

# Summit Audience Segments

A first-party healthcare patient dataset built through direct digital marketing investment — not purchased, not scraped, not modeled.

<p><b>~15.3M+</b></p> <p>CONDITION-CONFIRMED INQUIRIES new patient acquisition 12.17M unique patients · 5 conditions</p>	<p><b>433K</b></p> <p>CONFIRMED CARDIAC PATIENTS CPT + ICD-10 clinical</p>	<p><b>1st Party</b></p> <p>CONSENT-BASED never modeled</p>	<p><b>50</b></p> <p>STATES COVERED full geography</p>	<p><b>1M+</b></p> <p>SUPPLY FILL RECORDS avg 7.2 per patient</p>
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CONFIRMED CONDITIONS

- DIABETES
- SLEEP APNEA (OSA)
- CHRONIC PAIN
- RESPIRATORY
- POLYPHARMACY
- MEDICARE ADVANTAGE
- CARDIAC / AFIB

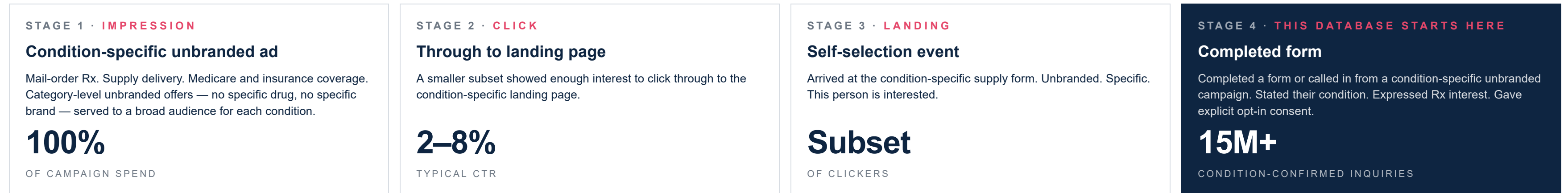
🕒 **Version 1.0 — May 2026.** Third-party medication and marketing attribute data is being integrated and will materially expand the confirmed patient segments. A revised version will be distributed upon completion.

SECTION 01

# What This Audience Actually Is

Every record in this database is a post-landing-page conversion. Not a click. Not an impression. Not a modeled proxy. A completed form.

THE FUNNEL THAT BUILT THIS DATABASE



**WHAT A BUYER IS ACTUALLY GETTING**

A pharma brand or health marketer licensing this database can run a CPM campaign against the post-conversion audience — the people who already proved intent — without building the funnel themselves. Not the 95%+ who dropped off at impression or click. Not a behavioral proxy. The actual individuals who self-identified on a condition-specific campaign — by completing a form or calling in — and a confirmed subset of whom received supply.

**WHAT IT WOULD COST TO BUILD THIS INDEPENDENTLY**

To generate 15.3 million post-conversion condition-specific campaign records independently across Diabetes, OSA, Respiratory, Polypharmacy, and Medicare Advantage, a buyer would need to run tens of millions in paid media across years of campaigns, operate a call center, deduplicate at scale, and maintain consent compliance. Media spend alone runs into hundreds of millions of dollars — and they would still get a fresh file with no supply history, no longitudinal signal, and no HCP linkage.

