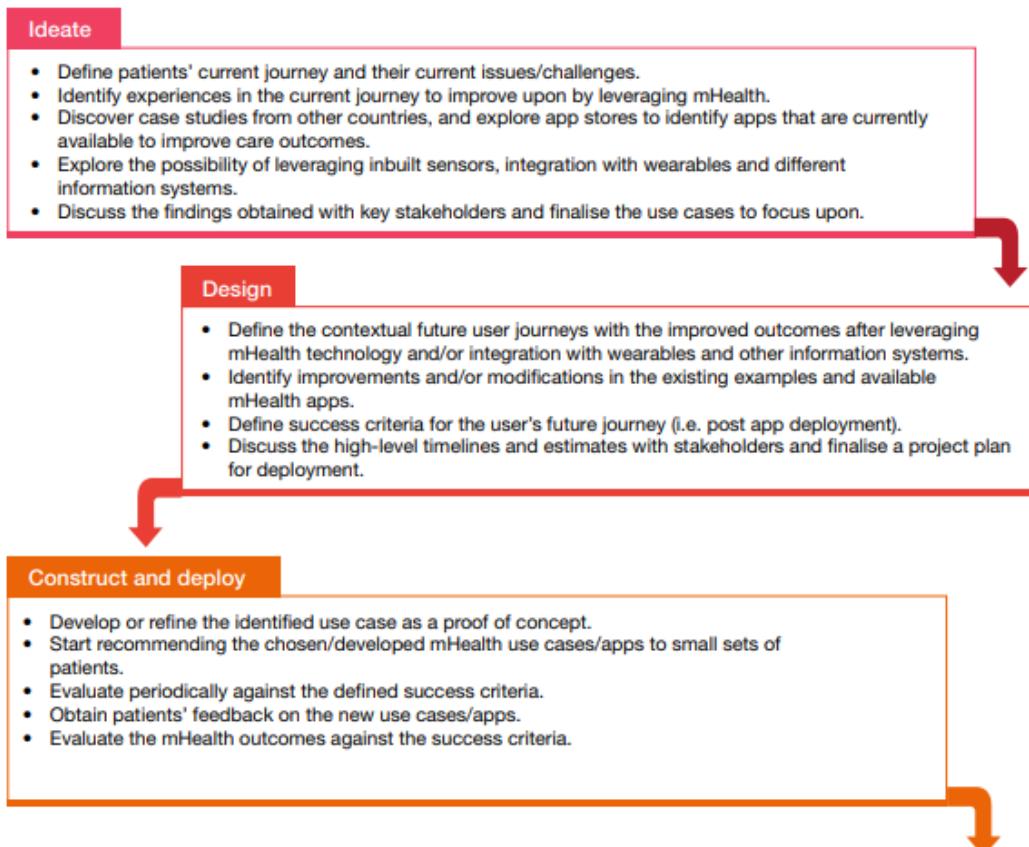
Figure 4: Distribution on a percentage basis of respondents answers to questions



USE CASES

Approach to test and identify relevant use cases for mHealth

Approach for arriving at relevant mHealth use cases and implementing them in the Indian context



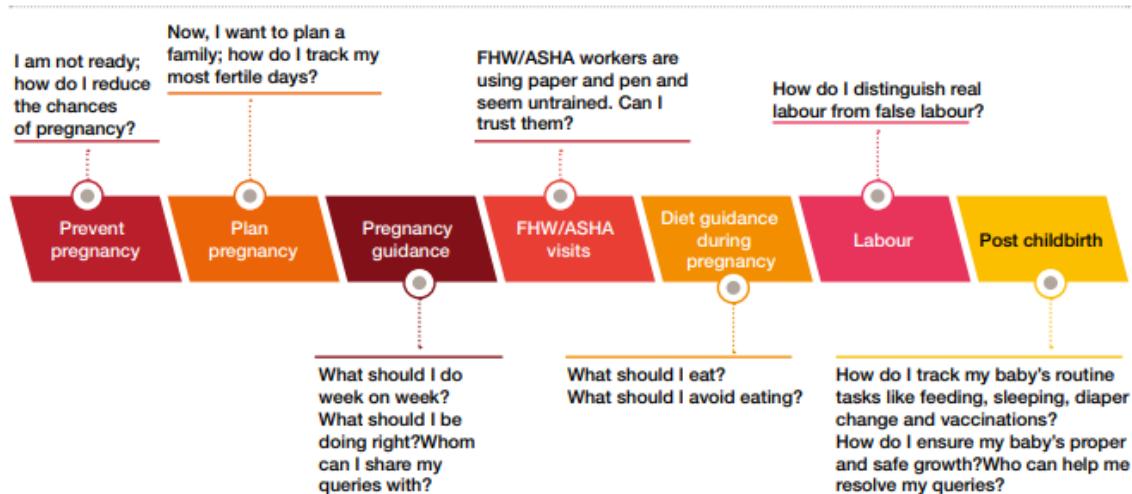
Refine and expand reach

- Leverage findings and feedback from patients, providers and other key stakeholders to improve upon the deployed use cases.
- Keep reviewing the use cases against the defined success criteria to identify opportunities for improvement.
- Slowly but steadily start prescribing the app to all patients.

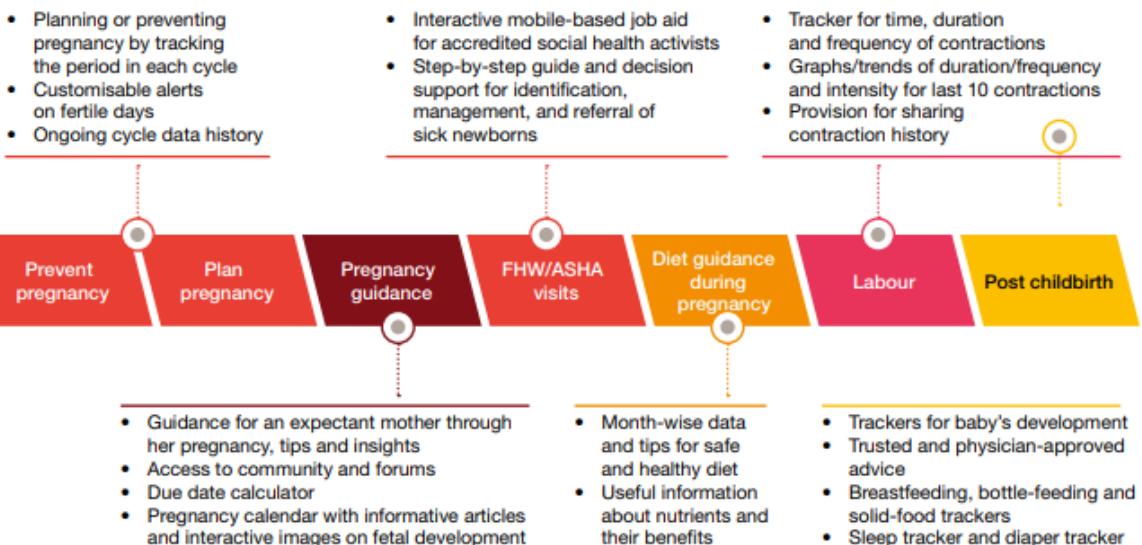
Approach for arriving at relevant mHealth use cases and implementing them in the Indian context

Source: PwC analysis

USE CASE ONE - Maternal care and childcare

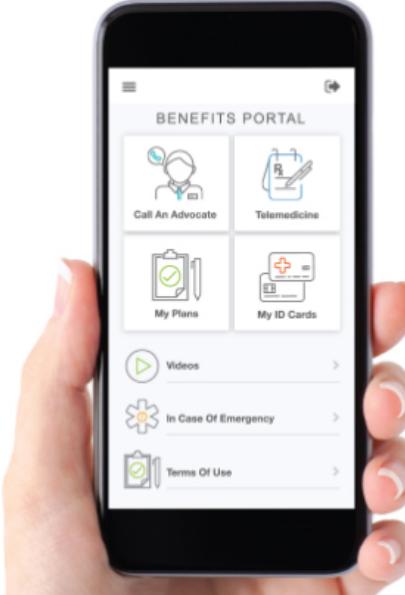


Illustrative as-is journey in the maternal and childcare space with key experiences and corresponding challenges



PwC analysis of features available through various mHealth apps that can help improve the maternal care and childcare experience

USE CASE TWO – Ensure Concierge – concierge services to customers



Our New Benefits Mobile App offers one-stop convenience to **Call a Concierge**, manage your benefits, and more!

