ELEVATE
health technologies

OnePulse Connect

2026

# Sales Playbook

Version 1.0 — May 2026





TOP WORK PLACES 2026 Tennessean.

A-LIGN SOC 2

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# Our Mission & Sales Philosophy

## MISSION

To serve as a trusted advisor to specialty physician practices — empowering them to enhance patient care and grow practice economics through Elevate's integrated MID, IOI, and SaaS platform.

## SALES PHILOSOPHY

Every conversation with a physician or practice administrator should leave them feeling more informed, more confident, and closer to a decision that is genuinely in their best interest.

## ELEVATE HEALTH TECHNOLOGIES REPS ARE:

- Consultative — we diagnose before we prescribe
- Data-driven — every recommendation is grounded in custom financial modeling and peer evidence
- Accountable — we stand behind our results
- Relational — we build long-term partnerships, not transactional closes
- Driven with a Sense of Urgency — we operate with Speed as a core value; every day a practice delays is revenue lost to a specialty pharmacy

# Company Overview & Value Proposition

## Who We Are

Elevate Health Technologies is a fully remote healthcare technology company serving specialty physician practices across three integrated business segments.

| SEGMENT | WHAT IT DOES |
|---|---|
| **MID (Physician In-Office Dispensing)** | Enables practices to dispense specialty medications directly to patients, capturing pharmacy margin that otherwise flows to a specialty pharmacy |
| **IOI (In-Office Infusion)** | Supports practices in managing in-office infusion therapy across billing, access, and operations — including the Clear Bag model |
| **Healthcare SaaS** | OnePulse Connect (real-time practice visibility platform, SOC 2 Type II certified) and ProCura Connect (agnostic GPO and wholesaler network) |

## THE CORE VALUE PROPOSITION

Elevate is the only platform that integrates physician dispensing, in-office infusion, and agnostic wholesaler access into a single, technology-enabled program.

## KEY PROOF POINTS

- 60-Day Implementation from MSA signed
- 2-hour benefit investigations from our Patient Access Team
- Same-day prior authorization submissions
- SOC 2 Type II certified technology platform (OnePulse Connect)
- Agnostic wholesaler model via ProCura Connect GPO — lower cost of goods, higher margins for the practice
- Client references available — Empowered Rheumatology and Las Vegas Neuro (reference letters expected May 2026)

# Target Market & Ideal Customer Profile (ICP)

## PRIORITY SPECIALTIES — Q2/Q3 2026

| PRIORITY | SPECIALTY | WHY NOW |
|---|---|---|
| 1 | **Rheumatology** | High biologic utilization (Humira, Cimzia, Simponi Aria, Remicade, Rituxan, Skyrizi); strong MID + clear bag IOI opportunity; active PE consolidation |
| 2 | **Gastroenterology (GI)** | Strong biologics (Entyvio, Stelara, Remicade biosimilars, Skyrizi); Part B/Part D reimbursement opportunity; large PE-backed groups actively seeking practice economics solutions |
| 3 | **Neurology** | Growth specialty; emerging MID opportunity; Las Vegas Neuro is a live reference account |

**Note:** Oncology has been deprioritized in favor of GI for Q2–Q3 2026.

## IDEAL PRACTICE PROFILE

| CRITERIA | TARGET |
|---|---|
| **Practice type** | Independent, group, or PE-backed specialty practice |
| **Specialty** | Rheumatology, GI, Neurology |
| **Providers** | 2–20+ physicians per location |
| **Patient volume** | Moderate to high biologic/infusion patient panel |
| **Geography** | All U.S. states with favorable MID regulatory environment |
| **Decision authority** | Practice owner, Managing Partner, COO/Administrator, or PE Platform Ops lead |

## HIGH-PRIORITY SEGMENTS

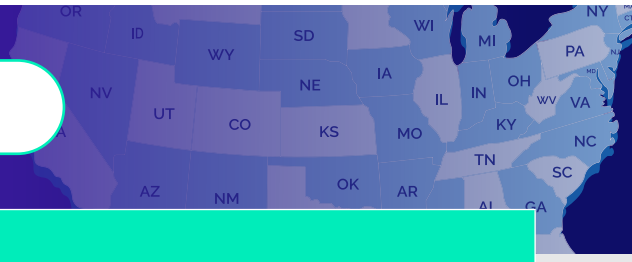
PE-Backed Practices (ABM Priority) PE-backed specialty groups are a top-of-funnel priority. They are operationally sophisticated, motivated by EBITDA expansion, and make platform-level decisions that can add multiple locations at once.

