



Rob Mello, MBA Boston



- 6 years healthcare mobile engagement
- Software engineering, product, sales
- Mobile engagement solution design for CalOptima, AltaMed, UPMC, McKesson and United Healthcare
- Organic ARR growth
 54%(2017), 68%(2018), 57%(2019), 40% (Q3 2020)
 https://www.linkedin.com/in/robmello/









Vivek Kaliraman, PHD, MBBS Los Angeles



- 14 years, digital health
- Product, implementations, sales
- Founder, Caringly
- 3 years delivering patient handoff solutions at MLK Hospital, Los Angeles https://www.linkedin.com/in/vivek-kaliraman-1b4186/



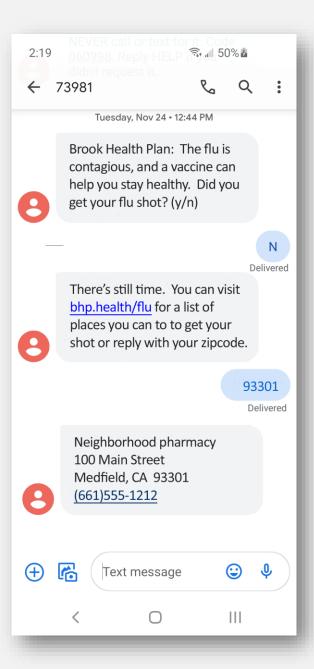


Engaging healthcare consumers should be easy

Leafpoint brings Medicare and Medicaid plans closer to their members through journeys that support better health.

Our cloud-native platform leverages recent advances to deliver effective mobile health engagement via SMS and other mobile channels.

We are a nimble, consumer-focused, tech-centric company with a value proposition that bends the cost-curve for large health plans.



Existing Healthcare Consumer Engagement

Complicated - Expensive - Difficult to use - Built on last-gen technology

How many apps do we need on our phones?



For texting?!

When was the last time you answered a call from an unfamiliar number?

Submittals to Inland Empire Health Plan Governing Board Staff Reports and Recommendations #294 July 8, 2019

MARKETING DEPARTMENT

CONSENT AGENDA

APPROVE THE FIFTH AMENDMENT TO THE PROFESSIONAL SERVICES AGREEMENT WITH MPULSE MOBILE, INC.

Recommended Action:

That the Governing Board of the Inland Empire Health Plan (IEHP) approve the Fifth Amendment to the Professional Services Agreement (Agreement) with mPulse Mobile, Inc. for an additional amount not to exceed \$1.164 million and extend the term for an addition effective July 8, 2019 through December 31, 2022 for SMS/texting and email communication services. The total amount payable under this Agreement shall no exceed \$4.364 million. 4 million dollars 2 ontact: Susan Arcidiacono, Chief Marketing Officer

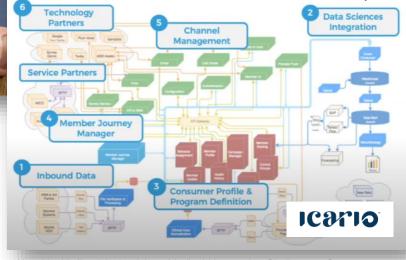
Background:

In October 2014, IEHP released a Request for Proposal (RFP) for SMS/Texting and Email Communication Services. After a thorough RFP process MobileStorm was selected in December 2014, as the most qualified vendor for text and email communications to IEHP Members. In

Inland Empire Health Plan 2020 Annual Report

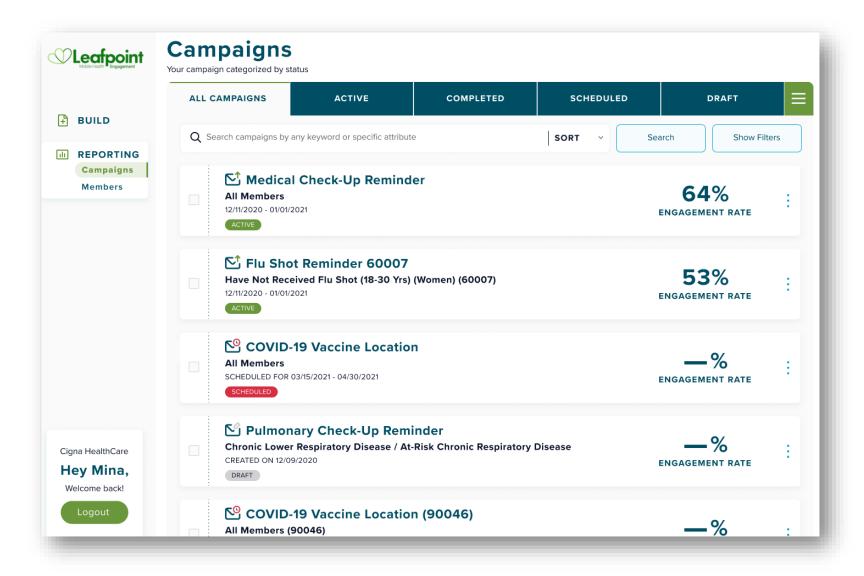
https://www.iehp.org/-/media/documents/About/Governing-Board-Meetings/Q4/IEHPand-IEHP-Health-Access-Board-Report-299--December-9-2019.ashx

Holy Toledo, this looks complicated.



