Access IQ™

The patient-access and policy-evidence vertical of the Capital Efficiency Intelligence engine.

MVP BLUEPRINT & MONOGRAPH · V1.0
A DARMA FOUNDRY BUILD ON THE SIRIUSB IQ DETERMINISTIC CORE
CARMEL, INDIANA · JUNE 2026

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CONFIDENTIAL

Notice & basis of preparation

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Every figure is labeled. ● CERTIFIED figures are sourced and cited. ● MODELED figures are illustrative, derived from stated assumptions available on request. ● TO VALIDATE marks an item under active diligence. Nothing here is a forecast or a guarantee, and Access IQ has no customers as of this writing — the engine it builds on is in production in the healthcare vertical.

DOCUMENT

Contents

DOCUMENT

Contents (cont.)

HOW TO READ THIS

A reader's guide

This is a monograph in ten parts. The argument runs from why the problem matters, through the economics and the systems, to the product, the market, and the plan.

PART	WHAT IT ESTABLISHES
I–II	Why access is the surface, and why it is an information problem.
III–V	The category, the engine, and the evidence spine that anchors it.
VI	The product and its three modules.
VII–VIII	Market, go-to-market, model, and the MVP.
IX–X	Governance, risk, team, the ask, and appendices.

CONFIDENCE LEGEND

● CERTIFIED direct evidence ● MODELED stated inference ● INSUFFICIENT / TO VALIDATE gap or under diligence

PART I

Thesis & Context

Why insurance design — not diagnosis — now decides who reaches care, and why that is a measurable, modifiable failure.

EXECUTIVE

The thesis in one page

Access IQ applies a proven deterministic intelligence engine to the surface that now governs outcomes: the insurance-driven barriers between a diagnosed patient and the care their clinician ordered. It does not describe the problem — it produces receipts: the barrier, the dollar-quantified harm, and the source line behind both.

THE ONE SENTENCE

The deterministic, evidence-sealed core that quantifies EBITDA leakage inside employer health plans, repointed at access barriers — turning peer-grade findings into tamper-evident evidence that survives cross-examination and moves policy.

BUILT, NOT THEORETICAL

Reuses an engine and primitive set already ~78% built in the healthcare vertical.

RECEIPTS, NOT DASHBOARDS

A SHA-256-sealed, hash-chained trail. Every number traces to a source.

TIMED TO A RUPTURE

Coverage loss and expiring subsidies are creating the failures it measures.

EXECUTIVE

Executive summary

Access IQ turns a proven deterministic intelligence engine on the surface that now decides outcomes — insurance-driven access barriers — and produces receipts: the barrier, the dollar-quantified harm, and the source line behind both.

DIMENSION	SUMMARY
Problem	Cost-sharing, prior auth, formulary, and network design decide who reaches care; a documented coverage rupture is making the failures acute.
Why us	An engine, evidence spine, and primitive set already ~78% built in the healthcare vertical — repointed, not rebuilt.
Product	Three modules; the MVP ships the Policy-Evidence Generator on one blood-cancer cohort.
Market	Foundations and policy offices first; academic medical centers next; payers and PBMs at scale.
Moat	A sealed, replayable evidence trail incumbents cannot retrofit.
Ask	$520K–$600K convertible note within the broader infrastructure thesis.

Every figure in this document is labeled Certified, Modeled, or Insufficient. Nothing is a forecast; Access IQ is pre-customer and stands on a production engine.

THE PROBLEM

Access, not diagnosis, decides the outcome

Treatment advances faster than access to it. Insurance design — cost-sharing, prior authorization, formulary tiering, network adequacy — increasingly determines whether care is reached, delayed, or abandoned.

THE COST OF A SINGLE DECISION

A patient newly diagnosed with lymphoma on a short-term plan can pay roughly **$45,800 out of pocket** in six months — versus about **$6,300** on an ACA-compliant plan over the same period. MILLIMAN, VIA BCU 2026 RFP

These barriers are **modifiable** and live in claims and contract data — precisely where a deterministic evidence engine operates.

TAXONOMY

Anatomy of an access barrier

“Access barrier” is not one thing. Access IQ decomposes it into four measurable mechanisms, each with a distinct data signature.

MECHANISM	HOW IT GATES CARE	MEASURED AS
Cost-sharing	Deductibles, coinsurance, cost cliffs	Out-of-pocket exposure ($)
Utilization mgmt	Prior auth, step therapy	Time-to-therapy (days)
Formulary design	Tiering, exclusions	Abandonment risk (%)
Network adequacy	Narrow networks, distance	Access friction (travel / wait)

Each mechanism is isolatable in claims and plan-design data — the precondition for quantifying it deterministically.

CLINICAL

Financial toxicity is a clinical variable

The financial burden of care is not merely an accounting problem. It is associated with concrete clinical harm and belongs in the outcomes model.