THREE TIERS — ONE CONTINUOUS PATIENT JOURNEY



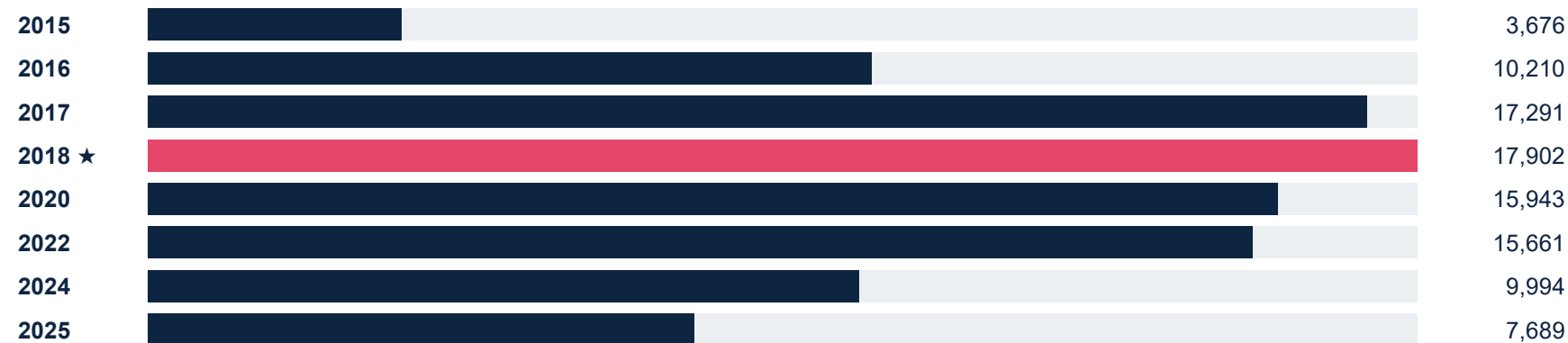
SECTION 02

# Annual Data Map — Pipeline by Year

<p><b>17,902</b></p> <p>T1 PEAK (2018) new supply patients</p>	<p><b>13,750</b></p> <p>T1 AVG/YEAR steady state 2019–24</p>	<p><b>36,540</b></p> <p>T2 PEAK (2022) near-miss patients</p>	<p><b>29,329</b></p> <p>T2 AVG/YEAR steady state 2019–24</p>	<p><b>1.22M+</b></p> <p>20-YR UNIVERSE through 2046</p>
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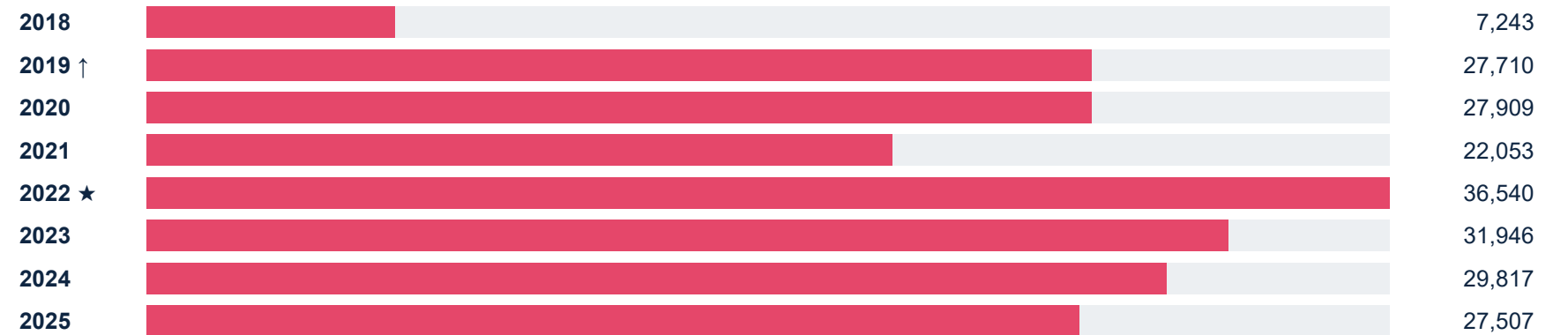
**T1 TX-VERIFIED — ANNUAL NEW CONFIRMED SUPPLY PATIENTS •**

Tier 1 patients completed intake, were confirmed with the condition, and received supply. Peaked 2017–2018 at ~17,900/year. T1 patients are in active supply relationships — 1,008,348 fill records confirm it.



**T2 DX-QUALIFIED — ANNUAL NEAR-MISS PATIENTS •**

T2 patients were confirmed with the condition and clinically qualified — but did not convert. Reasons: insurance/auth denial, co-pay refusal, refill-too-soon flag, or physician did not write the Rx. Rising T2 from 2019 reflects the Medicare Part B environment tightening. These are real, diagnosed, in-market patients blocked by process — prime pharma access program targets.



2018 — Medicare Part B tightening begins · 2022 — peak coverage failure · 2025 — still elevated, access barriers persist

**WHY HIGH T2 VOLUME IS AN OPPORTUNITY, NOT A PROBLEM**

29,000–36,000 confirmed-condition patients per year hitting coverage walls is exactly the population pharma access programs, prior auth support, and co-pay assistance are designed to reach. These are not tire-kickers — they are clinically qualified patients with a documented unmet need. **58,229 of them** were blocked specifically by insurance or missing documentation. The coverage environment that produced T2 is the same environment that makes these patients highly receptive to access solutions.

SECTION 03

# The Platform Architecture

Summit Audience Segments is a proprietary healthcare first-party patient dataset built through years of direct digital marketing investment since 2011 — not purchased, not scraped, not modeled. Every record originated from real healthcare customer acquisition. Multi-condition patients appear as multiple supply records with the same patient hash, confirming comorbidity through actual DME fulfillment, not prevalence modeling.

TIER STRUCTURE — CURRENT & INCOMING

● <b>Tier 1 — Tx-Verified</b>	Full intake · DME fulfilled · NPI + Rx data incoming · Highest intent signal	<b>140,216</b>
● <b>Tier 2 — Dx-Qualified</b>	Intake complete · Failed on logistics, not clinically · Doctor data feeds HCP tier	<b>218,071</b>
● <b>Tier 3 — Hand-Raisers</b>	~15.3M condition-confirmed inquiries · 12.17M unique patients across 5 conditions: Diabetes (5.9M) · OSA/CPAP (1.67M) · Respiratory · Polypharmacy (5.63M) · Medicare Advantage (982K) · 2017–2026 · Form completions + inbound click-to-call	<b>~15.3M</b>
● <b>HCP Intelligence</b>	166,464 NPIs linked to confirmed patients · 46,836 in both T1 & T2 · Multi-condition and volume tiers confirmed	<b>166,464</b>

WHY THIS CANNOT BE REPLICATED

Building this database took years of direct digital marketing investment and tens of millions of dollars in paid media, call center operations, and data infrastructure. To replicate ~15.3 million condition-specific campaign records from scratch across five conditions would cost 3 to 5 times what was spent and take the better part of a decade. At typical CPL rates the replacement cost runs into hundreds of millions. It does not exist on any data marketplace because nobody else built a healthcare patient acquisition business this way over this period of time.

WHAT SEPARATES THIS FROM CLAIMS DATA

**This dataset · Upstream**

Patient self-identifies at point of need · Captured before the prescription · The upstream demand signal · Self-identified intent

**Claims-derived · Downstream**

Condition inferred from insurance claims · Captured after the prescription is filled · The downstream supply record · Modeled signal

LEGAL STRUCTURE — 20-YEAR EXCLUSIVE LICENSE, 2026–2046

**DATA SOURCE PARTNER**

Lead generation, condition-specific landing pages, call center operations.

EXCLUSIVE LICENSE + BAA

**DME PARTNER 1**

DME supplier — CPAP, diabetic supply, respiratory.

EXCLUSIVE LICENSE + BAA

**DME PARTNER 2**

DME supplier — diabetic supply and CGM.

