

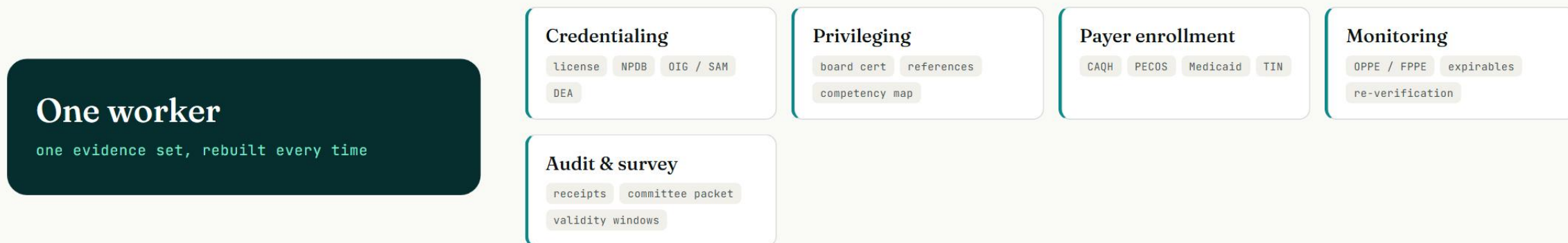
Rōvn

*The AI facility workforce
operator for healthcare.*

Rōvn turns source evidence into credentialing, privileging, monitoring, payer-readiness, and audit-ready human decisions.

\$2.25M TARGET • \$15M POST-MONEY SAFE • 2026-05-17 • CONFIDENTIAL • GILES-EVAN MBOUMI • CHRISTIAN MONTGOMERY • DOUTCHE MPINDU

Healthcare still runs regulated workforce readiness by *inbox, spreadsheet, and repeated source checks.*



Healthcare has workforce records — but no reusable workforce evidence layer.

Regulators forced the shape. *AI made the operator economics work.*

JC · CMS 482.22 · NAMSS

Governance depth

Credentialing, privileges, reappointment, OPPE/FPPE, and named approvals must be defensible.

NCQA DISCIPLINE

Source rigor

Primary-source verification and continuous monitoring push the market toward receipt-backed evidence.

PAYER PRESSURE

Revenue leakage

Credentialed-but-not-billable providers cost facilities real revenue every day.

AI COST CURVE

Workflow operator

AI can now read, extract, map rules, route exceptions, and assemble proof at facility-scale cost.



Four forces converge on the *AI facility workforce operator.*

A *\$16–18B* core market — built layer by layer, every layer sourced.

\$16–18B

CORE TAM • PHASE 1 FACILITY WORKFORCE
OPERATOR • GLOBAL • ANALYST-SOURCED

- Built from five analyst-sized pools — credentialing software + CVO services \$7.6B · provider data \$1.6B · privileging / quality \$2.4B · compliance & audit \$3.9B · provider-payer enrollment \$0.5–1B.
- Phase 2 hiring network — worker-owned Passport + Verified API — extends the surface to ~\$27–34B combined (workforce management, HCM, screening).
- SAM ≈ \$3.5–6B US — ~13,000–18,000 hospitals, ASCs, and large groups × Rōvn blended ACV; bottom-up, not a top-down guess.
- Recurring by regulation — NCQA 30-day monitoring, CAQH 120-day re-attestation, JC ≤3-year privileges, PECOS 5-year revalidation. The cycle never stops.

Sized bottom-up from named analyst pools (Grand View, Mordor, Credence, BRI) — not a headline guess.

One worker-owned Passport. *Every fact labeled, receipted, and replayable.*

Worker Passport

PSPRT · worker-owned

Registered nurse license
Nursys — source check

SOURCE-VERIFIED

Board certification
uploaded by worker

ATTESTED

Work history
extracted from documents

PROCESSED

Interview & offer outcome
named reviewer · typed reason

APPROVED

audit chain · sha256:9f3c...e1 · source receipt #RC-0241 · validity window 2026-05 → 2027-05 · consent-bound read

Provenance, never inflated

Imported, attested, processed, source-verified, and approved facts stay separated so proof is never overstated.

Source receipts

Each receipt carries source, timestamp, artifact/hash, tier, and validity window.

Consent-based reads

Facilities read evidence with worker consent instead of restarting verification from zero.

Named human decisions

Every gate is recorded with actor, date, typed reason, and receipt.

Passport, facility workflow, and Verified API *read from the same evidence layer.*

Passport

Worker-owned evidence record. Free. Upload once, carry receipts, receive renewal prompts.