- **Forgone and delayed care** — patients ration treatment under cost pressure.
- **Lower trial enrollment** and **reduced medication adherence.**
- **Psychological distress** and worse health-related quality of life.
- **Persistent burden** — for commercially insured blood-cancer patients, monthly costs never return to pre-diagnosis levels.

If financial toxicity changes outcomes, then the design choices that produce it are clinical levers — and measurable ones.

WHY NOW

A coverage rupture is manufacturing the problem

The coming years will produce an unusually large, well-documented wave of coverage disruption — turning a chronic issue into an acute, measurable, policy-urgent one.

FORCE	DOCUMENTED MAGNITUDE
OBBBA coverage loss	**~11.8M** projected to lose coverage over ten years
Medicaid "unwinding"	**>20M** disenrolled since 2023, largely procedural
Expiring ACA subsidies	**~4.8M** projected to lose coverage in 2026
MA market exits	Forced disenrollments in 2026 disrupting continuity

COMPILED FROM THE BCU 2026 RFP CITATION SET (CBO, RAND, URBAN INSTITUTE, KFF, BMJ, JAMA).

WHY NOW

Each disruption is a measurable event

Every force on the prior page resolves to the same micro-event: a transition between payers or plan designs. That is exactly where cost exposure spikes and care is delayed.

THE MEASURABLE UNIT

A coverage transition is a discrete, dated event in claims and enrollment data. Access IQ treats each as a natural experiment — before/after exposure and time-to-therapy, attributable to the design change.

The policy window and the data window open together. The evidence that informs reform is generatable precisely when reform is most needed.

THE STAKES

Who is left behind when access fails

Access failures concentrate on those with the least margin to absorb them — and the evidence is unambiguous.

- **Adolescents and young adults** face elevated uninsurance and cost-related delays during pediatric-to-adult transitions.
- **Racially and ethnically minoritized** and **low-income** patients experience disproportionate hardship and worse survival.
- **Rural residents** face travel-time and network barriers to advanced therapies.

THE PRINCIPLE THAT ANCHORS THIS WORK

A barrier that can be named, quantified, and proven can be removed. Access IQ exists so the cost keeping a patient from a prescribed therapy reaches a decision-maker with its evidence intact — protecting the patient as rigorously as the engine protects a balance sheet.

SCOPE

The continuum of care — where barriers bite

Barriers are not uniform across the patient journey. Access IQ maps them to the continuum so interventions target the right stage.

STAGE	DOMINANT BARRIER
Diagnosis	Coverage status; out-of-pocket shock
Active treatment	Prior auth; specialty-drug cost-sharing
Care transitions	Payer switches; continuity loss
Survivorship	Long-term follow-up access; under-insurance

The MVP targets the active-treatment stage — specialty oral-oncolytic access — where the cost signal is largest and cleanest.

II

PART II

The Economic Argument

Following Arrow, Akerlof, and Stigler: access failure is an information problem, and receipts are the instrument that corrects it.

FOUNDATIONS

Cost and access as an information problem

The intellectual lineage is settled. Arrow (1963) established that uncertainty and information asymmetry make medical-care markets behave unlike ordinary markets. Akerlof (1970) showed how asymmetry degrades market quality; Stigler (1961) priced information itself.

THE APPLICATION

In health benefits, the intermediary holds information the patient and often the plan sponsor do not: the true price, the spread, the basis for a denial. That asymmetry is not a side effect — it is the margin.

Access IQ is, in economic terms, an instrument for collapsing asymmetry — converting private information into sealed, verifiable evidence.

PRICE DISCOVERY

Backwards price discovery, formalized

In a functioning market, price is discovered before the transaction. In health benefits it is discovered after — if at all. The gap between paid and defensible price is the quantity of interest.

SPREAD — PER TRANSACTION

$$\text{Spread}_i = \text{Paid}_i - \text{Benchmark}_i$$

Benchmark = the defensible reference (e.g., acquisition cost or contract-compliant rate). Spread > 0 absent justification is recoverable or a barrier.

AGGREGATE EXPOSURE SIGNAL

$$E = \sum_i \max(0, \text{Paid}_i - \text{Benchmark}_i)$$

The access analogue of EBITDA leakage: total unjustified cost borne, here by the patient rather than the plan sponsor.

RENTS

Intermediary rents and where margin lives

The intermediary's margin is a function of the information it alone holds. Make the information public and the rent has nowhere to hide.

STYLIZED INTERMEDIARY RENT

$$R = f(A), \quad \partial R/\partial A > 0$$

R = intermediary rent; A = degree of information asymmetry. Rent rises with asymmetry.

IMPLICATION

Margin earned from opacity is structurally fragile. Margin earned from infrastructure — the trusted layer of record — is durable. Access IQ moves value from the former to the latter.