NovuHealth (Icario) - Louisiana Medicaid Innovation Challenge - Sep 2020 https://www.voutube.com/watch?v=zMGvOfQiB2o

Cloud-native, simple, flexible, affordable



Some of what we do will never be #TRENDING

... but if you're a SaaS healthcare startup, you better \infty this stuff.



Regulatory requirements



Interoperability with legacy systems



Enterprise scale





The new reality: More enrollees and more gaps



6.1 million new Medicaid members in 2020 ↑8.6%



400k fewer cancer screenings due to COVID-19

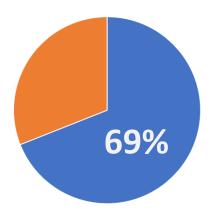


Doctor visits for children remain below pre-pandemic levels

Healthcare Engagement Market

71 Million

Medicaid members 69% managed care



These are our target customers



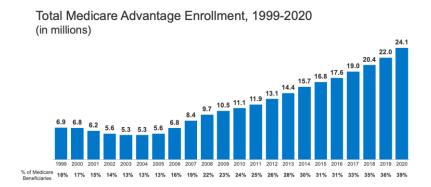






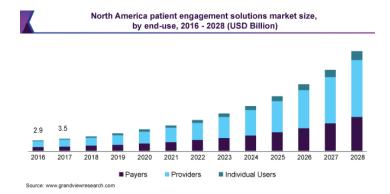
62 Million

Medicare members 39% Medicare Advantage



\$5.3 Billion

2020 North America **Market Size**























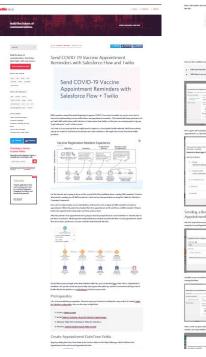






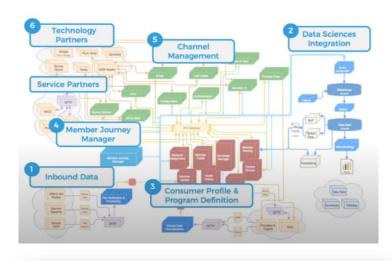
The Competition

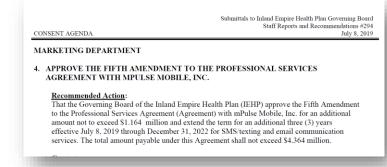
Twilio: 21 technical steps to configure a one-way COVID SMS reminder



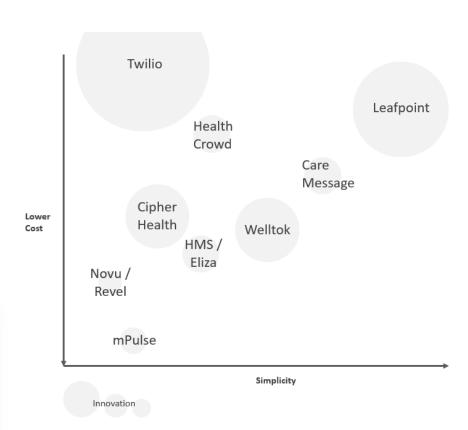


mPulse, Icario, HMS/Eliza: Bloated technology, not cloud-native, seven-figure investments and multi-year contracts





Leafpoint: Lead in cost, innovation and simplicity

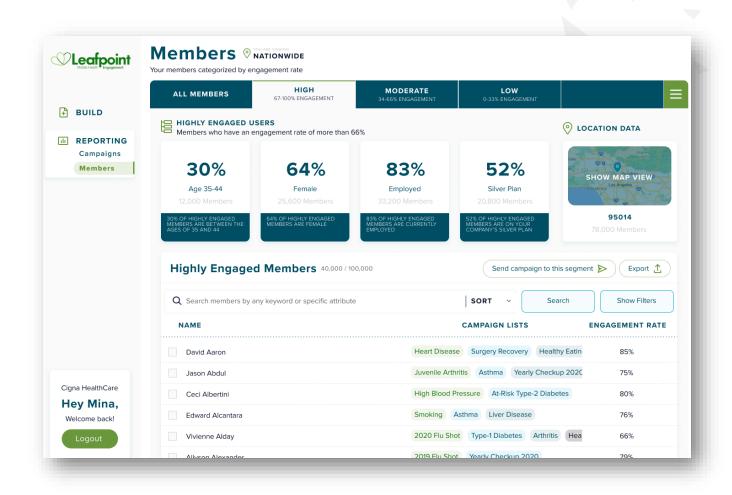


Leafpoint will beat incumbents head-to-head

Competing solutions are expensive, hard to use, and their customers are underwhelmed

Leafpoint

- Easy to setup, simple data model
- Superior reporting and analytics
- State-of-the art integrations
- Easy to do business with
- Pay-as-you-go with manageable costs
- Focus on consent, adoption and results



Go to market

Strategy: Target Medicaid managed care organizations (MCOs).

Why: MCO reimbursements are tied to member engagement through consumer satisfaction, prevention and treatment measures.

Who: Stakeholders at MCOs have access to budget (\$10k-\$100k range) for pilot programs.

What's Next: MCOs are a collaborative group. Success will lead to traction within the MCO ecosystem and beyond.