Facility workflow layer

Paid operator surface for intake, gates, credentialing, monitoring, payer readiness, and proof.

Verified API

Consent-based evidence reads for HRIS, EHR, scheduling, staffing, payer, and workflow systems.

Roṽn — the brain

AI runs the workflow · rules, routing, proof, audit, and decision support

SOURCE SYSTEMS PROVE FACTS

License boards, NPDB, OIG/SAM, NPI/NPPES, DEA, AHA/cert sources, and payer utilities feed evidence in.

HUMAN DECISION GATES & AUDIT PROOF

Integrations are pipes. Roṽn owns the workflow, the decisions, and the defensible audit trail.

AI operates the workflow. Sources prove facts. *Humans own decisions.*

AI operates the workflow. Source systems prove the facts. Humans own the decision.

AI OPERATES

Reads & builds

Reads intake, documents, receipts, facility rules, role requirements, payer status, OPPE/FPPE signals. Extracts evidence, drafts packets, flags gaps, routes exceptions.

SOURCES PROVE

Verify facts

License boards, NPDB, OIG/SAM, NPI/NPPES, DEA, AHA/cert sources, FSMB/PDC when enabled, and manual PSV where automation is not live.

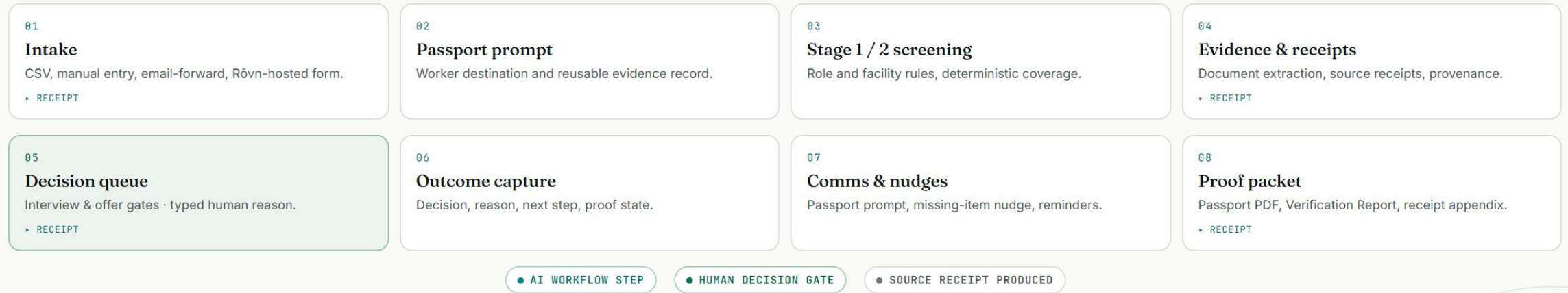
HUMANS DECIDE

Own authority

Interview, offer, credentialing approval, privilege grant, adverse action, NPDB reporting review, payer authorization, and clinical judgment.

CONTROL BOUNDARY No AI-only hiring, credentialing, privileging, discipline, adverse-action reporting, payer submission, or clinical judgment.

Intake → evidence → source checks → *human gate* → *audit receipt*.



Hospitals do not buy paperwork. *They buy defensible workforce governance.*

Appointment & delineation

Core and special privilege delineation.

● PHASE 2 BUILD

Credentialing-for-privileging

License, DEA, board cert, residency, malpractice, NPDB.

● PHASE 2 BUILD

Committee → MEC → Board

Packet assembly, named decision-maker and date at each step.

● HUMAN APPROVAL

Temporary / locum privileges

Expedited and locum privilege paths.

● PHASE 2 BUILD

OPPE / FPPE

Ongoing and focused performance review.

● PHASE 3 BUILD

Reappointment ≤ 3 yr

Joint Commission maximum cycle, re-verification.

● PHASE 3 BUILD

APP scope & telemedicine

NP, PA, CRNA scope; privileging by proxy.

● PHASE 3 BUILD

Adverse action & due process

Fair hearing, NPDB reporting duty review.

● HUMAN APPROVAL

Roṽn is building toward *NCQA 11-area discipline*, with source receipts at the center.