COMPARATIVE STATICS

As asymmetry falls, margin migrates

The central comparative static: reduce A and rent compresses while the value of verifiable infrastructure expands. This is the structural replacement thesis.

MIGRATION OF VALUE

$$A \downarrow \Rightarrow \; R_{\text{intermediary}} \downarrow, \quad V_{\text{infrastructure}} \uparrow$$

Total surplus need not fall — it relocates from rent-extraction to trusted measurement, and a portion returns to patients and sponsors.

Access IQ is a forcing function on A. Every receipt it issues is a marginal reduction in the asymmetry the incumbent depends on.

MECHANISM DESIGN

Designing a market for evidence

If evidence is the corrective instrument, the design question is how to make truthful, verifiable evidence the dominant strategy for every participant.

- **Verifiability** — claims must be checkable against sealed sources, removing the option to assert without proof.
- **Tiering** — certified / modeled / insufficient labels make overstatement costly and visible.
- **Replay** — independent re-execution deters manipulation by making it detectable.

The result is an incentive structure in which the cheapest credible move is to tell the verifiable truth — the property a policy or payer audience requires.

WELFARE

The social value of receipts

Receipts are not merely a private good for the buyer. They generate positive externalities: better-informed policy, reduced waste, and improved access for patients who never see the system.

THREE WELFARE CHANNELS

Allocative: care reaches those a barrier would have excluded. **Productive:** recoverable spread is redeployed. **Dynamic:** credible evidence accelerates reform that compounds over time.

The humanitarian and the economic argument converge: the efficient outcome is also the more just one.

CONTRAST

Why analytics fails the economic test

A dashboard summarizes; it does not reduce asymmetry, because its numbers cannot be independently verified to a source. Economically, it leaves the rent intact.

PROPERTY	ANALYTICS	EVIDENCE (ACCESS IQ)
Reduces asymmetry	No — restates	Yes — verifiable
Survives challenge	Weak	Designed to
Moves policy / payers	Rarely	The purpose

This is why the category, not the feature set, determines the value — and the valuation.

III

PART III

The Category

Capital Efficiency Intelligence: deterministic, evidence-sealed computation as an infrastructure layer — and where Access IQ sits within it.

CATEGORY

Capital Efficiency Intelligence, defined

Access IQ is not a benefits product, a dashboard, or analytics software. It is a vertical of a new infrastructure category: **Capital Efficiency Intelligence (CEI)** — deterministic, evidence-sealed computation that turns opaque spend into board-defensible decisions.

DEFINITION

CEI is the layer of record for capital decisions: a system whose outputs are reproducible, sealed, and challengeable to a source — the substrate other systems and decisions depend on.

CATEGORY

The CEI vertical map

One engine, many surfaces. Each vertical applies the same deterministic core and evidence spine to a different domain of opaque spend.

VERTICAL	SURFACE	STATUS
Kincaid IQ	Healthcare & Rx claim transparency	Live (V1)
Access IQ	Patient access & policy evidence	This MVP
Vendor IQ	Procurement & supplier spend	Next
Capital IQ	Working-capital velocity	Planned
Contract IQ	Agreement & obligation integrity	Planned

CATEGORY

Access IQ's position and adjacencies

Access IQ is the equity-and-policy surface of the engine. It shares the healthcare vertical's data substrate but serves a different beneficiary and buyer.

SHARED WITH KINCAID IQ

Claims normalization, benchmarking, spread detection, the evidence spine, primitives, gate chain.

UNIQUE TO ACCESS IQ

The patient-exposure inversion, the policy-evidence packet, the reproducibility harness, and the mission-facing GTM.

CATEGORY

Category economics and valuation logic

The category sets the multiple. Analytics tools are valued as software; evidence infrastructure is valued like the systems other systems depend on.

COMPARABLE LOGIC

Infrastructure-of-record companies — the Palantir / Snowflake / Databricks reference set — command premium revenue multiples because switching cost and trust compound. CEI is positioned in that frame, not the benefits-software frame.

Multiples cited as a category reference, not a valuation of Access IQ; see Part VIII for the modeled basis.

IV

PART IV

The Engine

A deterministic computation core, separated from generative inference, writing to an append-only evidence spine. The systems argument.

SYSTEMS

Architecture overview — three layers

Access IQ inherits the SiriusB iQ engine: a deterministic core separated from generative inference, writing to an append-only, hash-chained evidence spine, surfaced through a visible control plane.

LAYER	FUNCTION
Core Intelligence	Normalizes claims, plan-design, and formulary data; computes exposure, delay, abandonment deterministically.
Continuous Verification	Re-runs and re-checks computations; surfaces drift; guarantees input-output stability.
Fiduciary Control Plane	A visible product surface that gates outputs, enforces evidence rules, renders the audit trail.

SYSTEMS

The four primitives

Every output reduces to four primitives. They are why Access IQ reuses the healthcare core almost wholesale — the surface changes, the primitives do not.