EXCLUSIVE LICENSE + BAA

**SUMMIT AUDIENCE SEGMENTS**

Exclusive data licensor. License activated April 2026, runs through 2046. Covers all data from 2016 onward — 10 years retroactively. De-identified before any commercial transfer.

SECTION 03 · CONTINUED

# Platform Architecture Matrix — Five Conditions

Each condition is a standalone vertical with its own intent records, completed-intake layer, and downstream confirmation. T3 / Completed Intake / T1-equivalent / HCP read across — not a hierarchy.

CAMPAIGN CATEGORY	T3 · INTENT RECORDS	COMPLETED INTAKE	T1-EQUIV · CONFIRMED	HCP LINKAGE
● Diabetes / CGM	6,501,952	included in T1+T2	subset of 358,287	NPI-linked
● OSA / CPAP	1,707,924	included in T1+T2	subset of 358,287	NPI-linked
● Respiratory	245,194	included in T1+T2	subset of 358,287	NPI-linked
● Polypharmacy	~5,840,000	86,000	9,939 (T1+T2 confirmed)	pending
● Medicare Advantage	1,176,096	129,807	cross-match available	via T1+T2 linkage
<b>Platform Total</b>	<b>~15,300,000</b>	<b>~574,094</b>	<b>358,287 (T1+T2)</b>	<b>166,464 NPIs</b>

HOW TO READ THE MATRIX

Five conditions live in a single unified T3 universe — 12.17M unique patients with ~1.3 intent events each across these five condition categories. Cross-condition comorbidity is computed at the phone-hash level across all five.

WHY THIS MATTERS FOR ACTIVATION

A pharma brand or health marketer can target any single category, any cross-section, or the full ~15.3M union. T1+T2 confirmed patients (358,287) cross all five conditions via SHA-256 phone hash match — enabling cross-condition lookalike modeling and HCP attribution against a single patient population.

SECTION 04 — WHAT THE DATA CAN DO

# One dataset · eight use cases.

Summit's tiers serve different pharma buyer personas — DTC, medical affairs, access programs, measurement, HCP marketing. The same data layers map to different use cases depending on which team is buying. The eight applications below cover the full pharma activation surface.

<p><b>01</b></p> <p><b>New Patient Acquisition</b></p> <p>First-party post-conversion patient seed for prospecting campaigns. Verified condition + in-market behavior — not modeled.</p> <p><b>PRIMARY</b> T3 · T3 Inbound CTC <b>SECONDARY</b> GLP-1 cohort for category launches</p>	<p><b>02</b></p> <p><b>Lookalike Modeling</b></p> <p>Seed quality determines model quality. Summit's observed, post-conversion patients produce dramatically better lookalikes than 3rd-party or claims-derived seeds.</p> <p><b>PRIMARY</b> T3 <b>SECONDARY</b> T1+T2 dual-confirmation seeds</p>	<p><b>03</b></p> <p><b>AI / Audience Training</b></p> <p>Verified condition + intent + identity is premium training input for proprietary pharma AI and predictive models.</p> <p><b>PRIMARY</b> T3 full corpus <b>SECONDARY</b> T1 longitudinal supply (time-series)</p>	<p><b>04</b></p> <p><b>Retargeting &amp; Suppression</b></p> <p>Suppress T3 hand-raisers from impression campaigns to redeploy budget on net-new audiences. Retarget T1/T2 for adherence and re-engagement.</p> <p><b>PRIMARY</b> T3 suppression · T1 retargeting <b>SECONDARY</b> T2 disengaged re-engagement</p>
<p><b>05</b></p> <p><b>Access Program Targeting</b></p> <p>Patients clinically qualified but blocked by insurance, authorization, or documentation — exactly the population pharma access programs are built for.</p> <p><b>PRIMARY</b> T2 access-barrier cohort (93,154) <b>SECONDARY</b> T2 by fail-reason category</p>	<p><b>06</b></p> <p><b>Adherence, Persistence &amp; Retention</b></p> <p>Multi-year supply behavior with patient-level fill cadence on file. Target at predicted refill or abandonment moments.</p> <p><b>PRIMARY</b> T1 · 1,008,348 fills · avg 7.2/pt <b>SECONDARY</b> GLP-1 ongoing Summit-operated</p>	<p><b>07</b></p> <p><b>HCP Targeting &amp; Prescriber Activation</b></p> <p>166,464 prescriber NPIs linked to confirmed patient volume — warm prescribers, not cold specialty codes.</p> <p><b>PRIMARY</b> HCP layer <b>SECONDARY</b> HCP + condition cross-targeting</p>	<p><b>08</b></p> <p><b>Closed-Loop Outcomes Attribution</b></p> <p>Match Summit-seeded campaigns to downstream supply fulfillment. 140,216 T3→T1 confirmed converts demonstrate end-to-end funnel velocity at the patient level.</p> <p><b>PRIMARY</b> T3 seeded → T1 attribution match <b>SECONDARY</b> GoHealth fulfillment integration</p>

**ONE DATASET. EIGHT USE CASES.**

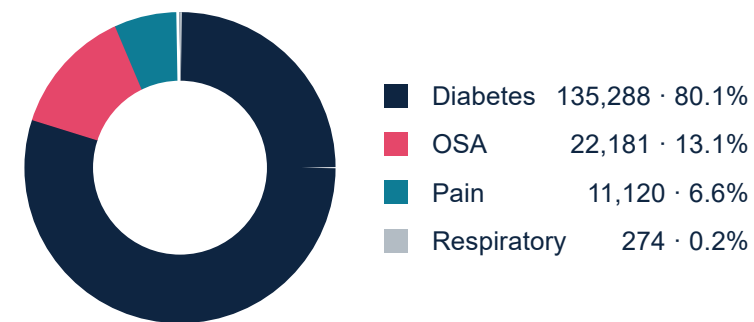
The same Summit identity infrastructure that supports new patient acquisition for one pharma client supports adherence measurement for another and access program targeting for a third — same patients, different teams, different campaigns. **Buyers activate at the use case that matches their team's KPIs.**