01 License	● STRONGER / LIVE RAIL	02 DEA / controlled substance	● PARTIAL
03 Education	● BUILD	04 Training	● BUILD
05 Board certification	● BUILD	06 Work history	● BUILD
07 Malpractice claims history	● BUILD	08 NPDB	● PARTIAL / WORKFLOW
09 OIG / SAM exclusions	● STRONGER / LIVE RAIL	10 Peer references	● BUILD
11 Sanctions / adverse actions	● PARTIAL		

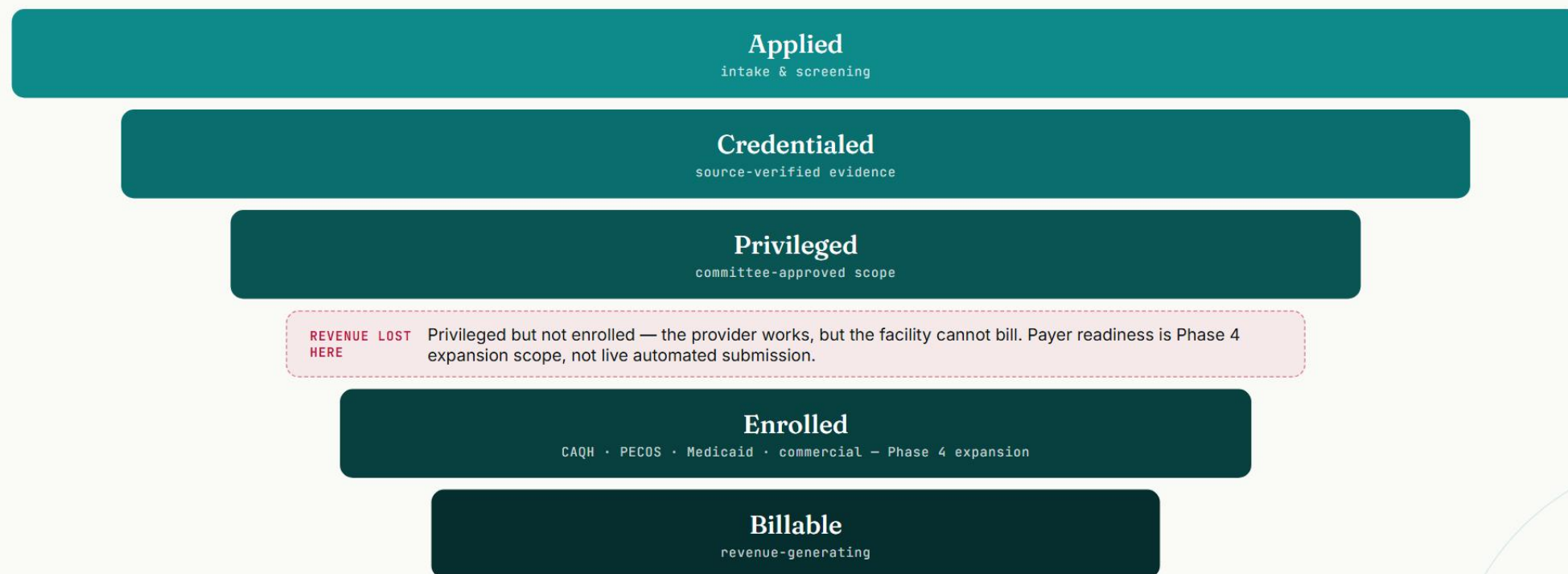
● STRONGER / LIVE RAIL

● PARTIAL

● BUILD & ADVISOR SHAPING

● MANUAL PSV FALLBACK WHERE AUTOMATION NOT LIVE

Credentialed does not mean billable. *An unenrolled provider leaks revenue daily.*



May 17 proof: *live rails, national coverage, and receipt-bound readiness.*

passport.rovn.to

PRODUCTION API HOST

2,193

ROLE / STATE COVERAGE CELLS · 0 UNSUPPORTED

354+

TESTS PASSED IN DEPLOY PROOF

43 × 51

ROLES × JURISDICTIONS · 50 STATES + DC

● LIVE

- Production rails · passport.rovn.to
- Provider lifecycle deployed — May 17 proof set
- National coverage map · 43 roles · 51 jurisdictions
- Source receipt infrastructure
- First clinical advisor confirmed

● PARTIAL / SOURCE ACCESS NEEDED

- Receipt-bound readiness where enforcement is wired
- Manual PSV where automation is not live
- SAM / Nursys / DEA / Verifiable / FSMB / Checkr access
- Persona identity verification — sandbox-configured

● BUILD / ROADMAP

- Medical staff & privileging depth
- Payer-readiness automation
- SOC 2 — in progress, not certified
- NCQA CVO — alignment path, not certified
- No paid customer logos yet

Three founders, a confirmed clinical advisor, and an *engineering chassis*.



Giles-Evan Mboumi

CO-FOUNDER & CEO

Product, GTM, capital, investor narrative, customer development, and the national pilot motion.