Rating 🔷	Plan Name	States	Type	NCQA Accreditation	Consumer Satisfaction	Frevention 🔷 🕜	Treatment 🔷 🦪
4.0	Alameda Alliance for Health	CA	НМО	Yes	3.0	4.5	3.0
4.0	Community Health Group	CA	НМО	Yes	3.0	4.0	3.5
4.0	Local Initiative Health Authority, dba L.A. Care Health Plan	CA	НМО	Yes	2.0	3.5	3.5
4.0	Orange County Health Authority - dba CalOptima	CA	НМО	Yes	2.5	4.0	3.5
4.0	San Francisco Community Health Authority	CA	НМО	Yes	3.0	4.0	3.5
3.5	Contra Costa Health Plan	CA	НМО	Yes	2.0	3.5	3.0
3.5	Inland Empire Health Plan	CA	НМО	Yes	3.0	3.5	3.0
3.5	Molina Healthcare of California Partner Plan Inc.	CA	НМО	Yes	1.5	3.5	3.0
3.0	Blue Cross of California Partnership Plan	CA	НМО	Yes	1.5	3.0	2.5
3.0	Blue Shield of California Promise Health Plan	CA	НМО	Yes	2.0	3.5	2.0
3.0	California Health & Wellness	CA	НМО	Yes	2.5	2.0	3.0
3.0	Health Net of California, Inc.	CA	НМО	Yes	1.5	2.5	2.5
2.5	San Joaquin County Health Commission dba Health Plan of San Joaquin	CA	НМО	Yes	1.5	2.5	2.5
1.5	Santa Clara County Health Authority, dba Santa Clara Family Health Plan (SCFHP) Special Project / Area: CA Medicaid / Santa Clara	CA	НМО	No	1.5	2.5	1.0
artial Data eported	Gold Coast Health Plan	CA	нмо	No	ı	1.5	1.0

Seed Round

We are seeking \$200k which will take Leafpoint to product launch and recurring revenue over 10-15 months.

Priority	Plan	Cost
DevOps	Hire or outsource dedicated DevOps team to architect and manage production launch	60k
Compliance	Engage audit firm to certify SOC2 and initiate HITRUST(HIPAA) audit	40k
UX	Outsource UX experts for application navigation and reporting	50k
Marketing	HubSpot CRM and website launch	7k

ARR: 120k

Team: 6

Customers: 3

ARR: 1.5M

Team: 12

Customers: 20

(Equity Round)

Year 1 Milestones HIRE **PRODUCT LAUNCH REVENUE SALES TEAM EQUITY ROUND** Cloud deployment Sales director or VP Two customers DevOps SOC2/HITRUST 10k MRR UX Five Year Plan Year 2 Year 3 Year 4 Year 5 Year 1

ARR: 13M

Team: 60

Customers: 100

ARR: 25M

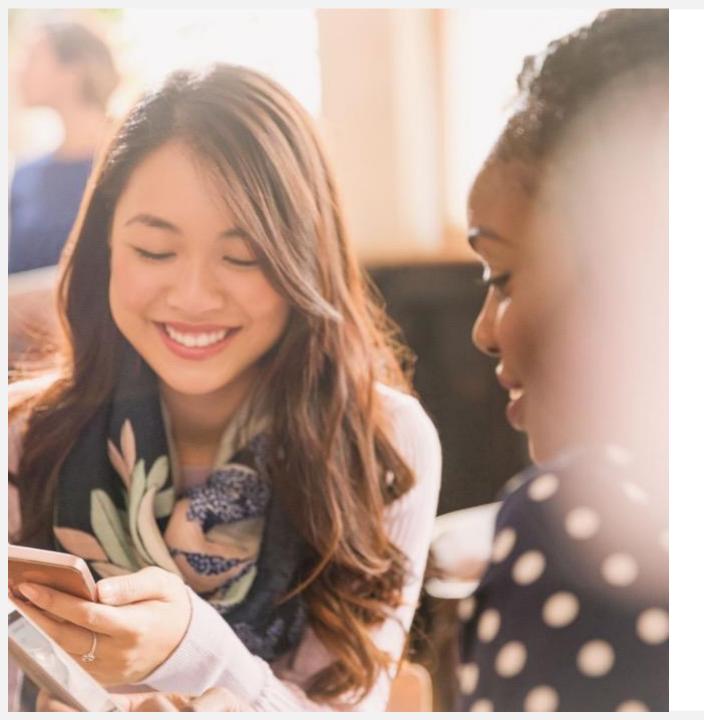
Team: 80

Customers: 150

ARR: 7M

Team: 25

Customers: 75



Appendix

Founders

Vivek Kaliraman

In his last endeavor, Vivek founded Caringly, a healthcare technology company offering workflow-driven solutions for improving clinical hand-offs between hospitalists. Vivek began his career practicing medicine before taking on senior product management roles in healthcare technology, focusing on mobile healthcare engagement at mPulse Mobile, mobileStorm and Impact Communications.