- Link to all benefits information & contacts**
Call the right people with questions. No more doubts!
- Call a Concierge**
One touch access to a specialist to help with all your questions.
- Get plan details**
All medical, dental, and vision insurance plan information in one place.
- Store ID cards**
ID Cards stored in one place & sent seamlessly to the doctor.
- Cheaper Rx**
Save up to 70% on Rx through a network of licensed, international pharmacies.
- Much, much more**
Benefit communications, find providers, etc.

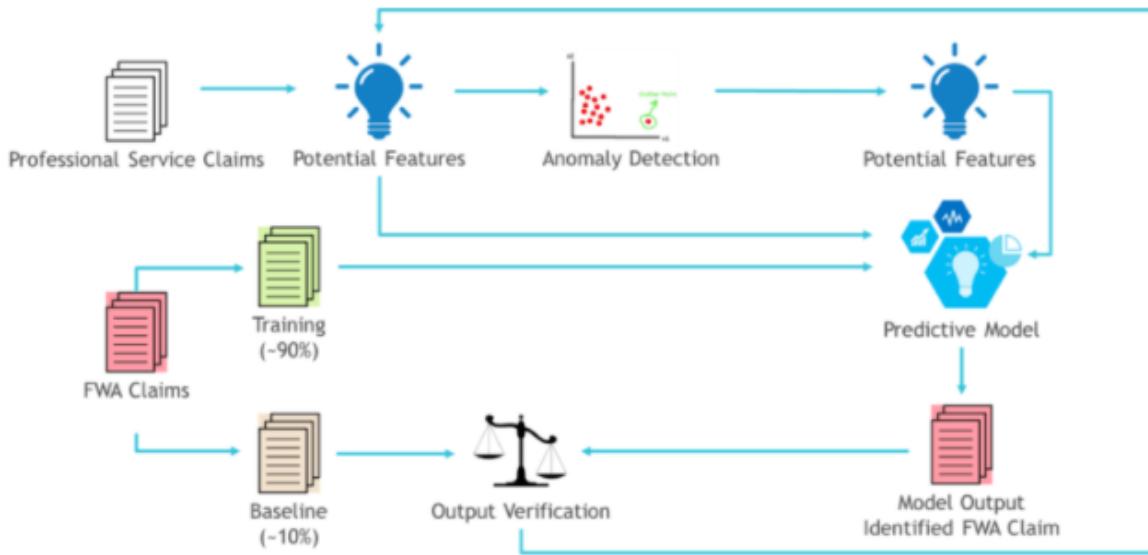
In this times of quick plug and play , Concierge Health Services offered by EnSure.AI is need of the hour for every individual and family of India. Concierge Health Services over time will remove impediments such as increasingly inconvenience that comes when dealing with healthcare professionals, impersonal and unpleasant engagements in our interactions related to medical issues and overall bureaucratic approach in getting things done around hospitals. Concierge Health Services eliminates excessive appointment and in-office wait times through a consumer subscription-based membership. Concierge Health services is to service the business of speed and convenience by enabling patients to expedite the process of connecting to and consulting with elite physicians who provide care across the healthcare spectrum. It will be truly a game-changer as curating and training the support network, as well as finalizing this state-of-the-art technology and process."

LEVEL OF SERVICE OFFERINGS IN SUBSCRIPTION-BASED PRACTICE MODELS



- | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> » Prioritized same- or next-day appointments » Email consultations and texting » Personalized health assessment, preventive services, and counseling » Online platform to track progress and share data with healthcare team » Extended appointments | <ul style="list-style-type: none"> » Guaranteed same-day appointments » Access to physician's mobile number » Expedited imaging and labs » Specialist appointment facilitation » Inpatient rounding » Predictive/diagnostic tools and testing » Ancillary and wellness services, including nutritionist and fitness consultations » Mobile/video consultations | <ul style="list-style-type: none"> » At-home visits » Premium transportation services » Physician availability 24/7/365 » On-site imaging and lab services » Preferential referrals to specialists » Inpatient care management » Genetic screening and testing » Prescription drug pickup/drop-off services » International care coordination |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

USE CASE THREE - Information & recommendations to Insurance Companies



A 5-step approach to implement analytics to serve the Insurance companies investigation

(Reference3)

(a) Perform SWOT

Our AI Algorithms in place examines all potential areas for fraud – claims, premiums, applications, employee and vendor details in an integrated fashion via reading into history of payments & claims shared by users. Later leverage analytics solutions to the fullest and share recommendations to insurance companies to showcase the glaring gaps if any.

(b) Clean data

Integrate siloed databases and remove inefficiencies from processes and redundancies from data sources.

(c) Come up with relevant business rules

For all types of healthcare claims to build a robust fraud detection recommendation solution, we need to feed in the business rules which can keep a check with the documents shared by Customers.

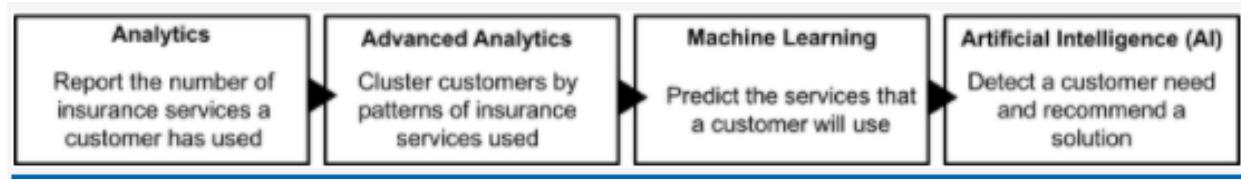
(d) Come up with pre-determined anomaly detection thresholds

Key performance indicators associated with tasks or events baselined and thresholds are set using anomaly detection. Setting the threshold is a major decision in anomaly detection. If

thresholds are set too high, too many fraudulent claims could slip through the system. When thresholds are set too low, there are risks of wasting time, alienating members and providers and result in late-payment penalties. Certain statistical analyses take an empirical value by determining 'normal' ranges for predetermined metrics.

(e) Use predictive modelling

An important fraud identification system is one that utilizes data mining tools to build models that produce fraud propensity scores linked to unidentified metrics. Claims are automatically scored to look for an indication of a discrepancy or fraud. After that results are made available for review and further analysis. Case workflow enables a full and complete assessment of investigative workload, efficiency and return on investment.



The Road Ahead

While there are huge opportunities for mHealth in theory, realising them will not be easy. The first step is to create awareness about the various possibilities, available technology, successful implementations, as well as the possibility of partnerships with foundations, government organisations, telecom operators, etc. There is also a need to acknowledge the fact that collective and collaborative efforts by the stakeholders in the healthcare industry will be necessary to make mHealth a success in India..