Christian Montgomery

CO-FOUNDER & CTO

Backend, AI architecture, security posture, source adapters, and audit / proof infrastructure.



Doutche Mpindu

CO-FOUNDER & CPO

Product experience, workflow design, facility usability, and the Passport and operator surfaces.



Danielle

CLINICAL ADVISOR • CNO

Senior nursing operator in California — first clinical advisor confirmed. Validates workflow depth, buyer language, and pilot design. Additional advisor seats in progress.



Bitsol Technologies

ENGINEERING PARTNER

Engineering implementation partner — extends founder build velocity across backend, integrations, and deployment. How three founders shipped a production platform before the raise.

We are early — but *everything we claim, we can show.*

EXECUTION PROOF

Built before we raised

passport.rovn.to is in production with 354+ tests and a national coverage map — shipped by three founders plus Bitsol, before outside capital.

COMPLIANCE-NATIVE

Procurement-safe by design

Source receipts, audit trail, named human decisions, tenant isolation. HIPAA-aligned with a BAA available — built for a hospital General Counsel to read.

HONEST BY DEFAULT

Diligence-ready claims

Every claim is labeled live, partial, or build. No fake customers, no fake certifications, no AI-only decisions — the boundaries are on the slides.

DOMAIN FLUENCY

We know the regulated depth

Workflow mapped to JC, CMS 482.22, NCQA, and NAMSS — credentialing, privileging, OPPE/FPPE, reappointment, and payer readiness, with honest phase labels.

Defensible is not a promise here — it is the audit trail, the source receipts, and the test proof already running.

An advisory bench built from the people who *run regulated workforce work.*

CONFIRMED

Danielle — CNO

Senior nursing operator in California.
First clinical advisor confirmed —
validating workflow depth, buyer
language, and pilot design.

RECRUITING

Physician leadership

Medical staff governance, privilege
delineation, and committee-process
realism.

RECRUITING

Credentialing / MSO

CVO discipline, NCQA depth, and
primary-source verification standards.

RECRUITING

Payer enrollment

CAQH, PECOS, Medicaid, and
commercial enrollment reality.

RECRUITING

Compliance & procurement

Survey defense, BAA posture, and
hospital procurement judgment.

One operator confirmed today — the bench is being built around the exact regulated depth Roñ must earn.

The moat is the *compounding evidence graph* — not the screen.