TIER 01 · PROFILE

# Tier 1 — Tx-Verified Profile

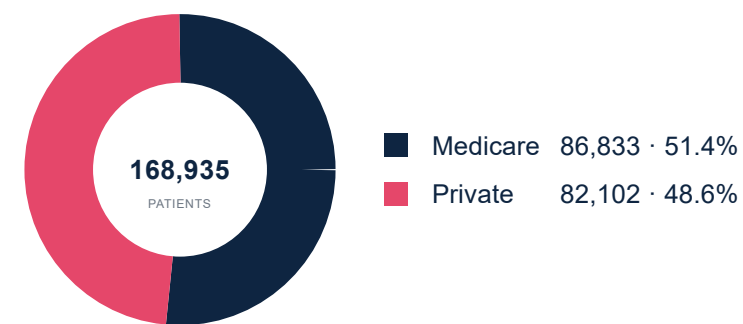
<p><b>168,970</b></p> <p>TOTAL RECORDS</p>	<p><b>140,216</b></p> <p>UNIQUE PATIENTS</p>	<p><b>75.6</b></p> <p>AVERAGE AGE</p>	<p><b>1.6 yrs</b></p> <p>AVG TREATMENT DURATION</p>	<p><b>64% F</b></p> <p>GENDER SPLIT</p>
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CONDITION BREAKDOWN



Supply types: Diabetic supplies · CPAP · Orthotics/TENS · Nebulizer. Total: **168,863** supply records.

INSURANCE SPLIT



AGE DISTRIBUTION — TIER 1 VS. TIER 2



★ Modal age band per tier. Tier 1 skews older (Medicare-dominant, modal 75-84). Tier 2 skews younger (private insurance-dominant, modal 65-74).

**SUPPLY BEHAVIOR**

Pipeline active since 2011 through present. **1,008,348 total fill records** across 140,216 patients. Average **7.2 fills per patient**. Median refill cadence: Diabetic supply every 77 days · CPAP every 99 days. **75.7% of patients have 2+ fills** — the majority are repeat, adherent long-term patients. HCPCS product codes available at patient level upon request.

**BEST USE CASES FOR T1**

- Adherence and retention campaigns
- Switching and competitive campaigns
- Brand loyalty / ongoing engagement
- Outcomes attribution baseline
- HCP-patient pair targeting

HCP INTELLIGENCE

# HCP Intelligence — Prescriber Profile

<p><b>166,464</b></p> <p>COMBINED T1+T2 PRESCRIBERS</p>	<p><b>46,836</b></p> <p>IN BOTH T1 &amp; T2 highest value</p>	<p><b>39,533</b></p> <p>MULTI-CONDITION NPIS</p>	<p><b>1,540</b></p> <p>HIGH-VOLUME (10+ PATIENTS)</p>	<p><b>11,189</b></p> <p>MID-VOLUME (5-9 PATIENTS)</p>
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**46,836 prescribers** appear in both Tx-Verified and Dx-Qualified — physicians with confirmed converted supply patients *and* confirmed near-miss patients on record. The only dataset that captures both sides of the prescriber relationship. This overlap segment does not exist in any claims or specialty NPI database.

<p><b>HCP INTELLIGENCE (THIS DATASET)</b></p> <ul style="list-style-type: none"> <li>• Prescriber confirmed via actual supply transaction</li> <li>• Patient volume per NPI — real count, not estimated</li> <li>• 39,533 NPIS treating multiple conditions confirmed</li> <li>• Near-miss prescribers with fail reason context</li> <li>• Name, address, phone for all 166,464 matched NPIS</li> </ul>	<p><b>STANDARD COLD NPI LIST</b></p> <ul style="list-style-type: none"> <li>• NPI number with specialty only — no patient linkage</li> <li>• No confirmed patient volume data</li> <li>• No multi-condition confirmation</li> <li>• No access barrier or near-miss context</li> <li>• No connection to real patient demand signal</li> </ul>
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PRESCRIBER VOLUME TIERS — T1 + T2 COMBINED

<p><b>HIGH — 10+ PATIENTS</b></p> <p><b>1,540</b></p> <p>451 T1 · 1,089 T2 — Primary pharma field force targets.</p>	<p><b>MID — 5-9 PATIENTS</b></p> <p><b>11,189</b></p> <p>4,031 T1 · 7,158 T2 — Regional and specialty brand campaigns.</p>	<p><b>LOW — 2-4 PATIENTS</b></p> <p><b>69,630</b></p> <p>29,647 T1 · 39,983 T2 — DTC and access program campaigns.</p>	<p><b>SINGLE PATIENT</b></p> <p><b>84,105</b></p> <p>T1 + T2 combined — Geographic coverage and network analysis.</p>
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**MULTI-CONDITION PRESCRIBERS — HIGHEST-VALUE HCP SEGMENT**

**39,533 prescribers** across the combined HCP tier are confirmed treating patients across more than one condition — 12,532 from T1 supply records and 27,001 from T2 near-miss records. A physician managing patients for both diabetes and OSA is the highest-priority GLP-1 indicated prescriber target. Confirmed through actual supply transactions and intake records — not inferred from specialty codes.