- (a) *Patients are ready to adopt mHealth faster than the health industry itself:* Patients have become more proactive in taking care of their health. Technological innovations will help them overcome the existing barriers and become the demand centres for mHealth. With rising costs, they have started demanding convenience and accessibility through mHealth from their providers. This should serve as an incentive to other stakeholders to focus on innovative ways of leveraging the mHealth technology.
- (b) *Insurance companies are promoting better health through greater patient involvement in care:* Insurance companies will gain patients records and track their entire health. Patients who demonstrate improvement in health earn rewards in the form of discounts on premiums.
- (c) *The government is sponsoring and promoting mHealth initiatives:* The government is serious about improving healthcare outcomes in the country by leveraging new and innovative ways like mHealth solutions. A number of mHealth initiatives have been started by the government. It is also collaborating with leading healthcare institutions and foundations to develop solutions for improving the healthcare ecosystem in India. The Ministry of Health and Family Welfare has notified electronic health records (EHRs) standards for India¹⁰ in consultation with stakeholders. The government will look at providing tax benefits or financial incentives to providers who adopt and then demonstrate the benefits of the mHealth. This will help in increasing mHealth adoption.

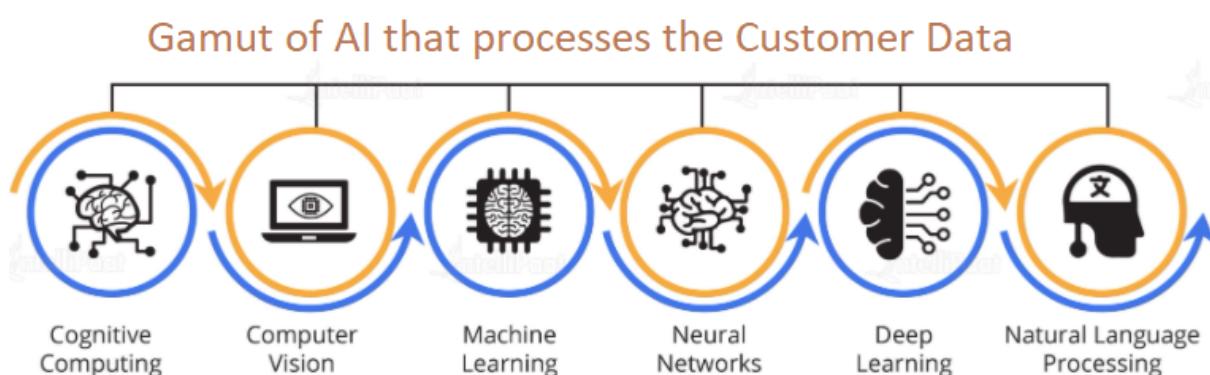
(d) *Foundations and NGOs will leverage the global experience and means:* There are several cases examples across the globe of foundations and NGOs financing and/or implementing mHealth initiatives successfully. They are sources for first-hand information about the findings and learnings of such initiatives. These organisations are collaborating with providers, the government and consulting firms to drive mHealth adoption in India. The providers who are willing to collaborate will benefit from their expertise and also get financial support.

This platform is an ever evolving amalgamation of AI algorithms which sources information from users their health conditions/insurance plans/family health plans with hospitals and makes the recommendations real-time for the next planned/unplanned doctor visits.

To start with we need to understand what the customer existing health needs and insurance state. Depending on that recommendations would come up. Looking at the genuineness of the recommendations and data security that will be provided to users, further preferred and available insurance companies will partner up, their tie-ups with healthcare institutions and speciality hospitals will as well line up. All this information & its computations would require immense investment in terms of infrastructure & available cycles for regression hence Azure cloud is the choice here to build the solution. Our AI hybrid engine will be able to correlate the past & present health history of the customer with the insurance currently in place and will share the best solution to go forward with.

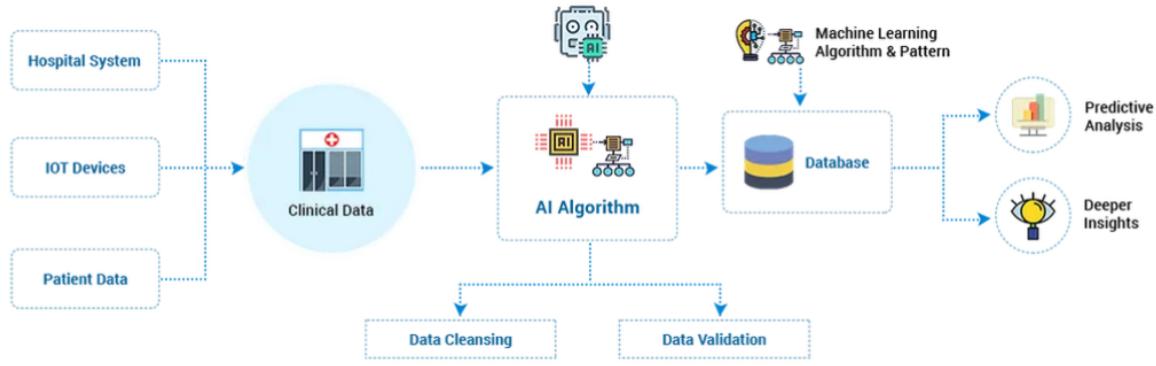
DETAILED SOLUTION

This smart & advanced AI will analyse the entire health profile of the customer in terms of the data that is available in his feed and his past transactions with hospitals/Insurance companies via apps or documentation. Looking at his expenditure in the past, it will present with best solutions which will be easy on the pocket & as well be proactive in terms of needed health check-ups and other measures to keep him fit. This product will significantly transform the industry in the next three years to empower citizens in making the choices and to enhance the customer experience with automated personalized services, faster claims handling and individual risk-based underwriting processes. If we look at the data, most of our data is unstructured and lies in the documents, chat logs, emails, and the textual data which is generated in our day-to-day interactions. Natural language processing, the science of helping our AI to understand and draw value from unstructured text, is the area which we will focus on and has tremendous potential in giving us insights & then driving the neural networks further going ahead to recommend the best solution to the customers. In line with computer vision to extract meaning and context from visual data will advance our recommendations by leaps and bounds to perform image recognition and classification tasks with stunning accuracy.



The benefits of adapting this app:-

- (a) To create a health profile in a central location & utilize the best available insurance plan to be healthy and have better run in life.
- (b) For this AI solution to work in tandem with healthcare solutions and insurance providers at the same platform to reduce the risk of fraud and being real-time in providing the healthcare.
- (c) To become the bridge in providing inclusive healthcare to everyone and cultivate a community among people so that nobody feels left alone.
- (d) Later with this wealth of knowledge about the existing healthcare & financial systems, this can lead to disruptive pathways and innovation to the firms who are interested to bridge the gaps.
- (e) Immense scope in increased integration for other insurance solutions to customer to reduce stress.
- (f) Providing the best in class security for the incoming data from multiple sources and harness the knowledge out of it.