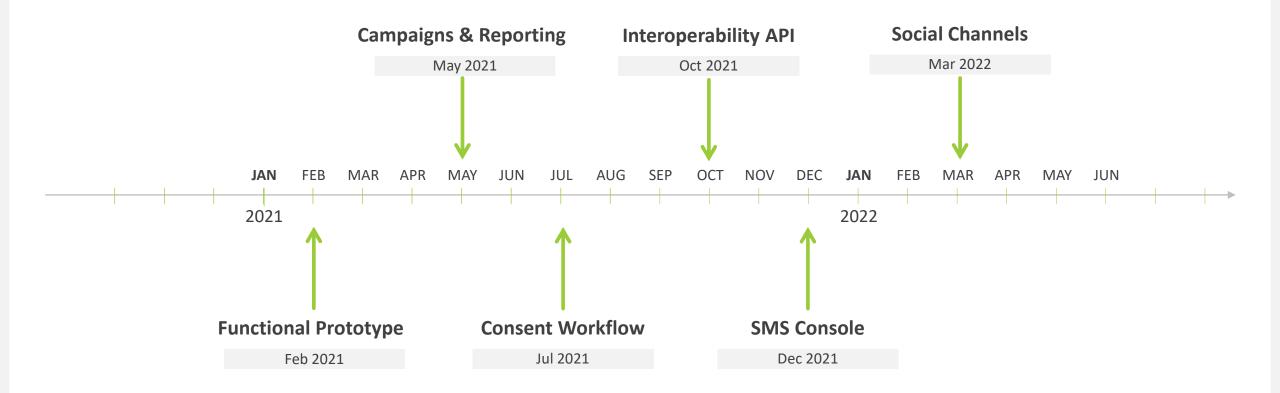
Vivek holds an MBBS from Government Medical College, Rohtak, an MS in Health Care Informatics from the University of San Diego and a PhD in Molecular Biology & Biochemistry from Rutgers.

Rob Mello

Prior to founding Leafpoint, Rob was a senior director at mPulse mobile where he designed mobile engagement solutions for leading healthcare organizations including CalOptima, AltaMed, UPMC, McKesson and United Healthcare. Prior to mPulse Mobile, Rob managed the technical delivery team at TigerConnect, working with healthcare systems including Kindred Healthcare, Fresenius and Robert Wood Johnson. Rob also spent several years at Hewlett Packard and Symantec in product and customer-facing roles focusing on IT security.

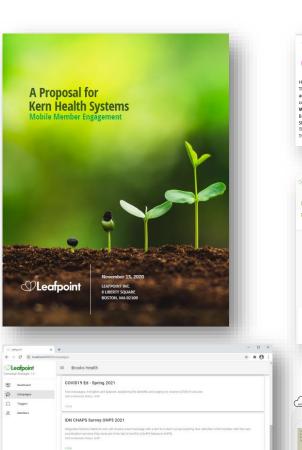
Rob holds a BS in Information Technology from the University of Massachusetts, Lowell, where he graduated summa cum laude and an MBA (honors) from Johns Hopkins Carey Business school.

Product Timeline



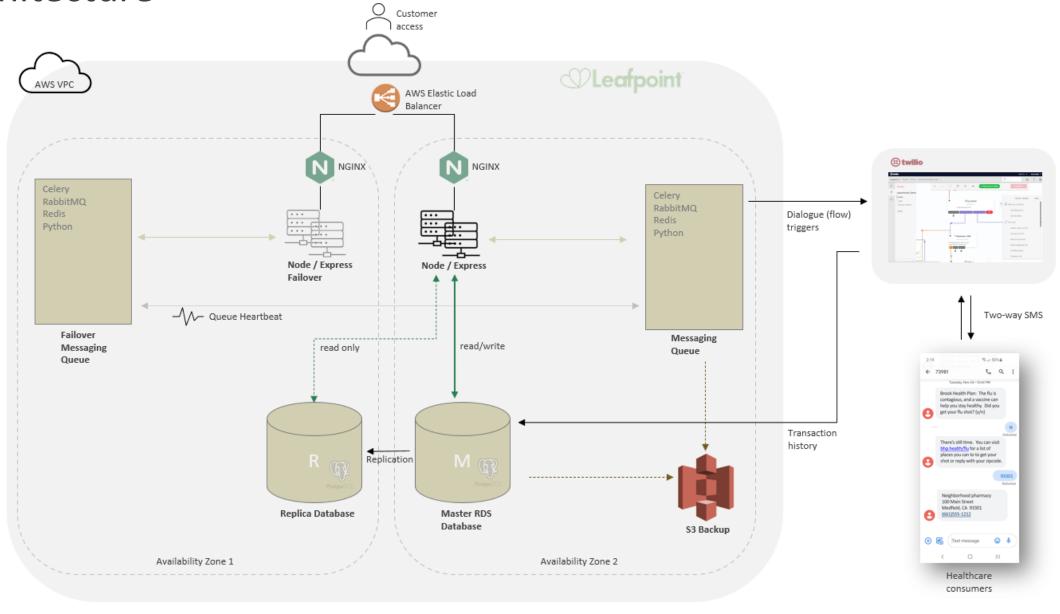
Where are we today?

- ✓ Architecture
- ✓ UX design
- ✓ Financial model / plan
- ✓ Functional prototype (campaigns and data model)
- ✓ Engaging early adopters (Kern Health Systems)
- ✓ Sales presentations and proposals
- ✓ Twilio trust-hub partner for A2P messaging

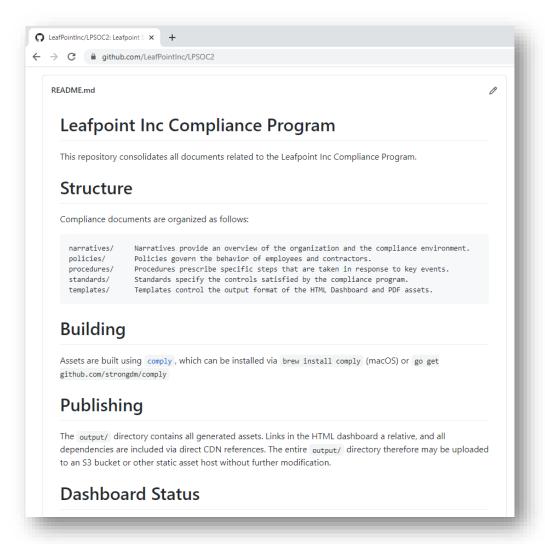




Architecture



SOC 2 / Compliance Program



Software Development Lifecycle Policy

1 Purpose and Scope

- a. The purpose of this policy is to define requirements for establishing and maintaining baseline protection standards for company software, network devices, servers, and desktops.
- b. This policy applies to all users performing software development, system administration, and management of these activities within the organization. This typically includes employees and contractors, as well as any relevant external parties involved in these activities (hereinafter referred to as "users"). This policy must be made readily available to all users.
- c. This policy also applies to enterprise-wide systems and applications developed by the organization or on behalf of the organization for production implementation.