PRIMITIVE	ROLE
EvidenceRef	Immutable pointer to a source line — the receipt behind a number.
TransformRef	A recorded, replayable computation step — how a number was derived.
PolicyResult	Outcome of a governed rule check — pass, fail, insufficient.
Claim	A conclusion, bound to the EvidenceRefs and TransformRefs that justify it.

A claim cannot exist without its references — the system is structurally unable to assert what it cannot prove.

SYSTEMS

The seven-gate chain

Every computation passes seven sequential gates. The chain is **halt-on-fail**: a gate that cannot be satisfied stops the pipeline rather than guessing.

GATE CHAIN — HALT-ON-FAIL

```
for gate in [DEFINE, WIRE, VALIDATE, PROMOTE, COMPUTE, GATE, RENDER]:
    result = gate.run(ctx)
    if result.status ≠ PASS:
        return halt(gate, result)   # no output without a clean chain
return render_with_receipts(ctx)
```

An Access IQ figure is not an estimate dressed as a fact — it is a fact that survived seven checks, or it did not ship.

SYSTEMS

Determinism and reproducibility

The core is a pure function of its inputs and configuration. Same inputs, same config — bit-identical outputs, every run, on any machine.

DETERMINISM CONTRACT

`f(facts, config) = output,  reproducible ∀ runs`

No wall-clock, no randomness, no hidden state enters the deterministic layer. Reproducibility is a property, not an aspiration.

WHY IT MATTERS

Reproducibility is the precondition for verification: a third party can re-execute and confirm. It is also the precondition for autonomy — deterministic math can run unattended because it is replayable.

SYSTEMS

Confidence-tier semantics

No number leaves the system unlabeled. Each output carries one of three tiers with precise meaning.

● CERTIFIED

Backed by direct evidence traceable to a source line.

● MODELED

Derived by stated, replayable inference where direct evidence is partial; assumptions explicit.

● INSUFFICIENT EVIDENCE

The data does not support a conclusion; reported as a gap, never papered over.

SYSTEMS

Zero-trust AI governance

Deterministic computation and generative AI live in strictly separate layers. They never merge — and that separation is what makes the output defensible.

DETERMINISTIC LAYER

Math runs **autonomously** when reproducible and governed. The layer of record. No model improvises a number here.

GENERATIVE LAYER

Language is **gated, cited, and constrained.** It explains evidence; it never creates it and cannot outrun what was proven.

In a market of AI that asserts confidently and sources nothing, governed separation is category-defining — especially for regulators and courts.

SYSTEMS

Threat model and adversarial integrity

The system is designed against tampering, fabrication, and silent drift — not merely error.

THREAT	DEFENSE
Tampered record	Hash-chain breaks; verification fails loudly.
Fabricated claim	No EvidenceRef ⇒ claim cannot be constructed.
Silent drift	Continuous re-execution detects output change.
Overstatement	Tiering surfaces inference vs. fact.

SYSTEMS

Data model and schemas

Inputs are normalized into a typed, versioned schema before any computation — the precondition for stable lineage.

CANONICAL INTERFACE

```
Input  = (org_id, case_id, fact_ids[], upstream_version, config)
Output = (result_json, confidence, errors[], metadata)
```

Versioning of both data and configuration means any output can be tied to the exact inputs and rules that produced it — the backbone of replay.

SYSTEMS

Compute, performance, and scale

The architecture is built to scale horizontally while preserving determinism — parallelism never introduces nondeterministic ordering into sealed results.

- **Stateless compute** over versioned inputs — trivially parallelizable per case.
- **Append-only spine** — writes never mutate, eliminating a class of race conditions.
- **Indexed corpora** — the production healthcare vertical already indexes a 757K-row federal corpus for fast lineage traversal.

Scale is an engineering parameter here, not a research risk — the core is in production today.

PART V

The Evidence Spine

The system of record. Five pages on the structure that makes every number replayable, sealed, and challengeable to its source.

EVIDENCE SPINE · 1 OF 5

Purpose and invariants

The evidence spine is the append-only, hash-chained ledger beneath every claim. It exists so that no assertion can be made, moved, or exported without a verifiable path to its source.

FOUR INVARIANTS

Append-only: records are never mutated or deleted. **Sealed:** each record is cryptographically hashed. **Chained:** each record commits to its predecessor. **Traceable:** every Claim resolves to the EvidenceRefs and TransformRefs that justify it.

These invariants are what convert “a number” into “a number with a receipt.” They are the product’s defining property and its moat simultaneously.

EVIDENCE SPINE · 2 OF 5

Data structures

The spine is a linked sequence of typed, content-addressed records. Each commits to its payload and to the chain before it.