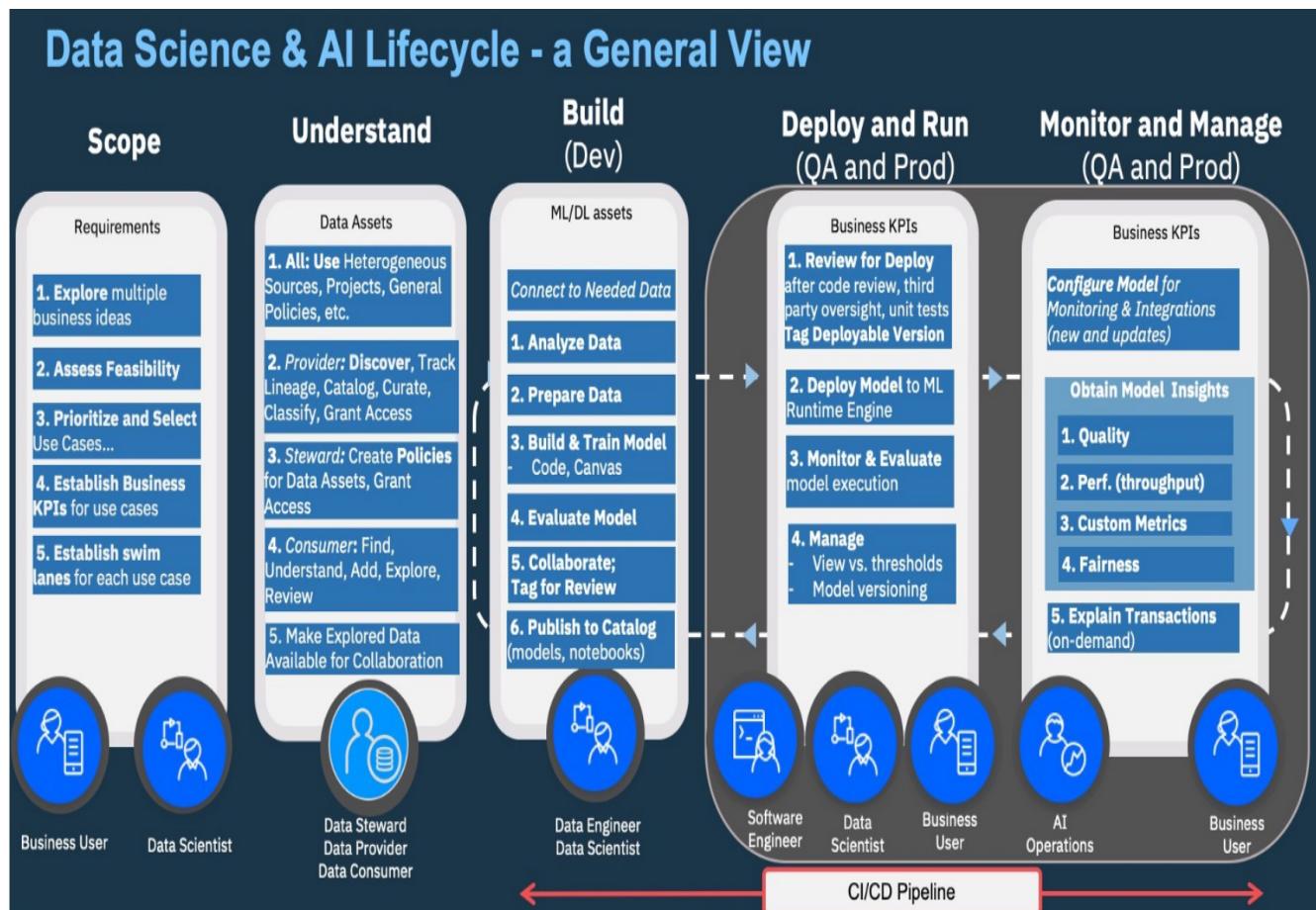
EnSure.AI will have essentially four key functional blocks to be executed on-demand in the cloud:-

- (a) Data Processing Section – This function will be at the end points of the incoming data sources from multiple streams. After taking the data ,this section will convert to the required dataset for processing to the sub functions. This dataset maybe structured or unstructured data coming from different sources and location & will be tagged accordingly for further processing
- (b) Data Analytics Section – We are looking for a series of NLP and CV algorithms to extract the required personalization's for every profile & setting it up for following CNNs. It performs actions on the identified data set & designs a profile with the health priorities & insurance plans of that individual. This step can present classifiers predictive capabilities on features like:-
 - (i) Lifestyle.
 - (ii) Health Risks.
 - (iii) Previous Health conditions.
 - (iv) Hereditary Health Conditions.
 - (v) Interest in concierge services/offering.
 - (vi) Insurance availed/Planning to.
 - (vii) Hospitals and its services accepted in past.
 - (viii) Hospitals and its services reviews and feedbacks coming from customer account.
- (c) Data Insights Section – This section deals with the CNNs and recommendation systems that will divulge in the profile created for a customer in the previous step and work towards bringing good accuracy to make the systems efficient. Here there will be regressive training and testing of data for the model to curate the best recommendations for offering.
- (d) Feedback Section – This feature will record and notify the Analytics section as to how far the predictions have been accepted.

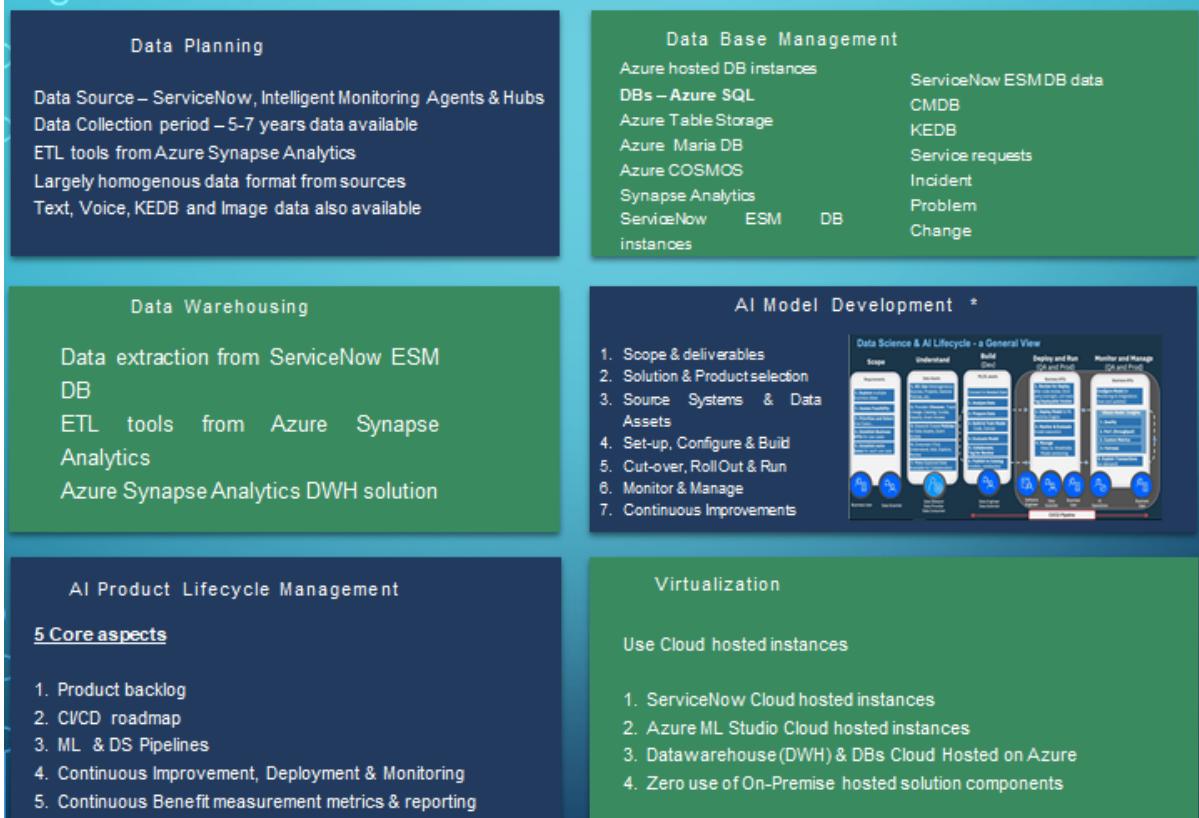
AI Model Development

AI Model Lifecycle

1. Scope & deliverables
2. Solution & Product selection
3. Source Systems & Data Assets
4. Set-up, Configure & Build
5. Cut-over, Roll Out & Run
6. Monitor & Manage
7. Continuous Improvements