2 Background

- a. The intent of this policy is to ensure a well-defined, secure and consistent process for managing the entire lifecycle of software and information systems, from initial requirements analysis until system decommission. The policy defines the procedure, roles, and responsibilities, for each stage of the software development lifecycle.
- b. Within this policy, the software development lifecycle consists of requirements analysis, architecture and design, development, testing, deployment/implementation, operations/maintenance, and decommission. These processes may be followed in any form; in a waterfall model, it may be appropriate to follow the process linearly, while in an agile development model, the process can be repeated in an iterative fashion.

3 References

Revenue Projections (Customers / MRR / ARR)

Y1-2021	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec			Year End	MRR	15,000
Customer 1		2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	22.000			ABB	180,000
Customer 2		_,	_,	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	18,000			PMPM	300,000
Customer 3				_,	_,	3,000	3,000	3,000	3,000	3,000	3,000	3,000	21,000			Customers	5
Customer 4						-,	-,	3,000	3,000	3,000	3,000	3,000	15,000				
Customer 5								-,	-,	5.000	5,000	5,000	15,000				
NRR		5,000			5,000			7,000		-,	10,000	-,	42,000				
		-,			-,			.,			,	Total	133,000				
											Dec MRR	15,000	100,000				
												,					
V2 2022		E .								0	B1	Dec			VF	LMDD	120.000
Y2 - 2022	Jan 10,000	Feb	Mar	Apr 10,000	May	Jun 10.000	Jul 10,000	Aug	Sep	Oct	Nov		144.000		Year End		128,000
2021	12,000	12,000	12,000	12,000	12,000	12,000	12,000	12,000	12,000	12,000	12,000	12,000				ARR	1,536,000
Q1		8,000	8,000	8,000	8,000	8,000	8,000	8,000	8,000	8,000	8,000	8,000	88,000			PMPM	2,560,000
Q2					16,000	16,000	16,000	16,000	16,000	16,000	16,000	16,000	128,000			Customers	26
Q3								32,000	32,000	32,000	32,000	32,000	160,000				
Q4											60,000	60,000	120,000				
NRR		10,000			12,000			20,000			24,000	_	186,000				
												Total	826,000				
											Dec MRR	128,000	YOY MRR	753%			
Y3-2023	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec			Year End		587,400
2022	102,400	102,400	102,400	102,400	102,400	102,400	102,400	102,400	102,400	102,400	102,400	102,400	1,228,800			ARR	7,048,800
Q1		75,000	75,000	75,000	75,000	75,000	75,000	75,000	75,000	75,000	75,000	75,000	825,000			PMPM	11,748,000
Q2					110,000	110,000	110,000	110,000	110,000	110,000	110,000	110,000	880,000			Customers	78
Q3								140,000	140,000	140,000	140,000	140,000	700,000				
Q4											160,000	160,000	320,000				
NRR		25,000			30,000			40,000			50,000		465,000				
												Total	4,418,800				
											Dec MRR	587,400	YOY MRR	359%			
U4 0004												_				MDD	1 000 000
Y4 - 2024	Jan 400 000	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	E 000 040		Year End		1,229,920
2023	469,920	469,920	469,920	469,920	469,920	469,920	469,920	469,920	469,920	469,920	469,920	469,920	5,639,040			ARR	14,759,040
Q1		160,000	160,000	160,000	160,000	160,000	160,000	160,000	160,000	160,000	160,000	160,000	1,760,000			PMPM	24,598,400
Q2					180,000	180,000	180,000	180,000	180,000	180,000	180,000	180,000	1,440,000			Customers	100+
Q3								200,000	200,000	200,000	200,000	200,000	1,000,000				
Q4											220,000	220,000	440,000				
NRR		50,000			60,000			70,000			80,000	- .	700,000				
											B 1100	Total	10,979,040	400			
											Dec MRR	1,229,920	YUYMRR	109%			
VE 2025		E-L	M	0	M	1	11	0	C	0	B1	Dec			VF-	MDD	2 422 022
Y5 - 2025 2024	Jan 983,936	Feb 983,936	Mar 983,936	Apr 983,936	May 983,936	Jun 983,936	Jul 983,936	Aug 983,936	Sep 983,936	Oct 983,936	Nov 983,936	983,936	11,807,232		Year End	ABB	2,133,936 25,607,232
	303,336		-		240,000	240,000		240,000	240,000	240,000			2,640,000			PMPM	
Q1		240,000	240,000	240,000			240,000				240,000	240,000					42,678,720
Q2					270,000	270,000	270,000	270,000	270,000	270,000	270,000	270,000	2,160,000			Customers	150+
Q3								300,000	300,000	300,000	300,000	300,000	1,500,000				
Q4		00.000			00.000			400.000			340,000	340,000	680,000				
NRR		80,000			90,000			100,000			120,000		1,070,000				
											B 1155	Total	19,857,232				
											Dec MRR	2,133,936	YUYMHH	74%			