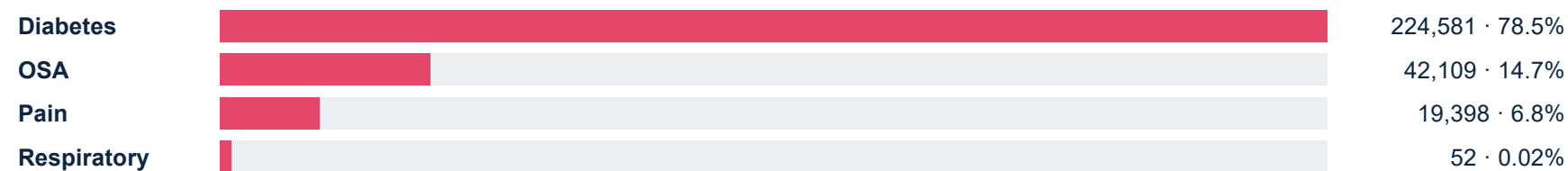
TIER 02 · PROFILE

# Tier 2 — Dx-Qualified · Near-Miss Patient Profile

Dx-Qualified patients completed a structured phone intake and were confirmed to have the qualifying condition — but failed out due to insurance, authorization, documentation, or physician issues, not clinical disqualification. Real, diagnosed, in-market patients who remain unconverted and highly targetable.

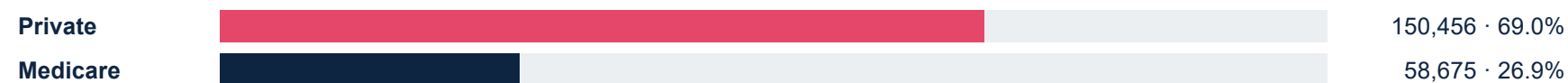
<b>286,196</b> TOTAL RECORDS	<b>218,071</b> UNIQUE PATIENTS	<b>68.7</b> AVERAGE AGE	<b>69%</b> PRIVATE INSURANCE	<b>64% F</b> GENDER SPLIT
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CONDITION BREAKDOWN

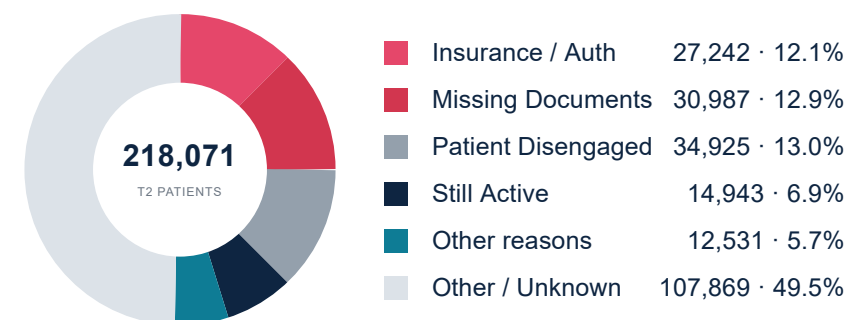


Avg age 68.7 — younger than Tx-Verified (75.6) · Private insurance dominant.

INSURANCE SPLIT



WHY PATIENTS FAILED OUT — RE-ENGAGEMENT OPPORTUNITY



**Coral slices = 58,229 process-blocked patients** — clinically qualified, blocked only by paperwork. Prime pharma access program targets.

HCP INTELLIGENCE — T2 PRESCRIBERS

**122,143**

Unique prescribers matched across T2. These are physicians with near-miss patients — confirmed-condition patients who failed on logistics, not clinical qualification. **46,836 of these NPIs also appear in T1**, making them the highest-value HCP segment in the combined tier.

RE-ENGAGEMENT OPPORTUNITY

**58,229**

Clinically qualified patients blocked by process — Insurance/Auth (27,242) + Missing Documents (30,987) = 58,229 process-blocked. Disengaged (34,925) is a separate cohort. These patients have the condition, met clinical criteria, and engaged fully. The only thing standing between them and treatment is an administrative barrier.

AGE PROFILE — YOUNGER THAN T1

**68.7 yrs**

Average age 7 years younger than Tx-Verified patients (75.6). 69% private insurance vs. 51% in T1 — a more commercially insured, working-age chronic disease population. Higher LTV for pharma brands targeting commercially insured patients.

BEST USE CASES FOR T2

- Access program targeting (copay / prior-auth)
- Manufacturer bridge therapy programs
- Pharma access team direct outreach
- Re-engagement of disengaged cohort
- Insurance-barrier intervention campaigns

TIER 03 · PROFILE

# Tier 3 — 15.3M Condition-Confirmed Patient Inquiries

The largest first-party, post-conversion, condition-confirmed audience in healthcare data. Every record is a person who saw a condition-specific unbranded ad and took action — completing a form or picking up the phone — stating their condition, expressing Rx interest, and giving explicit opt-in consent. T3 is where pharma reaches a new patient before they're on a competitor drug.