RECORD — CONCEPTUAL SCHEMA

```
record SpineEntry {
  id            : UUID
  kind          : {EvidenceRef, TransformRef, PolicyResult, Claim}
  payload       : bytes              # the typed content
  payload_hash  : SHA256(payload)
  parent_hash   : SHA256 of prior entry
  produced_by   : TransformRef?      # lineage edge
  timestamp     : RFC3339
  signature     : Ed25519(sig over payload_hash || parent_hash)
}
```

A Claim entry carries references to the EvidenceRef and TransformRef ids that justify it — lineage is a graph over content-addressed nodes.

EVIDENCE SPINE · 3 OF 5

Sealing and hashing

Integrity rests on a cryptographic hash chain and detached signatures. Altering any record invalidates every record after it.

HASH CHAIN

$$h_0 = H(payload_0)$$

$$h_n = H(h_{n-1} \| payload_n)$$

H = SHA-256 (FIPS 180-4). ‖ = concatenation. The head hash h_n commits to the entire history.

- **Tamper-evidence:** changing $payload_k$ changes h_k and all subsequent h, breaking the chain.
- **Authenticity:** Ed25519 signatures bind each record to a signing identity.
- **Content-addressing:** the payload hash is the record's identity — duplication and reference are exact.

EVIDENCE SPINE · 4 OF 5

Replay and verification

Verification is independent and mechanical: re-walk the chain, recompute every hash, re-execute every transform, and confirm each Claim against its evidence.

VERIFICATION PROTOCOL

```
def verify(spine):
    h = H(spine[0].payload)
    for e in spine[1:]:
        assert e.parent_hash == h            # chain intact
        assert verify_sig(e)                  # authentic
        h = H(h + e.payload)
    for claim in claims(spine):
        assert recompute(claim.transforms) == claim.value
        assert all(ref.resolves() for ref in claim.evidence)
    return VERIFIED
```

Because the core is deterministic, recompute() reproduces the original value exactly — a third party can confirm without trusting the producer.

EVIDENCE SPINE · 5 OF 5

Guarantees, limits, and formal properties

Precision about what the spine does — and does not — guarantee is itself part of its credibility.

IT GUARANTEES

Integrity (tamper-evidence), authenticity (signatures), reproducibility (replay), and traceability (every Claim to its sources).

IT DOES NOT GUARANTEE

That source data is itself correct — only that computation over it is faithful and unaltered. Garbage in is flagged, not blessed.

THE HONEST BOUNDARY

Where source evidence is missing, the system returns ● INSUFFICIENT EVIDENCE rather than inventing lineage. The spine makes faithful computation provable; it never manufactures truth that the data cannot support.

VI

PART VI

The Product

From engine to application: what Access IQ ingests, what it produces, and the three modules that deliver it.

PRODUCT

What Access IQ does

Access IQ ingests the data that defines a plan and produces the evidence that defines its access barriers — in the units decision-makers act on.

INPUTS

Medical and pharmacy claims, plan-design and benefit data, formulary and tiering rules, relevant policy context.

OUTPUTS

Out-of-pocket exposure, time-to-therapy, prior-auth delay, abandonment risk — each tiered, receipt-backed, segmentable.

THREE MODULES

1 — Cost-Exposure & Time-to-Therapy. **2** — Policy-Evidence Generator. **3** — Reproducibility Harness. The MVP ships Module 2 first; 1 and 3 reuse the same core.

PRODUCT

The four hard rules

The product is bounded by four non-negotiable rules. They make every screen defensible and every export trustworthy.

- **One screen, four tiles — always.** Complexity computed behind the scenes; the surface stays decision-grade.
- **Every number is clickable into its receipts.** No figure is a dead end.
- **No export without receipts.** Provenance cannot be stripped.
- **Narratives never outrun evidence.** Language is bounded by what was proven.

“Dashboards show numbers. Access IQ shows receipts.” The rules enforce the promise rather than merely claiming it.

MODULE 1 · OVERVIEW

Cost-Exposure & Time-to-Therapy Engine

The healthcare engine inverted: instead of a plan sponsor's EBITDA leakage, it quantifies a **patient's** exposure and the friction between prescription and treatment.

- **Out-of-pocket exposure** by plan type on identical clinical pathways.
- **Time-to-therapy** — days from order to first fill, isolating prior-auth delay.
- **Abandonment risk** at a given cost-sharing level.
- **Formulary-tier barriers** gating specialty oncology drugs.

MODULE 1 · METHOD

Computations and outputs

Each output is a deterministic function over normalized claims and plan design, benchmarked and tiered.

PATIENT EXPOSURE

$$OOP = \sum_i (deductible_i + coins_i + copay_i)$$

Summed across the treatment episode, segmentable by plan type and population cohort.

TIME-TO-THERAPY

```
TTT = date(first_fill) - date(order)
```

Prior-auth delay isolated as the interval attributable to the authorization event.

MODULE 1 · EXAMPLE

Worked example (illustrative)

An illustrative comparison of identical therapy across coverage types — figures **modeled** to show the output shape, not booked results.