Financial Projections

Pro Forma Income Statements					
	Year 1	Year 2	Year 3	Year 4	Year 5
Revenue	133,000	826,000	4,418,800	10,979,040	19,857,232
COGS	63,000	180,000	560,000	1,180,000	2,800,000
Gross margin	70,000	646,000	3,858,800	9,799,040	17,057,232
Operating expenses					
Research and development	100,000	450,000	900,000	1,800,000	3,600,000
General and administrative	341,000	564,000	962,600	1,043,200	1,269,800
Selling expenses	204,000	511,000	2,071,000	3,207,000	5,025,000
Account management	-	260,000	650,000	2,600,000	3,250,000
Total operating expenses	645,000	1,785,000	4,583,600	8,650,200	13,144,800
Operating income	(575,000)	(1,139,000)	(724,800)	1,148,840	3,912,432
Other income and expense					
Income before provision of Income Taxes	(575,000)	(1,139,000)	(724,800)	1,148,840	3,912,432
Provision for income taxes	-	-	-	-	786,742
Net income	(575,000)	(1,139,000)	(724,800)	1,148,840	4,699,174

Pro Forma Balance Sheet - Yea	r 5		
Assets		Liabilities	
Cash	4,369,730	Accounts payable	-
A/R	-	Accrued expenses	-
Inventory	-	Accrued expense	-
Total current assets	4,369,730	Total current liabilities	-
Property and equipment	-	Long-term loans	-
Less reserve for depreciation	-		
Net property and equipment	-		
Total Assets	4,369,730	Total Liabilities	-
		Owner's Equity	
		Paid-in capital	2,642,000
		Retained earnings	1,727,730
		Liabilities plus OE	4,369,730

	Year 1	Year 2	Year 3	Year 4	Year 5
Revenue	133,000	826,000	4,418,800	10,979,040	19,857,232
Year-end MRR	15,000	128,000	587,400	1,229,920	2,133,936
YOY revenue grov	wth	521%	435%	148%	81%
YOY MRR growth		753%	359%	109%	74%
Customers	5	26	78	100+	150+

	Year 1	Year 2	Year 3	Year 4	Year 5
Net Sales	133,000	826,000	4,418,800	10,979,040	19,857,232
Total operating cash outflows	708,000	1,965,000	5,143,600	9,830,200	16,839,542
Net operating cash flow	(575,000)	(1,139,000)	(724,800)	1,148,840	3,017,690
Investment	642,000	2,000,000			
Cash	67,000	928,000	203,200	1,352,040	4,369,730

Gross Ma	rgin: (Revenue				
	Year 1	Year 2	Year 4	Year 5	
Revenue	133,000	826,000	4,418,800	10,979,040	19,857,232
COGS	63,000	180,000	560,000	1,180,000	2,800,000
GM	70,000	646,000	3,858,800	9,799,040	17,057,232
GM%	53%	78%	87%	89%	86%

Exit Examples

- 80%+ gross margin and recurring revenue support a favorable valuation
- Health-tech has attention from CVCs

Company	Acquired by	Funding	Deal Size	Year
Eliza	HMS	\$105M	\$175M	2017
Emmi Solutions	Wolters Kluwer		\$170M	2016
GetRealHealth	CPSI	\$2.5M	\$11M	2019
CareSpeak Communications	OptimizeRx		5.5M	2018
HealthLoop	GetWellNetwork	\$21M		2018
PatientsLikeMe	Optum	\$127M		2019
EnaggedMedia	Aptus Health	3M		2018
Aptus health	WebMD	17M		2019

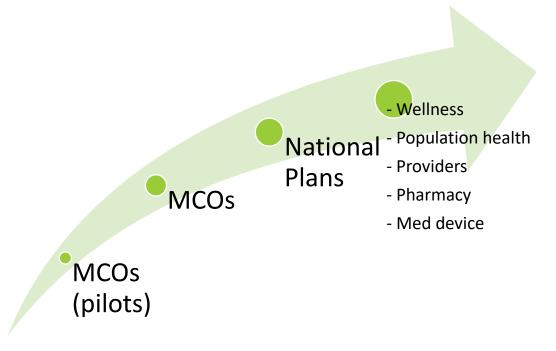
GTM

Now more than ever, every healthcare plan is looking for more effective ways to engage their members.