### KEY TARGETS BY SPECIALTY:

- **Rheumatology:** United Rheumatology / Specialty Networks
- **GI:** GI Alliance, Gastro Health, One GI, PE GI Solutions
- **Neurology:** Emerging PE consolidation (early stage)

**Lead Source:** Leverage Definitive Healthcare data for PE-backed practice identification and ABM outreach.

# Sales Organization & Territory Structure




## CURRENT STRUCTURE (APRIL 2026)

| ROLE | PERSON | RESPONSIBILITY |
|---|---|---|
| **Sales Leadership** | **Craig Mears** | Sales leadership, strategy, key account oversight, direct rep management |
| **Sales Rep 1** | **Marcia Appolonia** | AL, CT, DE, FL, GA, LA, MD, MS, NC, OK, SC, VA, WV, Southern CA |
| **Sales Rep 2** | **Nicole Micale** | IA, ID, IL, IN, KS, KY, ME, MI, MO, MT, ND, NE, OH, WI |
| **Sales Rep 3** | **Scott Richmond** | CO, NM, NV, UT, AZ, WA and North CA— North of Monterey |
| **Sales Rep 4** | **Hiring — April 2026** | Territory coverage |
| **Sales Rep 5** | **Hiring — April 2026** | Territory coverage |

## REP TEAM RAMP TARGETS

- End of April 2026: 5 reps active
- July–August 2026: Full rep productivity achieved across all five reps

## REPORTING STRUCTURE

All sales reps report directly to Craig Mears. Craig provides weekly pipeline oversight, deal coaching, and performance management across the team.

## SALES QUOTA (PRIMARY METRIC)

5 LOIs/MSAs signed per rep per month

# The Elevate 5-Stage Sales Process

STAGE 1: Lead & Qualify → STAGE 2: Discovery → STAGE 3: Financial Presentation → STAGE 4: Negotiation & LOI → STAGE 5: Contract Signed

## STAGE DEFINITIONS & EXIT CRITERIA

### STAGE 1 — LEAD & QUALIFY

- **Source:** Outbound prospecting, referrals, events, webinars, marketing leads, Definitive Healthcare (PE ABM)
- **Activities:** Initial outreach, qualification call, confirm decision-maker access
- **Exit criteria:** Confirmed specialty fit, identified pain point, discovery meeting scheduled

### STAGE 2 — DISCOVERY & NEEDS ASSESSMENT

- **Activities:** 45–60 minute structured discovery call (see Section 6)
- **Exit criteria:** Practice financial profile understood; custom proforma initiated
- **SLA:** Proforma delivered within 48 hours of completing discovery (new proforma) or 24 hours (revision)

### STAGE 3 — FINANCIAL PRESENTATION

- **Activities:** Walk the decision-maker through the custom proforma; present Elevate vs. status quo; present competitive comparison if needed
- **Exit criteria:** Decision-maker has reviewed proforma; verbal agreement on value; LOI ready
- **Key ask:** Reference check / peer practice intro (Empowered Rheumatology, Las Vegas Neuro)

### STAGE 4 — NEGOTIATION & LOI

- **Activities:** Address final objections; issue LOI; negotiate any site-specific terms
- **Exit criteria:** Signed LOI
- **Note:** All contract terms beyond standard must be reviewed by Craig Mears before committing

### STAGE 5 — CONTRACT SIGNED

- **Activities:** Issue and execute master agreement; collect practice credentialing info; schedule implementation kickoff
- **Exit criteria:** Executed contract in hand — deal is CLOSED
- **Handoff:** Complete Implementation Handoff Form within 24 hours of signature

# Discovery & Needs Assessment

## Guiding Principle

Discovery is not a sales pitch. It is a diagnostic conversation. Your goal is to understand the practice's current economics, patient flow, operational constraints, and decision-making process — so that every recommendation you make is grounded in their reality.