COVERAGE	OOP (EPISODE)	TIME-TO-THERAPY	TIER
ACA-compliant	~$6,300	Baseline	CERT
Short-term plan	~$45,800	+ delay	CERT
Modeled cohort mean	scenario	scenario	MOD

CERTIFIED ROWS FROM MILLIMAN/BCU RFP; MODELED ROW ILLUSTRATIVE, ASSUMPTIONS STATED ON REQUEST.

MODULE 2 · OVERVIEW

Policy-Evidence Generator

The beachhead module and the MVP. It converts a finding about an access barrier into tamper-evident evidence built to move policy — receipts for lawmakers.

FIRST BUYER

Patient-advocacy foundations and their policy offices, who must educate lawmakers with defensible evidence — not a vendor of conclusions, but the evidence layer beneath them.

MODULE 2 · PIPELINE

Barrier → harm → receipt → tier

A four-step deterministic pipeline, each step recorded on the spine.

STEP	PRODUCES
Barrier	The modifiable barrier — PA delay, cost cliff, formulary tier.
Harm	Harm in legislative units: dollars, days, abandonment — by population.
Receipt	Each figure linked to its source line via the sealed trail.
Tier	Certified / Modeled / Insufficient — never asserted past the data.

MODULE 2 · OUTPUT

Anatomy of the evidence packet

The deliverable is a self-contained, replayable packet — the demo and the product at once.

- **Findings** — each barrier with its dollar/days harm and tier.
- **Receipts** — the EvidenceRef trail behind every figure.
- **Method** — the TransformRef chain, independently replayable.
- **Policy hooks** — the modifiable lever each finding implies.

A committee staffer can trace any number to its source; an opponent cannot wave it away.

MODULE 3 · OVERVIEW

Open-Science Reproducibility Harness

A portfolio-scale module: it wraps the evidence spine around an entire grantee or research portfolio, giving every funded study a tamper-evident, replayable trail.

WHAT IT DELIVERS

Sealed lineage per study — satisfying open-science and public-access mandates by construction.

WHY IT IS STICKY

Once a portfolio runs on the harness, the audit trail becomes the switching cost — the most durable module.

MODULE 3 · MAPPING

Portfolio lineage and open-science mapping

The harness maps directly onto funders' existing mandates, turning compliance from paperwork into a property of the system.

MANDATE	HARNESS MECHANISM
Open data / public access	Sealed, shareable lineage per study
Reproducibility	Deterministic replay of computations
AI / big-data priorities	Governed, auditable model usage

Major funders increasingly mandate open science and flag AI / big data as priorities — demand is rising, not hypothetical.

PRODUCT

The receipts UX

The surface obeys the first hard rule: one screen, four tiles. Depth lives one click beneath each number.

THE FOUR TILES

Exposure · Time-to-therapy · Abandonment risk · Evidence status — each tiered, each a doorway to its receipts.

THE DRILL

Click a number → its EvidenceRefs and TransformRefs → the source line. No figure is a dead end; no export omits the trail.

VII

PART VII

Market & Go-to-Market

Sized honestly, tiered like the product. Who buys, why, and the land-prove-expand motion that reaches them.

MARKET

Sized honestly — certified anchors first

We refuse to print a single invented TAM. Here are the certified anchors; the next page gives a modeled framework whose assumptions are tested in diligence.

● CERTIFIED One disease foundation — Blood Cancer United — alone commits **$269M across 250+ research projects**; dozens of comparable foundations exist. BCU DISCLOSURE, DEC 2025

● CERTIFIED Blood-cancer treatment cost: **$200K–$800K+** per patient over three years. MILLIMAN

MARKET

The three-layer sizing framework

Bottom-up, by buyer layer. Each layer's sizing is modeled and tested against signed engagements — not asserted.

LAYER	BUYER POOL	STATUS
1 · Beachhead	Disease foundations & advocacy policy offices	● MODELED
2 · Expansion	Academic medical centers & health-services research	● MODELED
3 · Scale	Payers & PBMs required to prove access — the largest layer	● TO VALIDATE

BOTTOM-UP ASSUMPTIONS AVAILABLE ON REQUEST. THE DISCIPLINE SHOWN HERE IS THE PRODUCT.

MARKET

Buyers and segments

Access IQ sells to those accountable for proving access — explicitly **not** HR or benefits committees.

SEGMENT	JOB TO BE DONE
Disease foundations	Equip policy teams with lawmaker-ready evidence of harm.
Academic medical centers	Give funded research a reproducible, sealed trail.
State / federal policy offices	Quantify barriers in dollars and days to inform reform.
Payers & PBMs	Prove access adequacy under rising scrutiny.

MARKET

Buyer journeys

Each segment enters through a different door but converges on the same artifact: a receipt-backed evidence packet.