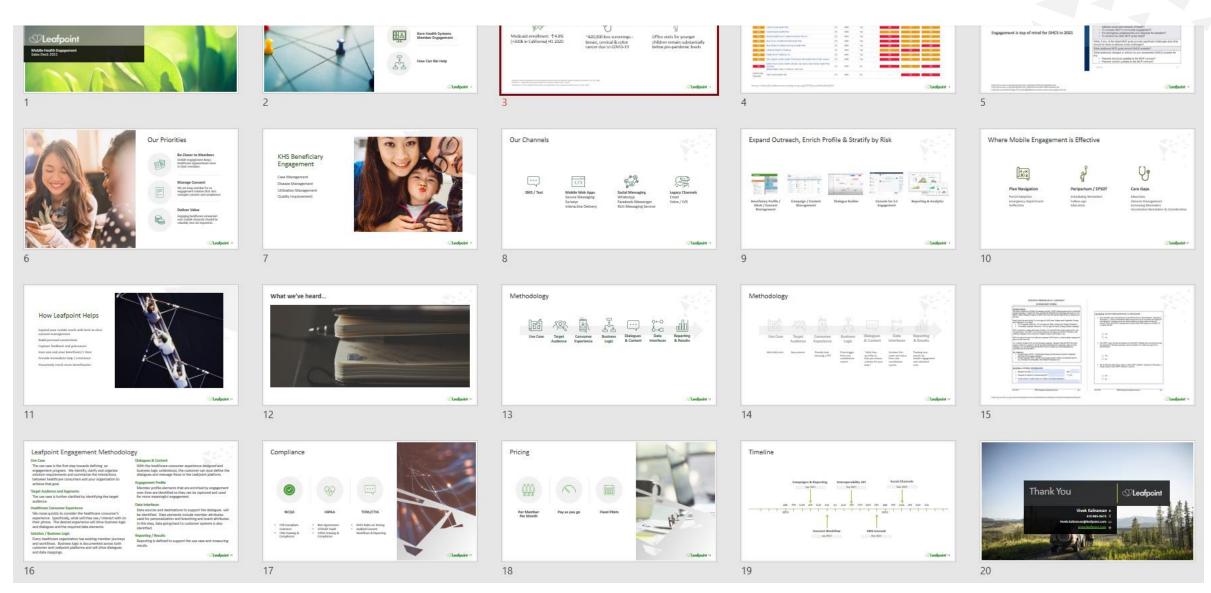
Our GTM will target Medicaid managed care organizations (MCOs). MCO reimbursements are tied to member engagement through consumer satisfaction, prevention and treatment measures. Stakeholders at MCOs have access to budget (\$10k-\$100k range) for pilot programs, and the pricing and licensing model (Per Member Per Year) aligns with MCO purchasing.

MCOs are a collaborative group. Success will lead to traction within the MCO ecosystem and broader success will open the market to larger players like Centene, Aetna and the Blues plans.

Future markets that will benefit from a proven mobile health engagement platform include wellness, pop-health, providers, pharmacy and meddevice.



Sales Presentation



Roadmap / Strategy

We are not fooling ourselves. There is a ton of work to do over the coming months to get the Leafpoint platform customer-ready, namely around cloud-infrastructure, automation, security, UX and reporting. But we are always looking ahead, and there is significant growth beyond two-way mobile engagement for our platform. These long-term strategic product roadmap categories include:

Social media channels (WhatsApp, FB Messenger): SMS is still emerging as an A2P mobile communication platform. As more consumers become comfortable engaging companies over social media channels, Leafpoint will be there to support them.

Analytics relating to campaign effectiveness: Over time, Leafpoint will accumulate a wealth of deidentified information about how healthcare consumers engage. The insights and analytics will become a significant asset. ("Data is the new oil.")

Segmentation analysis: Advanced segmentation strategies across nuanced member attributes will lead to more targeted and tailored engagement, leading to better results. Competitors in this space talk about this value, but none that we know of are delivering.

Interoperability: As of today, healthcare consumer information is locked-up, but with new interoperability regulations taking effect in 2021, solutions that provide access to patients will explode. Leafpoint will be well positioned to become a conduit for interoperability workflows and engagement. We also anticipate that members will be able to share information with their plans to self-select for specific programs.

Natural language processing / conversational AI / bots: There is a lot of attention given to these technologies. Our experience is that rules-based workflows are effective at meeting the requirements of most Medicaid and Medicare plans. We'll be ready to implement NLP/NLU when the use-cases require it.

Integrations: More healthcare organizations are adopting enterprise-class CRM and EHR platforms. Our product roadmap includes out-of-the-box integrations with big platforms like Salesforce.com, Epic and Cerner

Deloitte.

Health-tech investment trends: A view into the Future of Health

Feb 2021

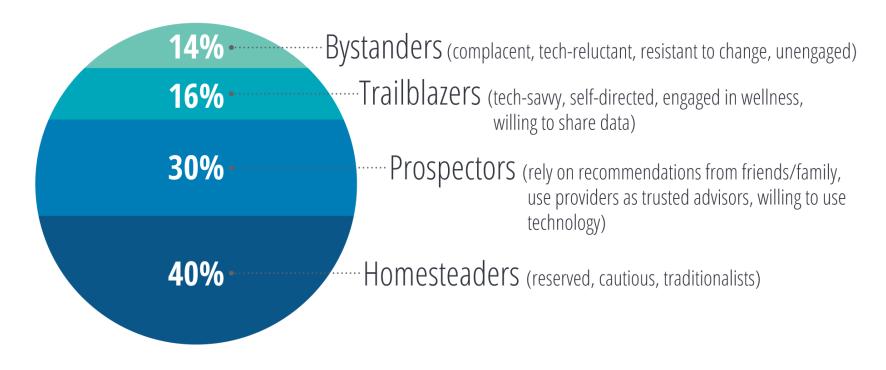
- 1. The potential of virtual health will continue to unfold
- 2. Consumers will continue to take control of their own health

Another panelist said her organization will continue to invest in technologies that empower and connect health consumers to help them become better stewards of their own health. The pandemic was a catalyst for making health care more accessible to more people, particularly underserved populations, she noted. This is becoming particularly important as organizations across the health care sector look for ways to improve health equity. While the expansion of virtual health helped make care more accessible and convenient, the next step might be to further empower consumers by providing them with actionable data. How is health care going beyond just that visit? Some investors have said that capturing and integrating virtual health data into the medical record infrastructure will be a challenge to overcome in 2021.