## PRE-CALL RESEARCH CHECKLIST

| | | |
|---|---|---|
| 1 | ☐ | Practice size (# of physicians, locations) |
| 2 | ☐ | Specialty and key drugs/biologics in their patient panel |
| 3 | ☐ | Current dispensing or infusion setup (if known) |
| 4 | ☐ | Payer mix (if available) |
| 5 | ☐ | PE affiliation or ownership structure |
| 6 | ☐ | Prior competitor engagement (HouseRx, Cardinal, others) |

## DISCOVERY QUESTION FRAMEWORK

### PRACTICE ECONOMICS

- "How is your practice currently handling specialty medication dispensing for patients?"
- "Do you have any insight into how much specialty pharmacy revenue is flowing out of your practice today?"
- "Have you ever modeled out what in-office dispensing could mean for your revenue per patient?"

### PATIENT ACCESS & WORKFLOW

- "How long does it take your team to complete a benefit investigation today?"
- "Are prior authorizations causing delays in getting patients on therapy?"
- "What's the typical time-to-treatment for a new biologic patient in your practice?"

# Discovery & Needs Assessment - continued

## INFUSION / CLEAR BAG

- "Are you running any in-office infusions today, or are you referring out?"
- "Have you explored clear-bag or buy-and-bill infusion models?"
- "What's your current infusion capacity — chairs, staff, hours?"

## DECISION PROCESS

- "Who else is involved in evaluating a program like this?"
- "Have you looked at other vendors in this space recently?"
- "What would need to be true for you to move forward in the next 30–60 days?"

## COMPETITIVE INTELLIGENCE

- "Have you spoken with HouseRx or any other dispensing vendors?"
- "What did they show you? What was most appealing? What gave you pause?"

## DISCOVERY INTAKE FORM

**Complete and submit after every Stage 2 call. Required before a proforma is built. Key fields:**

- Practice name, specialty, # of providers, # of locations
- Key drugs and estimated monthly patient volume per drug
- Payer mix estimate (commercial %, Medicare %, Medicaid %)
- Current dispensing/infusion model
- Identified pain points
- Decision timeline and key stakeholders
- Competitive context (who else is involved)

# The Elevate Financial Presentation

## The Proforma Approach

The Elevate proforma is a custom, practice-specific financial model — not a generic brochure. It should reflect the practice's own drug mix, patient volume, and payer mix.

**Proforma SLA:**

- New proforma: 48-hour turnaround from completed discovery
- Revision: 24-hour turnaround

## PRESENTATION FRAMEWORK

| | |
|---|---|
| **STEP 1** | Start with their number "Based on what you told me about your patient volume and payer mix, here's what we estimate you're leaving on the table today."<br>Show the "status quo" column: revenue flowing to specialty pharmacy vs. what the practice could capture. |
| **STEP 2** | Show the ramp "Here's the realistic 60-day ramp to your first revenue. Most practices see their first dispensing revenue within 60 days of implementation." |
| **STEP 3** | Show the integrated advantage "If you add our IOI program alongside MID, your annual revenue opportunity increases significantly — the integrated model consistently outperforms dispensing alone." |
| **STEP 4** | Anchor to cost of inaction "Every month you wait, that revenue continues flowing to a specialty pharmacy. There's no cost to getting started." |

## GI-SPECIFIC DRUG MODELING

For GI practices, model at the drug level:

- **Entyvio** (vedolizumab) — strong Part B opportunity
- **Stelara** (ustekinumab) — Part B/Part D toggle
- **Remicade biosimilars** — Inflectra, Renflexis — high-margin buy-and-bill
- **Skyrizi** (risankizumab) — emerging GI biologic

## RHEUMATOLOGY DRUG MODELING

- Humira
- Cimzia
- Simponi Aria
- Remicade
- Rituxan
- Skyrizi

# Competitive Positioning

## ELEVATE VS. HOUSERX — CORE COMPARISON

| DIMENSION | ELEVATE HEALTH TECHNOLOGIES | HOUSERX |
|---|---|---|
| **Model** | Integrated MID + IOI + SaaS platform | Pharmacy fulfillment and dispensing only |
| **Annual revenue potential** | Significantly higher (MID + IOI integrated) | Dispensing only |
| **Wholesaler model** | Agnostic (ProCura Connect GPO) — lower COGS | Single-wholesaler — locked-in pricing |
| **Patient access** | 2-hour BIs, same-day PA submissions | Standard processing |
| **Technology** | OnePulse Connect — real-time visibility, SOC 2 Type II | Limited practice-facing platform |
| **White-bagging / IOI defense** | Integrated clear bag IOI model protects practice | No infusion integration |
| **Specialty depth** | Rheum, GI, Neurology — deep expertise | Generalist approach |