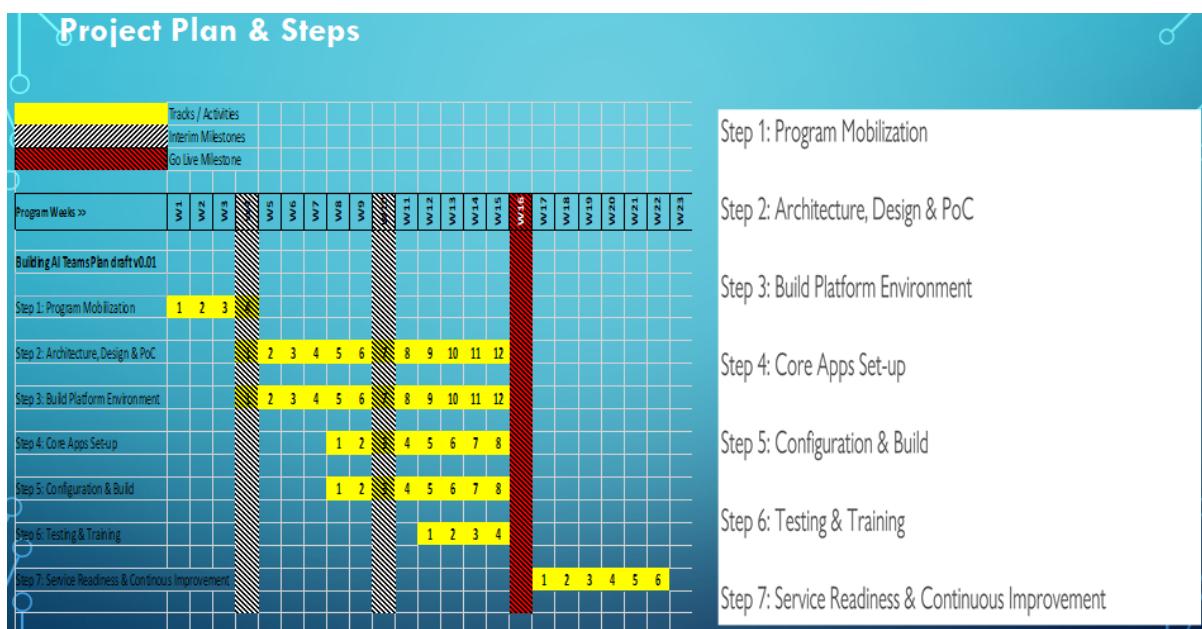
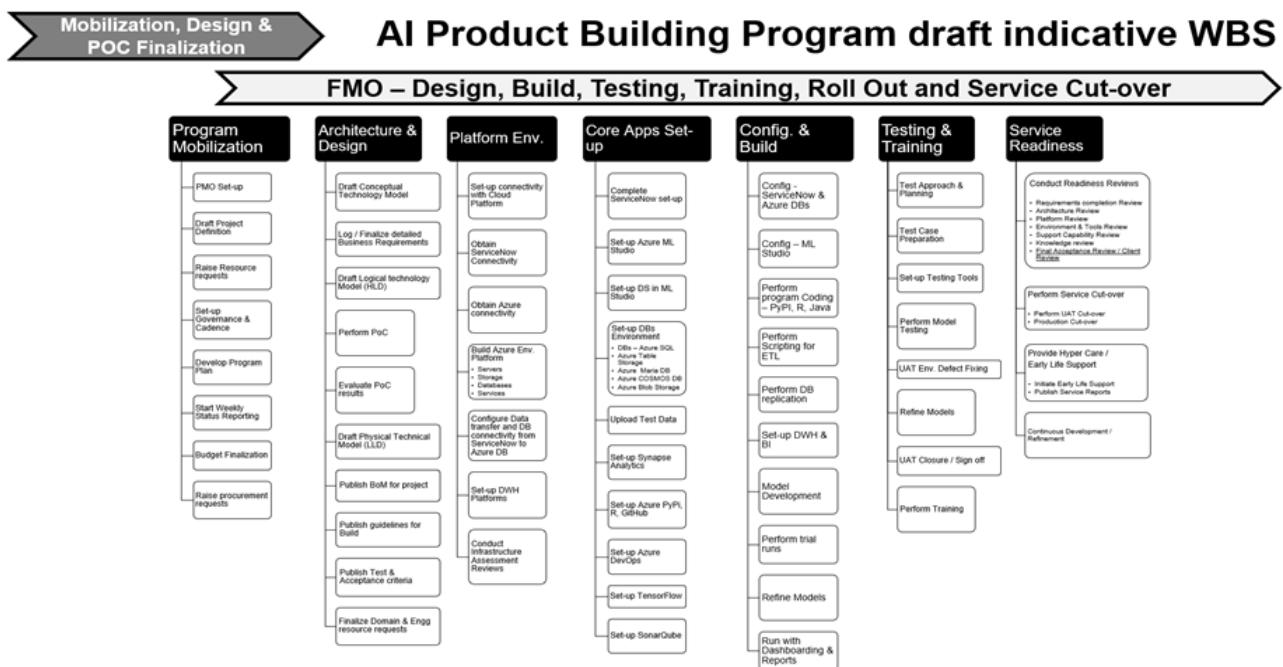


Data Science Ecosystem



Solution requirements & Talent skills

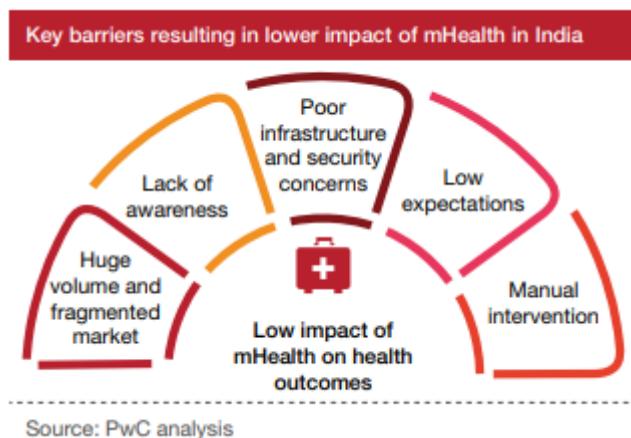
Resource Group	Roles	Key Skills required & Contributing Activities
Architecture	Solution Architect	<ol style="list-style-type: none"> 1. Overall solution assembly 2. Solution Orchestration 3. Solution Harmonization 4. Process review & optimization
	Technical Architects	<ol style="list-style-type: none"> 1. Technology specific solution 2. Providing part of overall solution
Subject Matter Experts	Engineering Skills	<ol style="list-style-type: none"> 1. Product knowledge and fitment advice 2. Technology specific configuration skills 3. Sharing Interface & Connectivity requirements 4. Pre-requisites and Environment requirements 5. Set-up, Install, Build and Configure Products
Database Specialist	DWH & DBA	<ol style="list-style-type: none"> 1. Specialist DBAs activities 2. Contributing to Engineering part of solution 3. Set-up, Install, Build and Configure DB instances 4. Data Collection, Validation, ETL, Scrubbing data
Programmers	Application Programming Automation Scripts	<ol style="list-style-type: none"> 1. Azure PyPI / Python programming 2. R Language programming 3. ServiceNow – Java & Angular programming 4. TensorFlow – C++ & Python programming 5. SonarQube – Java programming
Deployment Specialist	Packaging & Deployment	<ol style="list-style-type: none"> 1. Perform Software Packing 2. Perform Deployment
Change Management	Change, Configuration & Release Management	<ol style="list-style-type: none"> 1. Manage Change requests & Change Pipeline 2. Manage Configuration & Release Pipeline 3. Post Change review meeting 4. Post Change incident & Change Report / RCA



THREATS & OPPORTUNITIES

mHealth has impacted the healthcare ecosystem in emerging countries and it can be expected to yield positive results in India too. This technology can help in improving accessibility, reducing healthcare costs and increasing the healthcare workforce productivity in India. However, a number of barriers are limiting the impact of mHealth in the Indian healthcare sector.