<p><b>~15.3M</b></p> <p>TOTAL CONDITION-CONFIRMED INQUIRIES 12.17M unique patients · ~1.3 intent events each</p>	<p><b>100%</b></p> <p>STATED CONDITION + RX INTEREST</p>	<p><b>100%</b></p> <p>SHA-256 HASHED PHONE FOR DSP ACTIVATION</p>	<p><b>74.5%</b></p> <p>EMAIL ON FILE · 70.2% IP ADDRESS</p>
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TWO ACTIVATION LAYERS

<p><b>PREMIUM INTENT</b></p> <p><b>Inbound Click-to-Call — Premium Intent Layer</b></p> <p>~2.15M records of patients who picked up the phone. Higher intent than any form fill — the patient initiated contact. Commands a CPM premium; highest-converting layer of T3.</p>	<p><b>SCALE</b></p> <p><b>Form Completions — Scale Layer</b></p> <p>~13.1M records who completed a condition-specific supply form. Each record carries condition, Rx interest, and DSP activation fields. CPM-activatable at scale across The Trade Desk, DV360, Meta, and CTV.</p>
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WHAT MAKES THIS DIFFERENT FROM A LEAD DATABASE

<p><b>UNBRANDED</b></p> <p>Condition-specific supply campaigns only. Zero brand exposure at point of capture. Pharma-safe for DTC or branded follow-on.</p>	<p><b>SELF-IDENTIFIED</b></p> <p>Patient raised their hand at point of need. Condition confirmed at submission or inbound call. Nothing inferred, modeled, or scraped.</p>	<p><b>DEDUPLICATED</b></p> <p><b>DEDUPLICATED AT THE INTENT EVENT LEVEL — 15.3M</b> condition-confirmed inquiries from 12.17M unique patients across 5 conditions. Avg ~1.3 intent events per patient — repeat-engagement signal.</p>	<p><b>NEW PATIENT ACQUISITION</b></p> <p>T3 is the only tier where pharma reaches a patient before treatment selection. T1 and T2 prove the funnel converts; T3 is the top of it.</p>
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**T3 COMORBIDITY — POLYCHRONIC PATIENTS AT SCALE**

T3 carries an rxConditions field beyond the primary lead type: Chronic Pain, Joint Inflammation, Migraine, High Cholesterol. Polychronic patients are simultaneously targetable across multiple pharma categories — a diabetic with chronic pain and joint inflammation is a target for diabetes brands, GLP-1 programs, and pain management brands concurrently.

<p><b>34,721</b></p> <p>Confirmed multi-condition (T1+T2)</p>	<p><b>19,480</b></p> <p>Diab + OSA — dual indication</p>	<p><b>16,127</b></p> <p>Diab + Pain — diabetic neuropathy</p>	<p><b>2,081</b></p> <p>Triple comorbidity — ultra-premium</p>
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<p><b>BEST USE CASES FOR T3</b></p> <ul style="list-style-type: none"> <li>• New patient acquisition (primary use)</li> <li>• Lookalike modeling seed for DSP</li> <li>• AI / audience training input</li> </ul>	<ul style="list-style-type: none"> <li>• Suppression overlay for impressions</li> <li>• Closed-loop attribution match</li> </ul>
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TIER 03 · ACTIVATION

# T3 as the New Patient Acquisition Asset

T3 is not a background data layer. T3 is the new patient acquisition funnel. T1 is what happened when T3 patients converted to supply. T2 is what happened when they qualified but hit a barrier. T3 patients are diagnosed and in-market — actively shopping for a new supplier, delivery channel, or coverage plan — the most acquirable patient population in healthcare data.

<p><b>~15.3M</b></p> <p>TOTAL INTENT RECORDS</p>	<p><b>2,151,747</b></p> <p>INBOUND CLICK-TO-CALL premium intent layer</p>	<p><b>~13.1M</b></p> <p>FORM COMPLETIONS scale layer</p>	<p><b>74.5%</b></p> <p>HAVE EMAIL ON FILE</p>
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**DIRECT ACTIVATION**

Match T3 hashed email + phone to any DSP at CPM. These are verified condition patients, not modeled proxies.

- 11.4M** Hashed email match to DSP — UID2/RampID · Trade Desk, DV360, Meta, CTV
- 100%** Phone hash activation — SHA-256 match to mobile ad IDs. Zero PII exposed.
- 70.2%** IP address targeting — Household-level targeting for CTV and display.
- 2.15M** Inbound CTC priority — records who called us · highest-intent sub-segment.

**LOOKALIKE MODELING & AUDIENCE EXTENSION**

A lookalike model is only as good as its seed. T3 seed = people who proved intent. No model can fake that.

- Seed** To any programmatic DSP — Feed T3 hashed email + IP as first-party seed; DSP builds condition-specific lookalike to tens of millions of HHs.
- Quality** Vs. behavioral proxy — T3: self-confirmed condition, post-click, post-form, post-call. Different universe entirely.
- Suppress** Top-of-funnel — Remove T3 from impression campaigns; redeploy budget downstream.
- Attrib** Script lift — Match T3 against pharmacy claims post-campaign for closed-loop measurement.

**WHY T1 AND T2 PROVE T3 WORKS**

Every T1 patient entered through T3 — **140,216 T3 hand-raisers converted to confirmed T1 supply**. T3 is the top of the funnel, T1 is the bottom, and end-to-end conversion is documented at the patient level. When a pharma brand seeds a lookalike from T3 and measures script lift, T1 supply conversion is the proof it works.

**140,216 T3 → T1 supply conversions on file. 218,071 T3 → T2 qualified-but-near-miss conversions. Total: 358,287 T3 records with documented downstream tier confirmation.** Summit holds both ends of the funnel — claims data cannot produce upstream intent signal, and intent data without operational fulfillment cannot prove downstream conversion.

T3 VERSUS ALTERNATIVES

ATTRIBUTE	SUMMIT T3	3RD-PARTY INTENT	CLAIMS-DERIVED
Condition confirmed	Self-reported at form	Modeled / inferred	Diagnosis code
Consent documented	TCPA opt-in on file	Unknown / aggregate	Not patient-level
Identity on file	100% hashed phone+email	Partial match	Not available
First-party origin	Summit collection	Purchased	Payer / claims

SECTION 04

# Comorbidity Map — T1 + T2 Combined Prevalence

This comorbidity is confirmed through supply, not modeled. Multi-condition patients appear as multiple rows with the same patient hash — one row per condition supplied. Deterministic confirmation through actual DME fulfillment, not a prevalence estimate applied to a population.