## WHEN A PROSPECT MENTIONS HOUSERX

**Use this sequence:**

1. "Have they shown you a financial model specific to your practice?" (Most haven't)
2. "Did they walk you through what happens to your infusion revenue — not just dispensing?" (HouseRx is MID-only)
3. Deliver the integrated model comparison — show the annual revenue gap

## KEY COMPETITIVE SOUNDBITE

***HouseRx is a dispensing service. Elevate is a practice economics platform. We bring dispensing, infusion, technology, and patient access together in one program."***

## CARDINAL HEALTH (GI)

Cardinal Health is a dominant player in GI distribution and is deeply embedded in GI Alliance and other PE-backed GI platforms. When competing against Cardinal:

- Emphasize Elevate's agnostic wholesaler model — ProCura Connect gives practices access to multiple wholesalers, not a captive Cardinal channel
- Elevate's technology layer (OnePulse Connect) provides practice-facing visibility that Cardinal's distribution-first model cannot match
- Cardinal's interest is in drug volume; Elevate's interest is in practice economics

# Objection Handling

## "WE'RE ALREADY WORKING WITH HOUSERX / ANOTHER VENDOR"

"I appreciate that — and I'm not here to disrupt something that's working. Can I ask: are you seeing the revenue you expected? And are they helping you capture infusion revenue, or just dispensing? Many practices we talk to are working with a dispensing partner but leaving the bigger opportunity — the infusion side — on the table."

**Then: offer a side-by-side financial comparison using their actual volume.**

## "THIS SOUNDS COMPLICATED TO IMPLEMENT"

"That's a fair concern — and it's one of the most common things we hear. Our Implementation team handles the heavy lifting: credentialing, EHR integration, staff training. Most practices are seeing their first revenue within 60 days."

## "WE NEED TO BRING THIS TO OUR PE PLATFORM / OWNERSHIP GROUP"

"Absolutely — and actually, that's where Elevate tends to do very well. PE platforms are focused on EBITDA expansion across their entire portfolio. We can prepare a platform-level model that shows what this opportunity looks like across all of your locations — not just one site. Would it help if we scheduled a call with your platform's operations lead?"

## "WHAT STATES ARE YOU IN? ARE YOU LICENSED IN [STATE]?"

"We support practices across the U.S. Let me confirm the regulatory picture in [state] for you directly — I want to make sure we give you accurate information." [Then confirm with Dave Walker / compliance before responding.]

## "WE'RE NOT READY TO MOVE RIGHT NOW"

"I understand — and I'd never want you to move faster than you're comfortable with. Can I ask what 'ready' looks like for you? Is it a timing issue, a people issue, or are there specific questions you'd want answered first? I want to make sure we're the right fit when you're ready to move — and that we've addressed everything that matters to you."

## "HOW DO WE KNOW THE REVENUE PROJECTIONS ARE ACCURATE?"

"Fair question — and we'd never ask you to take our word for it. We base our models on your actual volume and payer mix, not generic assumptions. We also have reference accounts who can speak directly to their experience — including Empowered Rheumatology and Las Vegas Neuro."

## "WHAT HAPPENS IF THE REGULATORY ENVIRONMENT CHANGES?"

"It's a legitimate question — and one we take seriously. Our compliance team monitors state MID regulations continuously, and we've built our platform to be adaptable. We can walk you through the regulatory landscape in your specific state before you sign anything."