01

Worker uploads & attests evidence

02

Rōvn processes and normalizes

03

Source systems verify where live

04

Human decision recorded with receipt

Worker-owned Passport

the reusable evidence asset

05

Receipt & validity window stored

06

Renewal / recredentialing triggers

07

Next facility reads — it does not restart

08

Every cycle compounds — cheaper, faster, more defensible

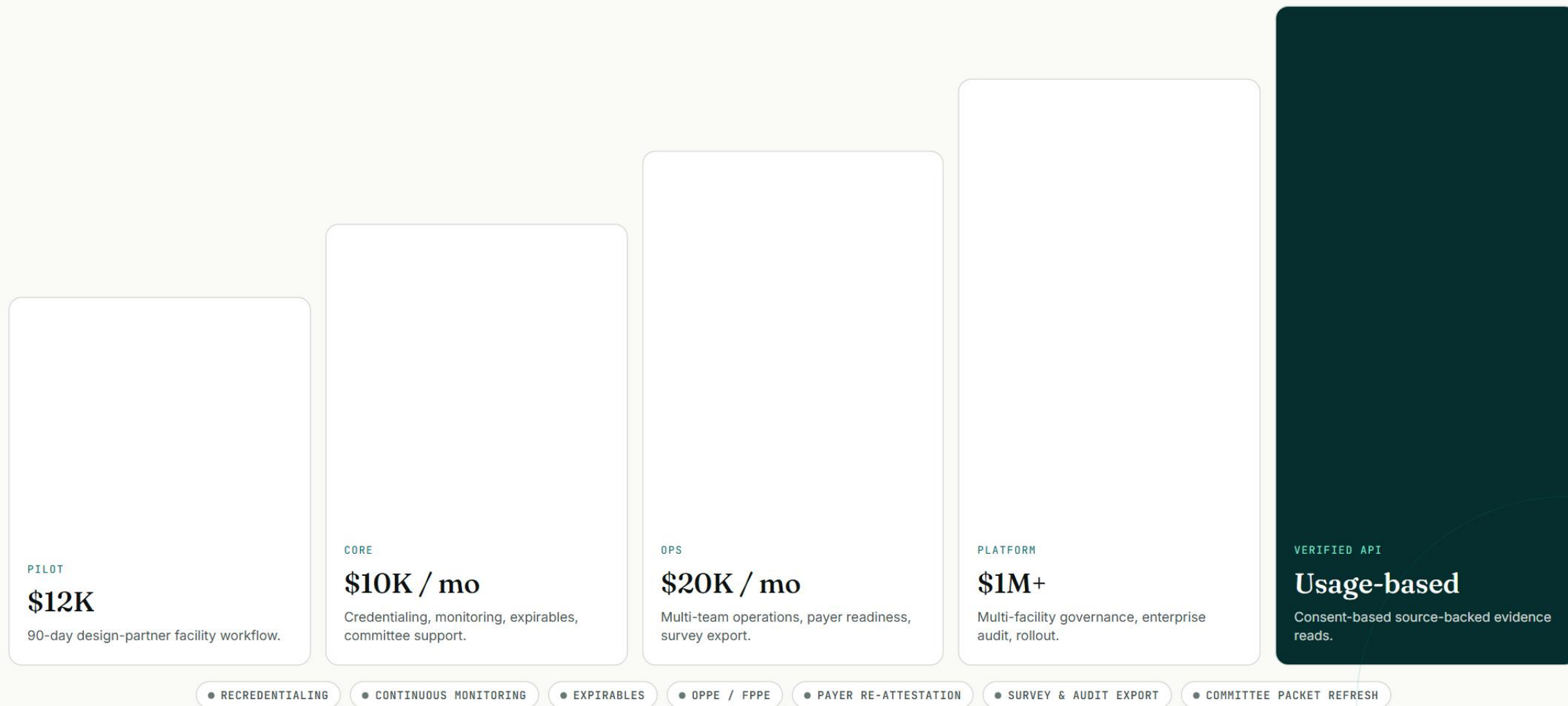
Roñn is not a lighter symplr. *It is the AI operator plus reusable evidence layer.*

	DEEP REGULATED WORKFLOW	WORKER-OWNED REUSABLE EVIDENCE	SOURCE RECEIPTS & AUDIT	AI WORKFLOW OPERATOR	PAYER-READINESS PATH
Roñn	🔴	✓	✓	✓	🔴
symplr	✓	–	🔴	–	🔴
Modio / Medallion	🔴	–	🔴	–	🔴
Verifiable / CertifyOS	–	–	✓	–	–
CAQH / payer utilities	–	–	–	–	✓

✓ full capability · 🔴 partial / building · – not the focus

symplr proves buyers want depth. Roñn starts from a different primitive: reusable evidence plus AI workflow.

SaaS workflow, API evidence reads, and *recurring regulated cycles*.



Land a design-partner pilot, prove the loop, *expand into the cycle.*

01 · TARGET

Backlogged facilities

ICP: hospitals, ASCs, and multi-facility operators with credentialing backlog, agency spend, and survey exposure.

02 · LAND

90-day paid pilot

\$12K design-partner pilot on one facility — intake, gates, roster, missing-item nudges, and a proof packet.

03 · PROVE

The diligence artifact

Source receipts, named human decisions, and an audit-ready packet become the reason to expand.

04 · EXPAND

Land and expand

Pilot → Core → Ops → Platform.
Readiness → medical staff → monitoring
→ payer readiness → enterprise audit.

05 · SCALE

Repeatable motion

First GTM / AE hire plus advisor-driven introductions turn pilots into a repeatable sales motion.

\$2.25M funds *15–18 months* to finish Phase 1, launch paid pilots, and harden compliance.

WHERE THE \$2.25M GOES

Product, engineering & Bitsol — \$600K · 27%

Founder salaries & payroll buffer — \$480K · 21%

Source access, verification vendors, AWS & AI — \$260K · 12%

GTM, sales, travel & first GTM hire — \$250K · 11%

Legal, compliance, security, BAA & insurance — \$240K · 11%

Pilot implementation & customer success — \$200K · 9%

Operating buffer — \$140K · 6%

Advisors & domain experts — \$80K · 4%

YEAR-5 ARR CASES

BEAR

\$25M

Slower pilot conversion, narrower footprint; proof still valuable.

BASE

\$60–90M

Facility SaaS + Verified API + regulated expansion.

BULL

\$180M

Enterprise platform deals, national API network.

THE ASK

\$2.25M

\$15M post-money SAFE

Roṽn turns source evidence into compliant, billable work.

15-18 month runway

Complete Phase 1 pilot workflow

Launch paid design-partner pilots

Harden compliance, audit & source access

Build first repeatable sales motion

Prepare medical staff & payer expansion