	DIABETES	OSA	PAIN	GLP-1 ★
DIABETES	359,869 T1+T2	17,209 ★ T1 CONFIRMED	13,974 T1 CONFIRMED	~294K MODELED
OSA	17,209 T1 CONFIRMED	64,290 T1+T2	2,040 TRIPLE CONFIRMED	—
PAIN	13,974 T1 CONFIRMED	2,040 TRIPLE CONFIRMED	53,156 T1+T2	—
GLP-1 ★	~294K MODELED	—	—	1,852 91% — ALL 3

HIGHEST-PRIORITY DUAL INDICATION

**Diabetes + OSA** = highest-priority dual indication. SURMOUNT-OSA trial (2024) established tirzepatide efficacy for OSA + obesity. The 17,209 T1 confirmed Diabetes+OSA patients are the precise target for Zepbound and forthcoming GLP-1 OSA campaigns.

T3 ADDS SCALE

The rxConditions field in T3 captures Chronic Pain, Joint Inflammation, Migraine, and High Cholesterol alongside Diabetes and CPAP. At 15.3M records, the polychronic population in T3 alone is substantial — simultaneously targetable across multiple pharma categories with a single dataset activation.

★ All ~294K GLP-1 figures are modeled from NIH/ADA/AASM published prevalence — not confirmed diagnoses. Disclosed as probabilistic. See pages 12 and 19 for confirmed third-party match figures.

SECTION 05

# GLP-1 Opportunity & Tier 2 Intelligence

# ~294K

Estimated GLP-1 indicated patients — T1 + T2 combined. GLP-1 receptor agonists are the fastest-growing drug class in pharmaceutical history — now covering Type 2 Diabetes, Obesity, Cardiovascular disease, and as of December 2024, Obstructive Sleep Apnea. **82% of the combined Tx + Dx dataset carries a GLP-1 indication signal.**

GLP-1 ESTIMATED PATIENTS BY SEGMENT

Confirmed T2 Diabetes — GLP-1 indicated	224,581
Confirmed T1 Diabetes — GLP-1 indicated	135,288
Confirmed OSA — Diabetes overlap	17,209 T1
Triple comorbidity	2,040 T1

MODELED

**Probabilistic Population**

~294K GLP-1 indicated from NIH/ADA prevalence on confirmed diabetes population. Always disclosed as estimated.

*"Estimated ~294K GLP-1 indicated — disclosed as modeled."*

CONFIRMED

**Summit-Operated Fulfillment · H1 2026**

Summit operates GLP-1 fulfillment as a HIPAA covered entity — **19,470 unique GLP-1 patients** across all 50 US states. 79% female / 21% male · 98.9% phone-hash coverage · 18,053 unique SHA-256 phone hashes · 309 prescribers · 117 pharmacies. Median 2 days fill→delivery · 84.8% delivered.

*"Summit's own operational fulfillment data — not licensed, not a third-party match. Separate HIPAA-safe handling path."*

RE-ENGAGEMENT OPPORTUNITY

# 58,229

Insurance/Auth (27,242) + Missing Docs (30,987). Prime pharma access program targets as GLP-1 coverage expands.

DISENGAGED — RE-ENGAGEMENT CANDIDATES

# 34,925

Confirmed-condition patients who disengaged after intake. With GLP-1 Medicare coverage now live, reactivation campaigns have a new value proposition.

**MEDICARE GLP-1 BRIDGE — JULY 1, 2026**

CMS Medicare GLP-1 Bridge launches July 1, 2026. Wegovy, Zepbound, Foundayo at \$50/month copay. Eligibility: BMI 35+ or BMI 27+ with T2D, CVD, or OSA. Est. 14M eligible Medicare beneficiaries. BALANCE model permanent coverage follows in 2027.

**ZEPBOUND — FDA APPROVED DEC 2024 FOR OSA**

First-ever Rx for OSA. Approved for moderate-to-severe OSA in adults with obesity. Already covered under Medicare Part D.

**AD109 — FIRST ORAL OSA PILL, NDA FILED 2026**

NDA filed with FDA early 2026. Met primary endpoints in two Phase 3 trials. First non-CPAP oral OSA treatment — targets CPAP-intolerant patients.

**WHY IT MATTERS FOR THIS DATASET**

**359,869 confirmed T1+T2 diabetes patients** now have a GLP-1 pathway. The coverage barrier that produced 58,229 T2 access failures is largely removed. **64,290 confirmed OSA patients (T1+T2)** are the exact target for Zepbound and AD109. T2 OSA failures who couldn't get CPAP are the AD109 primary audience.

SECTION 06

# Coverage Trajectory — Where the Policy Environment Is Heading

The coverage environment has moved in one direction for five consecutive years. Every expansion that occurs between now and 2046 adds value to the existing patient file and to the annual intake pipeline.