- **Foundation policy lead** — needs defensible evidence for a legislative ask; enters via a scoped pilot.
- **AMC researcher** — needs reproducibility for a study; enters via the harness.
- **Payer compliance owner** — needs to prove adequacy; enters via an access audit.

The packet sells itself across all three — tiered, sourced, replayable.

GO-TO-MARKET

Land, prove, expand

The motion mirrors the proven healthcare land-and-expand: a low-friction, high-proof first engagement that earns a platform relationship.

- **Land** — the policy-evidence pilot: one barrier, one cohort, one comparison.
- **Prove** — the packet does the selling: tiered, sourced, replayable.
- **Expand** — pilot → portfolio reproducibility → payer-side access analytics.

FIRST WEDGE

Open with a foundation's Office of Public Policy — not a grant portal — with a one-page brief and a scoped pilot offer.

GO-TO-MARKET

Distribution

Access IQ rides existing distribution rather than building it from zero.

KINCAID RMC CHANNEL

The same advisory calling motion that lands the healthcare vertical with CFOs and boards.

MISSION RELATIONSHIPS

Direct relationships with foundations and policy offices, opened by alignment rather than a commercial pitch.

MARKET

Competitive landscape

The field divides into three groups — none built to prove a number to its source.

GROUP	WHAT THEY SELL	GAP
Analytics vendors	Dashboards	No verifiable evidence layer
Consultancies	Reports	Not reproducible or sealed
Point tools	Single metrics	No lineage, no governance

MOAT

The moat — structural, not feature

Defensibility is an architecture an incumbent cannot bolt on after the fact.

DASHBOARDS VS RECEIPTS

Retrofitting an evidence spine means rebuilding the foundation.

SWITCHING COST IS THE TRAIL

Once decisions rest on a sealed, replayable audit trail, that trail is the lock-in — and it compounds across CEI verticals.

POSITIONING

Positioning and messaging

One line, ruthlessly consistent across surfaces.

THE LINE

Dashboards show numbers. Access IQ shows receipts. For the policy audience: proof, not persuasion. For the payer audience: prove access, do not assert it.

Register adapts to audience; the underlying claim — verifiable evidence — never changes.

VIII

PART VIII

Business, Model & Plan

Revenue forms, modeled pricing and unit economics, the roadmap, and the disciplined definition of the MVP itself.

MODEL

Business model

Three revenue forms, mapped to the three modules — each reusing the shared core, so incremental delivery cost is low.

MODULE	REVENUE FORM
Policy-Evidence Generator	Fixed-scope pilot → annual evidence program
Cost-Exposure Engine	Subscription by cohort / barrier scope
Reproducibility Harness	Portfolio license by funded-study volume

MODEL

Pricing (modeled)

Indicative pricing, **modeled** from the healthcare vertical's land motion — not booked revenue.

MOTION	FORM	INDICATIVE
Policy-evidence pilot	Engagement	~$25K ● MOD
Evidence program	Annual	Tiered ● MOD
Reproducibility harness	Portfolio license	By volume ● MOD
Advisory	Retainer	~$10K/mo ● MOD

MODEL

Unit-economics logic

Because the engine is shared, incremental cost per engagement is low and falls with reuse. We publish the logic, not a fabricated P&L.

CONTRIBUTION PER ENGAGEMENT

```
C = Price - (delivery + data-access cost)
```

Delivery cost falls as cohorts and barriers are reused across engagements — the shared-core dividend.

Cohort-level economics will be modeled against signed pilots; no five-year projection is asserted here.

MODEL

Illustrative scenarios

Scenarios to show shape and sensitivity — explicitly **modeled**, assumptions stated, not forecasts.

SCENARIO	DRIVER	TIER
Base	N pilots → conversions	● MOD
Expansion	+ harness licenses	● MOD
Scale	+ payer contract	● TO VALIDATE

ASSUMPTIONS AND SENSITIVITY RANGES AVAILABLE ON REQUEST.

PLAN

Roadmap

A staged path, each stage gated by evidence of the prior stage's success.

STAGE	FOCUS	EXIT CRITERION
MVP	Module 2, one cohort, one comparison	Packet shipped; one design partner
V1	Repeatable pilots; Module 1	Three paid engagements
V2	Harness at portfolio scale	First portfolio license
Scale	Payer / PBM analytics	First enterprise contract

PLAN

The MVP — ninety-day scope

Deliberately narrow: prove the engine on the access surface and convert one design partner.

IN SCOPE

Module 2; one blood-cancer cohort; one barrier (specialty oral-oncolytic access); exposure and time-to-therapy across coverage types; one receipt-backed packet.

OUT OF SCOPE

Payer integrations; multi-disease coverage; full harness; any UI beyond the four-tile view.

PLAN

MVP success metrics and exit criteria

Success is defined before the work starts — the same discipline the product applies to evidence.