The biggest opportunity and benefit of this EnSure AI is managing medical resources & financial resources in one platform. With ease of doing business & creating confusion to the public, AI can be used to allocate resources and shape financial solution & grow business. For instance, Our AI systems would predict which hospitals/doctors can provide the premium care depending on the location/personal interests/preferences/insured amount and if & when needed the concierge perks can be availed with nominal fee for the customers who want to get premium treatment from start to finish with any of the speciality hospitals of their choices.



Next-gen healthcare finance tools: AI and blockchain will help hospitals adapt to value-based care. There are three major features healthcare industry needs to pay attention to in their planning for next-generation financial management tools: visualization, artificial intelligence and blockchain, all delivered via cloud services.

Points to look at:-

- (a) *Huge volume and fragmented market:* More than 1,65,000 mHealth applications are available across the iTunes and Android app stores. Many mHealth apps are of dubious origin and abandoned by the developer after an initial release or one update. The applications may or may not work from both a clinical and technical perspective. There is no way for a prospective user to know which apps can be trusted. The number of downloads can be a parameter, but it is definitely not a reliable one as most mHealth apps are not able to retain their users. Further, most mHealth app reviews are provided by users in the app store. Thus, ratings tend to be based on personal impressions (e.g. ease of use and intuitiveness of user interface) rather than on clinical performance determined by clinical trials, evidenced-based outcomes or even professional reviews. The user reviews rarely assess technical considerations such as frequency of updates and bug fixes, interoperability, and adherence to technology, privacy, and security standards.



The number of mHealth apps exceeds 165,000, with 40% of the apps having fewer than 5,000 downloads.

- (b) *Lack of awareness:* mHealth has made a huge difference in countries similar to India. Also, a number of existing mHealth apps have the potential to make a difference. The Government of India has launched a few mHealth initiatives. However, lack of awareness is a huge deterrent. The need of the hour is to make the population, including patients and providers, aware of this new channel and its benefits.
- (c) *Low expectations:* Huge volume and fragmented market mHealth has made a huge difference in countries similar to India. Also, a number of existing mHealth apps have the potential to make a difference. The Government of India has launched a few mHealth initiatives. However, lack of awareness is a huge deterrent. The need of the hour is to make the population, including patients and providers, aware of this new channel and its benefits. Lack of good infrastructure is a major challenge in India. Even basic infrastructure is missing in many places. The rural population has very poor network connectivity. Most of the poor population cannot afford to buy a decent smartphone which will give them access to mHealth. In addition, if the infrastructure is present, then security and privacy are major concerns. In the case of mHealth apps, there is no way to know if the app developer has taken appropriate measures to ensure security and protect his/her app against malicious attacks. The key stakeholders in the healthcare community are unable to appreciate the potential of mHealth as there is no large-scale successful precedent in the Indian context. So, the resistance to change and adopt new technology is huge. Even the patient population loses interest if they have an unpleasant experience with an mHealth app. Moreover, a large segment of the population is only interested in fitness apps. The low expectations can also be attributed to a lack of understanding of the huge cost benefits. The Indian government has started looking at mHealth apps as a means to improve care outcomes. The website of the National Health Portal, set up by the Ministry of Health and Family Welfare, Government of India, lists a number of mHealth apps that the population can benefit from.
- (d) *Regulatory Shackles:* One of the key regulatory issues that are hampering the acceptance of AI in healthcare is the archaic regulatory infrastructure. Although the technological advancements in the field of healthcare have grown by leaps and bounds, the regulatory infrastructure has failed to keep up. In March 2018, the first of its kind Digital Information Security in Healthcare Act (DISHA) was proposed by the Ministry of Health and Family Welfare in India to provide oversight for data security in the health sector. According to this law, patients would have the right to refuse or allow the collection and sharing of their personal health data. Under this Act, hospitals cannot deny treatment to patients who refuse to share their health data. It is important to understand the context for this ground-breaking legislation.
- (e) *The Opacity Of Processes:* While deep learning models and neural networks in AI have proven over time to be perfect than human decision-making, they are often not transparent in terms of revealing how they generated such conclusions. It then becomes a challenge for insurance companies to explain that to the regulators. It has been mentioned that the biggest challenge in using big data, artificial intelligence is that they operate outside the framework of traditional privacy principles. This could now act in a reverse way and expose

banks/healthcare/insurance to risks without their knowledge. It could also possibly give rise to hidden biases in decision making since AI has access to data of all the customers.

- (f) *Poor infrastructure, leakage And Misuse Of Data:* Lack of good infrastructure is a major challenge in India. Even basic infrastructure is missing in many places. The rural population has very poor network connectivity. Most of the poor population cannot afford to buy a decent smartphone which will give them access to mHealth. Several experts in the U.S. and the U.K. opine that cyber, political and physical threats arise with the growth in the capabilities and reach of AI. Complete transparency while venturing into new AI projects also should be ensured so that banks/insurance companies don't face reputation risks. Adequate investments should be done on the safe storage of data and prevent it from leakage. EnSure AI architecture will detect potential hazards in the implementation stage of the project and enable efficient identification—and then execution—of goals and priorities of the organization. Artificial intelligence will soon become the sole determinant of the competitive position of financial institutes and a key element enhancing their competitive advantage.

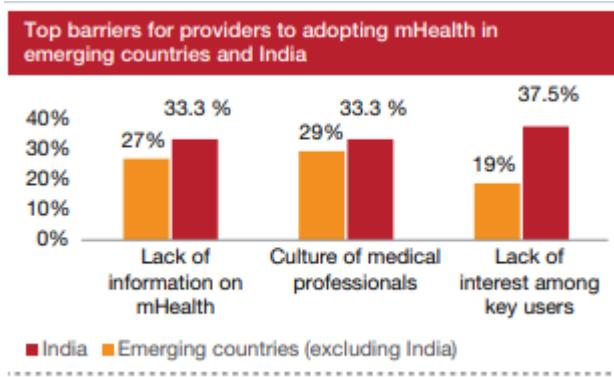


India's rank among the 138 participating countries:

- 120th on ICT use
- 68th on infrastructure
- 85th in health and primary education
- 117th on Internet bandwidth

Source: World Economic Forum, The Global Competitiveness Report, 2016-17

- (g) *Manual intervention:* Be it the use of SMS, apps or audio/video consultations, a lot of manual intervention is necessary in the case of mHealth, which makes it unattractive. This is a big deterrent and the main reason most users drop out. There are ways to automate certain aspects and reduce manual intervention. Mobile integration with external devices, sensors and systems can play a big role here. mHealth app developers need to develop APIs/interfaces to extract and capture data automatically wherever possible. As per a PwC study⁵ conducted in 2012, the top barriers for providers are lack of interest among key users, culture of medical professionals and lack of information on mHealth.



Source: PwC analysis based on EIU study

SWOT ANALYSIS

	Strengths	Weaknesses	Opportunities	Threats
Product Offering	Customer Centric; Next gen tools - AI ;Blockchain	To fall in the trap and be lost in the crowd of other healthcare apps.	To give the best corroborative healthcare solutions that money can buy	Managing the Data Privacy Threats
Brand / Marketing	New strategies in Marketing to attract clients	People might opt for the tried and tested platforms	To publicize the new platform	
Staff/HR	Data Engineers/Data Architects	AI/Blockchain experts		
Finance		Angel funding for initial capital.	Excellent growth	
Operations / Management		Private cloud based, needs explicit management	Build Strong expertise to create integrated platforms.	Needs to be open for maximum healthcare vendors and financial institutions
Market	Openness to try new solutions.	Clients who don't want to share information	Expand into other verticals & geos	Existing Players in parts of our services like Practo, Pathlabs might be planning to launch similar app.