- 3. More diagnostic tools will be developed for home use
- 4. Mergers and acquisitions will likely accelerate
- 5. New investors will target health care

Mobile channels address healthcare consumers across segments

FIGURE 1 Distribution of segments in the Deloitte 2018 Survey of US Health Care Consumers



Source: Deloitte 2018 Survey of US Health Care Consumers.

Deloitte Insights | deloitte.com/insights



Use Case

Well-child visits



Target Audience

New parents



Consumer Experience

Friendly help choosing a PCP



Business Logic

Event trigger from care coordination system



Dialogues & Content

"Hello Sara, we'd like to help you choose a doctor for your baby."



Data Interfaces

Member first name and status from care coordination system



Reporting & Results

Tracking new parents by mobile engagement and scheduled visits

Our methodology is simple, flexible and healthcare-focused.



SMS / Text



Mobile Web Apps
Secure Messaging
Surveys
Interactive Delivery



Social Messaging WhatsApp Facebook Messenger Rich Messaging Service



Legacy Channels Email Voice / IVR

Competition

The three attributes that we are paying the most attention to are cost, simplicity and innovation. These are areas where we know that Leafpoint can differentiate by 3x-10x.

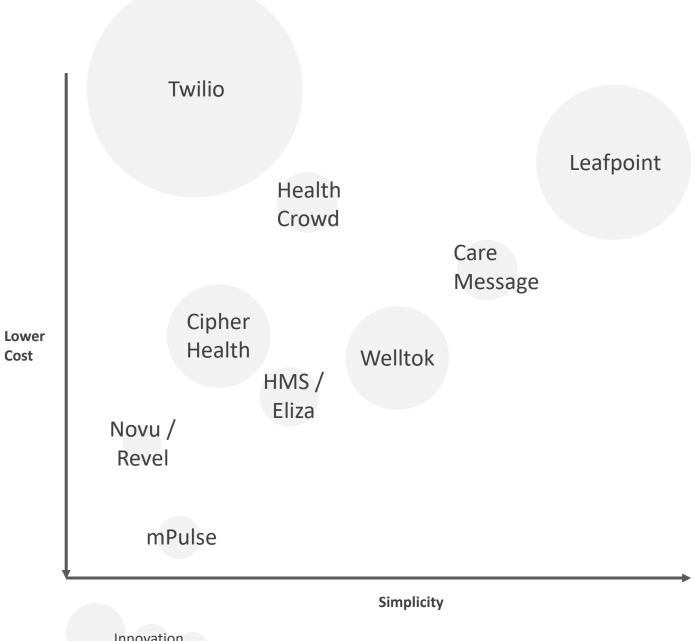
Lower Cost: Leafpoint will license on a per-memberper-year (PMPY) model which aligns with healthcare plan buying centers and purchasing. This will appeal to customers and shorten sales cycles.

Using IEHP as an example, they are currently paying \$1.45M annually for simple text messaging programs delivered by mPulse Mobile. The annual cost for Leafpoint for all members would be closer to \$600k with volume discounts.

Our competitors have business models predicated on lofty, unsustainable pricing.

Innovation: Leafpoint is cloud-native and leverages new technologies from Twilio and AWS. The competition spends significant time and resource keeping up with their aging architecture.

Simplicity: The Leafpoint methodology has been developed to meet straightforward requirements from healthcare plans. We've set aside the buzz-words and have focused on what organizations really need to engage with their members over mobile channels.

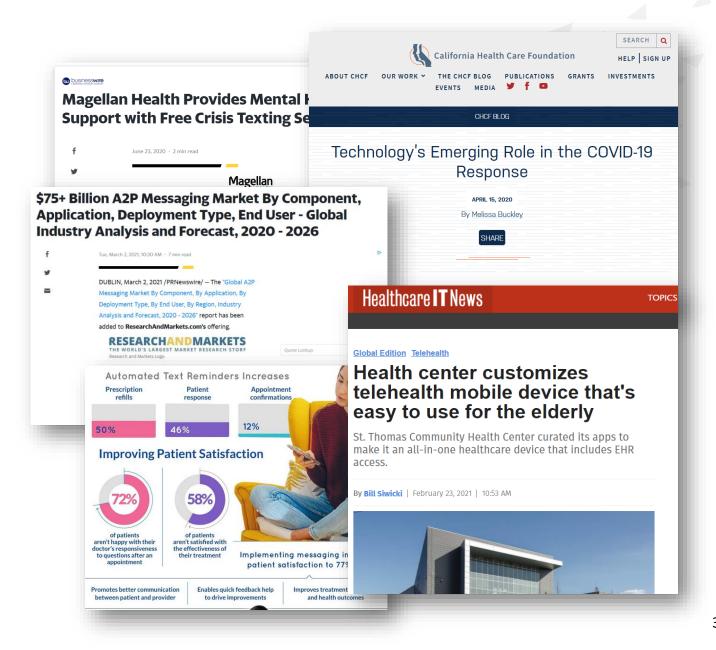


Innovation

Successful healthcare innovation continues to focus on consumer engagement

- Zipari (\$45M)
- Cityblock Health (\$300M)
- Oscar Health (\$1.6B)





"The most underutilized resource in the U.S. healthcare system are the patients themselves." Dr. Charles Safran, Harvard School of Public Health

Thank you.