METRIC	TARGET
Receipt-backed packet shipped	1, fully replayable
Independent verification passes	100% of claims
Design partner secured	≥ 1 foundation / AMC
Reference willing to be cited	1

PLAN

Milestones and sequencing

Three phases over ninety days, each ending in a verifiable artifact.

PHASE	DAYS	OUTCOME
Wire	0–30	Cohort data sourced via partner; lineage established
Compute	30–60	Tiered exposure / delay / abandonment outputs
Render	60–90	Receipt-backed packet; design-partner review

PART IX

Governance, Risk & Team

Security and data governance, an honest risk ledger, regulatory posture, and the people and entities building it.

GOVERNANCE

Security and compliance posture

Security is a property of the architecture, not an add-on. The same mechanisms that make evidence verifiable make the system defensible.

- **Cryptographic integrity** — SHA-256 hash chain; Ed25519 signing.
- **Access control** — role-based permissions across defined roles.
- **Append-only audit** — every action is itself recorded and sealed.

GOVERNANCE

Data governance and privacy

Patient-level data is handled under a least-exposure principle: the engine and reproducibility layer are the contribution; the cohort stays with the partner who holds it.

PRINCIPLE

Access IQ is the evidence layer, not a data broker. Where patient-level data is required, it is processed under the design partner's governance and authority — minimizing exposure by construction.

RISK

Risks and mitigations

Stated plainly, with the mitigation beside each.

RISK	MITIGATION
Data access — claims sit with partners.	Land via design partners who hold the data.
Grant ineligibility for a for-profit.	Sell tooling around funded research; pair with an academic PI.
Adoption inertia.	Mission-first wedge; the packet proves value first.
Key-person concentration.	Shared core, codified architecture and governance.

RISK

Regulatory considerations

Access IQ produces evidence; it does not provide legal, medical, or actuarial opinions. Its outputs are designed to inform decisions made by accountable parties.

- **Not advice** — the system supplies tiered, sourced evidence, not conclusions of law or medicine.
- **Privacy regimes** — processing aligned to partner governance and applicable rules.
- **Auditability** — the sealed trail is built for regulator and court scrutiny.

TEAM

Team and entities

Access IQ is built by an established three-entity structure, funded within the company's existing raise.

ENTITY	ROLE
SiriusB iQ	Engine and IP holder — AI financial intelligence infrastructure.
Darma Foundry, LLC	Product-invention vehicle building this vertical.
Kincaid RMC	Advisory practice and distribution channel.

TEAM

Governance

A founder-led company with an active, multidisciplinary board.

Led by founder and chairman **Jeremiah F. Shrack**, supported by a seven-member board spanning public-sector, insurance, ultra-high-net-worth, and academic-engineering leadership, and by the SiriusB iQ AI Data Sciences Lab & Think Tank.

Board composition current as of mid-2026; detailed governance available under diligence.

THE ASK

The ask

Capital funds a focused MVP and a design partner — not a from-scratch build. The expensive engineering is already in production in healthcare.

TERMS ● STATED

$520K–$600K convertible note · **$45M** valuation cap · **15%** discount · **6%** PIK · **24-month** maturity · **$25K** minimum. Access IQ is a value-expansion vector within the broader infrastructure thesis.

APPENDIX A

Methodology

The method is the same discipline applied end to end: normalize, benchmark, compute deterministically, gate, tier, seal.

1. Normalize claims and plan-design into the canonical schema.
2. Benchmark against a defensible reference.
3. Compute exposure, delay, and abandonment deterministically.
4. Pass the seven-gate chain; halt on any failure.
5. Tier every output; seal every step to the evidence spine.

APPENDIX B

Glossary and definitions

Key terms used throughout.

TERM	DEFINITION
Spread	Paid minus defensible benchmark.
Exposure	Total patient out-of-pocket across an episode.
Time-to-therapy	Days from order to first fill / treatment.
Evidence spine	Append-only, hash-chained ledger of record.
Confidence tier	Certified / Modeled / Insufficient label.

APPENDIX C

Data sources

The MVP relies on partner-held and public data; the production engine already operates a large federal corpus.

- **Partner-held** — medical and pharmacy claims, plan design (under partner governance).
- **Public benchmarks** — published reference pricing.
- **Production corpus** — a 757K-row federal filings corpus in the healthcare vertical.

APPENDIX D

Selected references

Foundational and source material underpinning this document.

- Arrow, K. (1963). Uncertainty and the welfare economics of medical care.
- Akerlof, G. (1970). The market for lemons.
- Stigler, G. (1961). The economics of information.
- Blood Cancer United, Equity in Access 2026 RFP and citation set (CBO, RAND, Urban Institute, KFF, BMJ, JAMA, Milliman).

FULL CITATION LIST AVAILABLE ON REQUEST.

I believe in myself.

Proof, not persuasion — evidence that protects the patient as rigorously as it protects the balance sheet.

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