Key strengths available to improve weaknesses/ combating threats

One of the strength is to invest in leading security solutions like Cognitive security with Watson - Cognitive computing, an advanced type of artificial intelligences, leverages various forms of AI, including machine-learning algorithms and deep-learning networks that get stronger and smarter over time. Watson™ for Cyber Security, IBM's cognitive AI, learns with each interaction to connect the dots between threats and provide actionable insights. The result: We can respond to threats with greater confidence and speed.

- Immediate goals/next steps - Our immediate next steps are:
 1. Collect the various customer data from various backgrounds their preferences/health history.
 2. Estimate the scale , need to plan & security in place use that to populate the business case for the tools, infrastructure, security and skills requirements

3. Analyze the data types and fine tune the architecture to include the best security required by data engineering, data analytics, NLP and other ML models.

- Long-term goals/next steps -On a longer term we need to do the following:
 1. Identify pilot clients/Enterprises/Insurance companies to get the Beta deployments on a discounted model in return for testimonials and field testing.
 2. Gain entry into the forums / bodies defining the standards for platforms security where data is coming in from multiple sources
 3. Keep researching support for additional products to be better at performance & reliability.

COMPETITION

Competitive Analysis Worksheet

Factor	EnSure.AI	(IIT)-iMediX	Practo	Importance to Customer
Products	EnSure.AI App	W	S	3
Brand Value	W	S	S	2
Price	W	W	W	3
Quality	S	S	S	1
Selection	S	S	S	1
Service	S	S	S	1
Reliability	S	S	S	1
Location	W(India)	S(Global)	S(Global)	3
Sales Method	S	W	W	4
Infra-Requirements	S	W	W	2

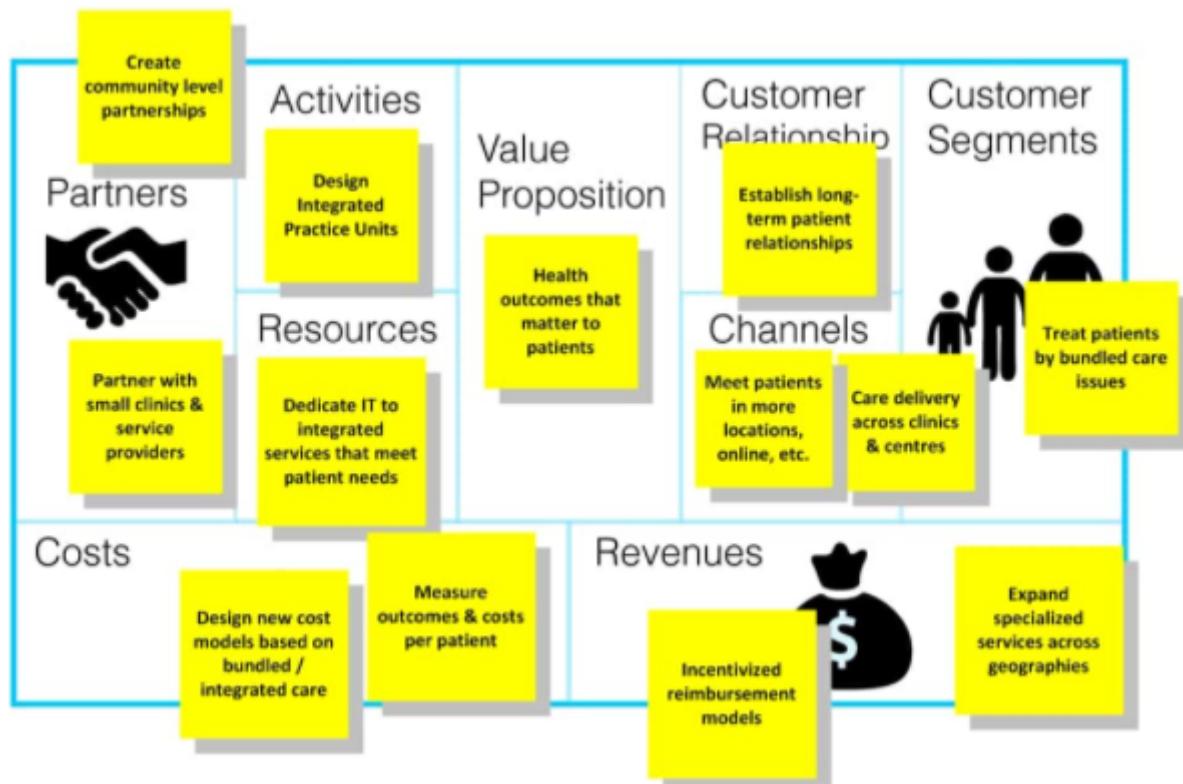
TARGET CUSTOMER

We intend to target two groups of users here – the insured and the insurance companies.

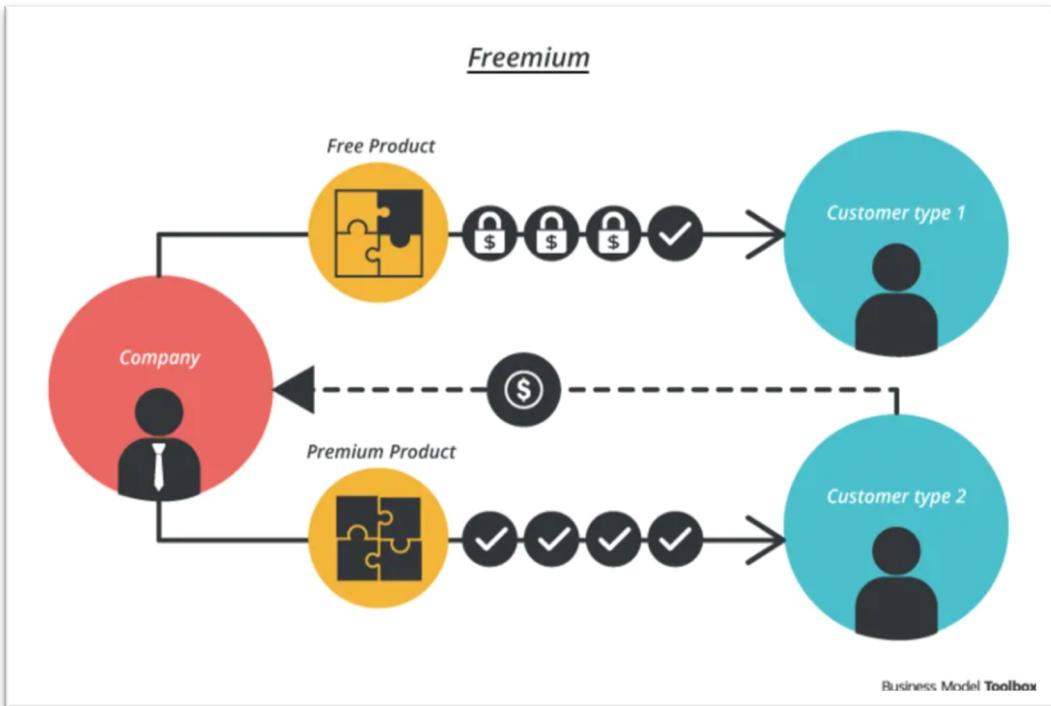
1. Insured – Any Indian citizen, who is of eligible age to get insurance is the target market but we will specifically target the head of the family. (Our marketing efforts will be targeted towards appealing to the humane side of – have you ensured the safety of your family?) The ideal customer would be
 - a. Age – 25 to 45 years of age
 - b. Location – Tier 1 & Tier 2 cities
 - c. Income Group – In the tax net and has a pan card
2. Insurance Companies – The medical insurance companies would be our target market as well and especially those that are facing a large number of claims and seeing a lot of false/fraudulent claims.