# Closing, LOI & Contracting

## THE PILOT CLOSE (PREFERRED FOR MULTI-SITE GROUPS)

- For hesitant multi-site or PE-backed practices, the pilot structure is the most effective close:
- "Rather than committing your entire network upfront, what if we started with one to three of your highest-volume offices? We'll prove the model over 90 days — and then you'll have the data and the confidence to expand."
- **This is the recommended standard close for any multi-site group with more than 5 locations**

## ASKING FOR THE LOI

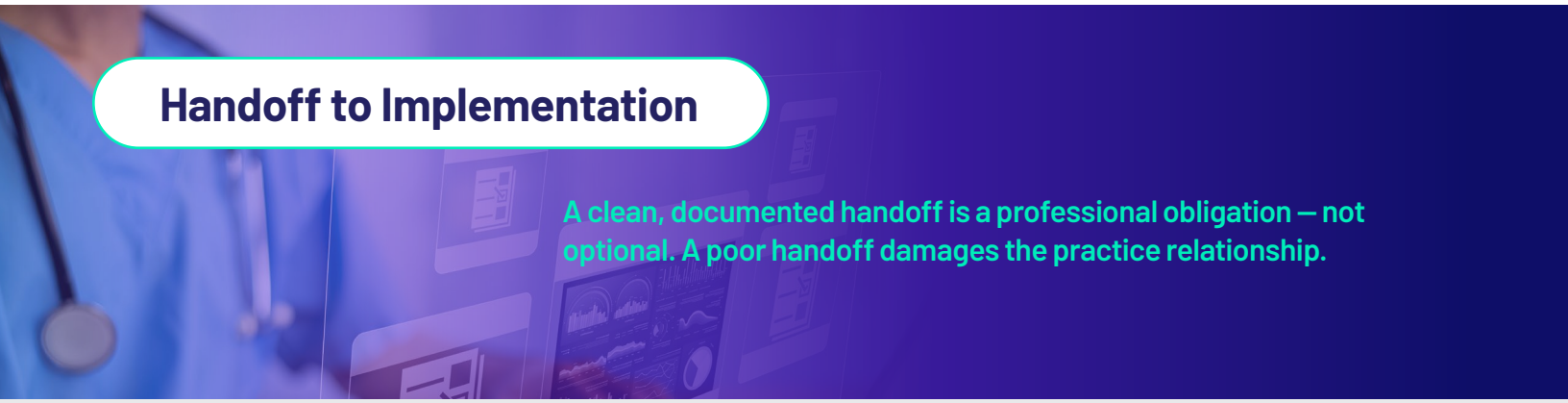
- Never leave a Stage 3 presentation without a clear ask:
- "Based on everything we've discussed — does this feel like the right direction for your practice?" [If yes] "Then let's take the next step. I can send over the Letter of Intent today — it's non-binding and just confirms that we're aligned on the program structure so we can get Implementation planning started. Can we get that signed this week?"

## LOI BEST PRACTICES

- Issue LOI within 24 hours of verbal commitment
- LOI is non-binding — remove that barrier explicitly
- Set a 5-business-day countersignature expectation
- Track all unsigned LOIs in CRM with follow-up task set for Day 3

## Contract Review & Escalation

- Standard contracts: Rep can facilitate with Craig Mears oversight
- Any non-standard terms or contract modifications: Must be reviewed by Craig Mears before committing
- Do not make verbal commitments on pricing, implementation timelines, or service guarantees outside of standard terms



# Handoff to Implementation

**A clean, documented handoff is a professional obligation — not optional. A poor handoff damages the practice relationship.**

## HANDOFF TIMELINE

- Complete Implementation Handoff Form within 24 hours of signed contract
- Implementation kickoff call scheduled within 5 business days
- Nichole (Implementation Lead) owns all post-signature milestones

## HANDOFF FORM — REQUIRED FIELDS

- Practice name, location(s), specialty
- Physician roster and prescribing providers
- Practice EHR/PM system
- Designated practice contact (implementation point of contact)
- Key drugs identified in proforma; estimated patient volume
- Payer mix
- Any commitments made during the sales process (pricing, timelines, program specifics)
- Decision-maker details and relationship notes
- Competitive context (prior vendors, any sensitivities)
- Open items or pending approvals

## REP RESPONSIBILITY POST-HANDOFF

- Stay engaged during implementation — do not disappear after the close
- Monthly check-in with practice contact through the first 90 days
- Flag any implementation issues to Nichole immediately — do not let them fester
- Upsell path: practices onboarded on MID should be evaluated for IOI add-on at 60 days

# Key Account Strategies

## EMPOWERED RHEUMATOLOGY (CLIENT REFERENCE)

- **STATUS:** Active client; designated priority reference
- **GOAL:** Reference letter secured by May 15, 2026
- **USAGE:** Deploy in Stage 3 presentations for Rheumatology prospects to reduce "prove it" objections

## LAS VEGAS NEURO (CLIENT REFERENCE)

- **STATUS:** Active client; designated priority reference
- **GOAL:** MID reference letter secured by May 15, 2026

## PE-BACKED GI TARGETS (ABM CAMPAIGN)

- **GI ALLIANCE / CARDINAL HEALTH PARTNERSHIP:** Approach with agnostic wholesaler + technology differentiation
- **GASTRO HEALTH, ONE GI, PE GI SOLUTIONS:** Use Definitive Healthcare data for outbound ABM; multi-location pilot close model
- **ENTRY POINT:** Platform ops lead or CFO, not individual site physicians

# Sales Tools & Resources

| TOOL | OWNER / WHERE TO FIND |
|---|---|
| CRM — pipeline, contacts, activity logging | **CRM platform** |
| Custom financial proforma template | [CRM document library] |
| GI-specific proforma (drug-level modeling) | [CRM document library] |
| MID Product Pricing Calculator | [CRM document library] |
| Competitive comparison: Elevate vs. HouseRx | [CRM document library] |
| Discovery Intake Form | [CRM document library] |
| Standard LOI template | [CRM document library] |
| Master Agreement template | [CRM document library] |
| Implementation Handoff Form | [CRM document library] |
| **OnePulse Connect Patient Journey Demo** | Howard Barskey / Chris Chevrier |
| ProCura Connect GPO overview | Chief Trade Officer — Dave Walker |
| **Client reference contacts** (Empowered Rheum / LV Neuro) | Darcey McDermott |
| Definitive Healthcare PE-backed practice data | Marketing — Darcey McDermott |
| State regulatory / compliance questions | VP of Operations — Bin Feng |
| **Digital Marketing Resources** | Darcey McDermott |

## MARKETING ACTIVATION (Q2 2026)

- SEO / digital lead generation — inbound pipeline support
- PE-backed practice ABM campaigns (Definitive Healthcare data)
- IOI/MID Webinar Series (June 2026) — Rheumatology, GI, Neurology
- Contact: Darcey McDermott (CMO)

# KPIs & Performance Standards

## INDIVIDUAL SALES REP — MONTHLY STANDARDS

| METRIC | STANDARD |
|---|---|
| LOIs/MSAs signed per month | 5 (primary quota) |
| New discovery calls completed | 10+/Day/Sales Leader |
| Proformas delivered | Per discovery; 48-hr SLA |
| CRM activity logging | 100% same-day |
| Proposal-to-LOI conversion | 35%+ target |
| Average sales cycle | 45–75 days |

## PIPELINE AGING — ESCALATION FRAMEWORK

| STAGE | GREEN (ON TRACK) | YELLOW (WATCH) | RED (ESCALATE) |
|---|---|---|---|
| Stage 1 → 2 | ≤7 days | 8–14 days | 15+ days |
| Stage 2 → 3 | ≤5 days (proforma SLA) | 6–10 days | 11+ days |
| Stage 3 → 4 | ≤14 days | 15–21 days | 22+ days |
| Stage 4 → 5 (LOI → Contract) | ≤14 days | 15–21 days | 22+ days |

**Red =** Craig Mears notified immediately. Deal review conducted within 48 hours.

# Trust Values In Sales

**Every sales interaction at Elevate Health Technologies must reflect our TRUST values:**

| VALUE | IN SALES, THIS MEANS |
|---|---|
| **TEAMWORK** | Coordinate with Implementation, Patient Access, and Trade before making commitments you can't keep. Sales doesn't win at the expense of Operations. |
| **RESPECT** | Honor the physician's time. Come prepared. Never overpromise. Leave every prospect better informed than when you arrived. |
| **UNITY** | One Elevate. The rep, sales leadership, and the Implementation team are one team serving one client. |
| **SPEED** | Follow up same-day. Deliver proformas within SLA. Move prospects through the funnel with urgency — every delay is revenue lost. |
| **TRANSFORMATION** | We help practices transform their economics and their patients' access to life-changing therapies. That responsibility matters. |

**Elevate Health Technologies** — Confidential Sales Playbook 2026 v1.0 | Owner: Craig Mears Last Updated: April 2026

# ELEVATE
health technologies