BUSINESS PLAN

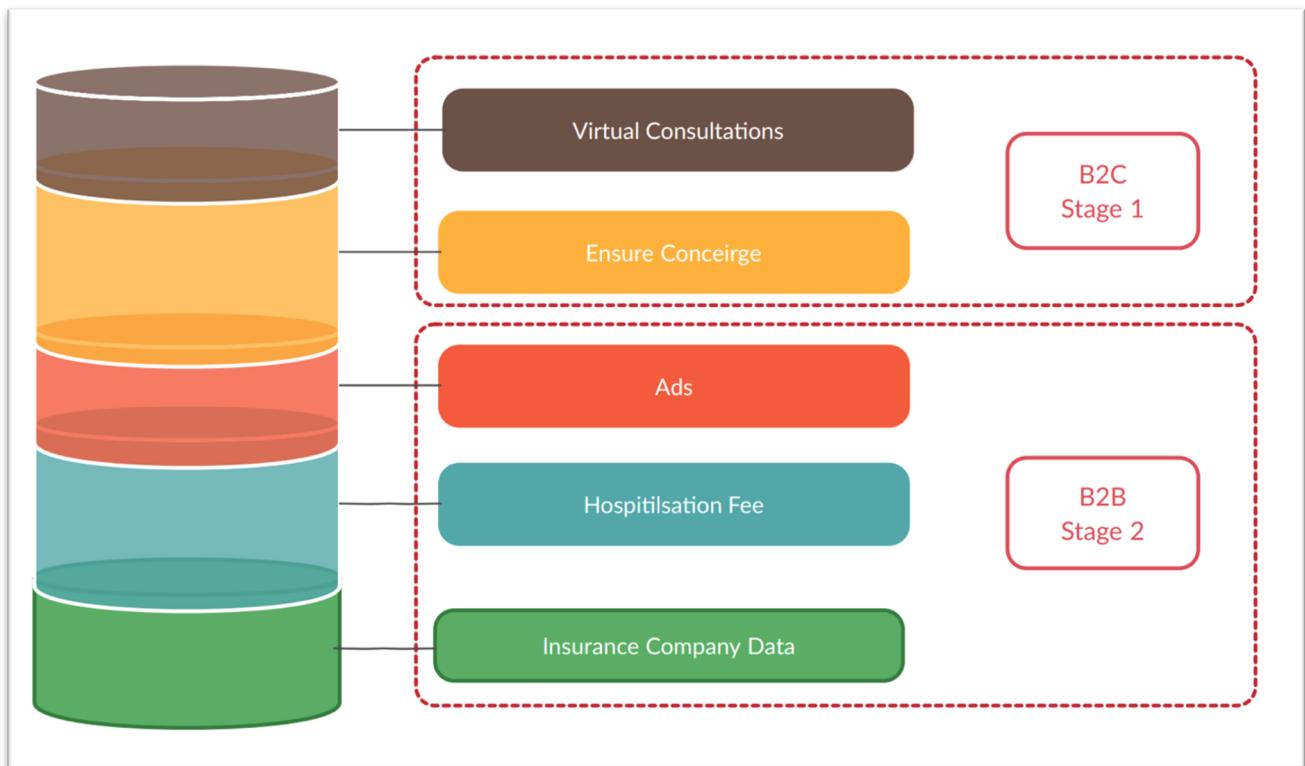
BUSINESS CANVAS



REVENUE MODEL



REVENUE STREAMS



FINANCIAL OVERVIEW



Group8-EnsureAI-Fin
ancialModel.xlsxm

(Please review attached excel EnsureAI.xlsxm)

Financial Overview

Profit & Losses		2020	2021	2022	2023	2024
Revenue	INR	95,23,661	9,58,78,299	22,63,05,723	35,20,73,210	54,63,89,293
COGS	INR	(16,18,035)	(1,75,15,314)	(4,76,72,763)	(7,85,32,322)	(10,38,07,652)
Gross Profit	INR	79,05,626	7,83,62,985	17,86,32,961	27,35,40,888	44,25,81,640
<i>Gross Margin</i>	%	83%	82%	79%	78%	81%
Product Development	INR	(53,37,472)	(2,44,32,414)	(3,49,65,106)	(3,68,51,774)	(3,90,06,141)
Sales & Marketing	INR	(1,11,40,713)	(3,77,37,712)	(4,47,48,784)	(5,36,23,735)	(6,45,58,967)
General & Administrative	INR	(85,64,009)	(3,26,87,481)	(5,41,74,637)	(6,64,01,976)	(7,00,38,490)
EBITDA	INR	(1,71,36,569)	(1,64,94,622)	4,47,44,433	11,66,63,403	26,89,78,042
<i>EBITDA Margin</i>	%	-180%	-17%	20%	33%	49%
Depreciation & Amortization	INR	(3,87,500)	(10,26,667)	(14,14,167)	(16,76,667)	(17,94,167)
EBIT	INR	(1,75,24,069)	(1,75,21,289)	4,33,30,266	11,49,86,736	26,71,83,875
Net Interest Expense	INR	(2,50,000)	(15,52,358)	(12,67,334)	(10,34,058)	(8,43,721)
EBT	INR	(1,77,74,069)	(1,90,73,646)	4,20,62,932	11,39,52,678	26,63,40,154
Income Taxes	INR	-	-	(1,47,22,026)	(3,98,83,437)	(9,32,19,054)
Net Income	INR	(1,77,74,069)	(1,90,73,646)	2,73,40,906	7,40,69,241	17,31,21,100
		OK	OK	OK	OK	OK
Balance Sheet		2020	2021	2022	2023	2024
Cash	INR	37,29,926	93,55,777	3,06,91,171	9,99,46,652	26,60,00,091
Current Assets	INR	14,51,441	60,20,562	1,17,71,105	1,70,77,905	2,54,40,758
Intangible Assets	INR	28,35,000	26,50,833	23,66,667	19,82,500	14,98,333
Tangible Assets	INR	9,77,500	21,35,000	27,05,000	22,12,500	14,02,500
Total Assets	INR	89,93,866	2,01,62,173	4,75,33,942	12,12,19,556	29,43,41,682
Equity	INR	22,25,931	11,52,285	2,84,93,191	10,25,62,432	27,56,83,532
Liabilities	INR	76,84,602	1,99,26,554	1,99,57,417	1,95,73,791	1,95,74,817
Total Liabilities + Equity	INR	99,10,533	2,10,78,840	4,84,50,608	12,21,36,223	29,52,58,348
Check		-9,16,666.67	-9,16,666.67	-9,16,666.67	-9,16,666.67	-9,16,666.67
Subs		2020	2021	2022	2023	2024
New Customers						
Free Users	#	39,622	1,39,518	1,87,858	2,38,152	2,84,617
Paid Users	#	9,906	32,726	41,237	48,778	54,213
Total	#	49,528	1,72,244	2,29,095	2,86,930	3,38,829
Churned Customers						
Free Users	#	2,545	31,153	69,919	1,10,493	1,52,158
Paid Users	#	650	8,105	18,651	29,728	40,813
Total	#	3,195	39,258	88,570	1,40,221	1,92,971
Customer Movements						
Upgrade Users - From Free to Paid	#	509	6,231	13,984	22,099	30,432
Downgrade Users - From Paid to Free	#	217	2,702	6,217	9,909	13,604
	#	726	8,932	20,201	32,008	44,036
Net Adds						
Free Users	#	36,785	1,04,836	1,10,171	1,15,469	1,15,631
Paid Users	#	9,548	28,151	30,353	31,239	30,227
Total	#	46,333	1,32,987	1,40,524	1,46,709	1,45,858