COVERAGE AREA	STATUS TODAY	WHAT CHANGED / WHAT'S COMING	IMPACT ON THIS DATASET
<b>GLP-1 for obesity / weight loss</b>	✓ LIVE JULY 2026	Medicare GLP-1 Bridge launches July 1, 2026. \$50/month copay. Wegovy, Zepbound, Foundayo. BALANCE model permanent coverage in 2027.	359,869 confirmed T1+T2 diabetes patients now have a GLP-1 pathway. T2 access barrier largely removed.
<b>GLP-1 for OSA</b>	✓ COVERED NOW	Zepbound FDA-approved for OSA December 2024. Already covered under Medicare Part D for OSA + obesity indication.	64,290 confirmed OSA patients (T1+T2) are prime targets for Zepbound campaigns.
<b>CGM — diabetes</b>	✓ COVERED NOW	Medicare expanded CGM coverage in 2023 to all insulin-treated diabetics regardless of dose. 1.5M new eligibles added. Feb 2025 documentation streamlining reduced supplier burden.	135,288 T1 + 224,581 T2 confirmed diabetics. CGM brands have a large, confirmed, activatable audience here.
<b>Prediabetes programs</b>	~ PARTIAL	MDPP covers behavioral intervention. 2026 PFS rule expanded online delivery through 2029. CGM supply coverage for prediabetes not yet confirmed — no federal mandate.	T3 hand-raisers include a prediabetes-adjacent population. If supply coverage expands within the 20-year window, this segment becomes directly activatable.
<b>CGM — prediabetes</b>	~ EMERGING	No federal CGM mandate for prediabetes yet. Private insurer coverage inconsistent. Directional trend is clear — coverage has expanded every year since 2021.	The 20-year exclusive license positions Summit to capture this segment the moment coverage expands. First-mover advantage in a potentially large new supply category.
<b>Oral OSA treatment</b>	~ PENDING FDA	AD109 NDA filed with FDA in early 2026 — first oral non-CPAP OSA treatment. If approved, a new prescription category opens for the 80M+ US adults with OSA.	Summit's T2 OSA patients who failed CPAP supply are the exact population AD109 targets. Pharma launch audiences will be sourced here.

**The 20-year exclusive license through 2046 is the key.** Every coverage expansion that occurs between now and 2046 — prediabetes supply coverage, oral OSA treatment, new GLP-1 indications, CGM expansion — adds value to the existing patient file and to the annual intake pipeline. Summit does not need to predict which expansions happen. It only needs to hold the exclusive and capture the data as the coverage environment moves in one direction.

SECTION 07

# Geographic & Payor Intelligence

TOP 13 STATES — TIER 1 RECORDS

01	<b>TX</b>	Texas	<b>19,162</b>
02	<b>NC</b>	North Carolina	<b>9,586</b>
03	<b>FL</b>	Florida	<b>8,434</b>
04	<b>NY</b>	New York	<b>8,150</b>
05	<b>CA</b>	California	<b>8,088</b>
06	<b>MI</b>	Michigan	<b>7,745</b>
07	<b>GA</b>	Georgia	<b>7,273</b>
08	<b>IL</b>	Illinois	<b>7,050</b>
09	<b>PA</b>	Pennsylvania	<b>5,929</b>
10	<b>SC</b>	South Carolina	<b>5,611</b>
11	<b>VA</b>	Virginia	<b>5,273</b>
12	<b>OH</b>	Ohio	<b>4,753</b>
13	<b>MD</b>	Maryland	<b>4,557</b>

TOP PAYORS — TIER 1

United Health Care	<b>24,122</b>
Humana-PPO	<b>16,177</b>
Medicare Texas	<b>9,587</b>
Aetna	<b>7,826</b>
Medicare Florida	<b>7,530</b>
Medicare California	<b>6,142</b>
Medicare New York	<b>5,412</b>

**GEOGRAPHIC COVERAGE NOTE**

All 50 states represented. Southern and Mid-Atlantic states show disproportionate concentration relative to population, reflecting the DME supply network footprint. **Texas leads in both Tier 1 (19,162) and Tier 2 (29,759)** — combined 48,921 TX patient records.

SECTION 08

# Named Segments & Activation Use Cases

<p><b>SEGMENT 01</b></p> <p><b>Diabetes Actives</b></p> <p>Tx: 109,133 · Dx: 168,128</p> <p>CGM · Insulin · MA plans · GLP-1</p>	<p><b>SEGMENT 02</b></p> <p><b>OSA Actives</b></p> <p>Tx: 15,442 · Dx: 18,721</p> <p>CPAP brands · Sleep pharma · Zepbound</p>	<p><b>SEGMENT 03</b></p> <p><b>Diabetes + OSA</b></p> <p>T1: 4,761 · T2: 14,623 · Combined: 19,480</p> <p>Dual indication GLP-1 · High-value</p>
<p><b>SEGMENT 04</b></p> <p><b>Medicare Diabetics</b></p> <p>Tx: 69,335 · Dx: ~46,000</p> <p>Part D · Medicare Advantage · MA plans</p>	<p><b>SEGMENT 05</b></p> <p><b>Commercial Diabetics</b></p> <p>Tx: 65,935 · Dx: ~122,000</p> <p>PBM · Commercial Rx · Switching</p>	<p><b>SEGMENT 06</b></p> <p><b>Triple Comorbidity</b></p> <p>T1: 203 · T2: 1,862 · Combined: 2,081</p> <p>High-cost patient mgmt · All indications</p>
<p><b>SEGMENT 07</b></p> <p><b>Near-Miss: Ins/Auth</b></p> <p>Dx only: 27,242</p> <p>Access programs · Co-pay assistance</p>	<p><b>SEGMENT 08</b></p> <p><b>Near-Miss: Disengaged</b></p> <p>Dx only: 34,925</p> <p>Re-engagement · Warm outreach</p>	<p><b>SEGMENT 09</b></p> <p><b>Senior Core (75–84)</b></p> <p>Tx: 56,547 · Dx: 57,822</p> <p>Medicare · Caregiver reach · Adherence</p>
<p><b>TIER 3 INTENT SEGMENTS</b></p>		
<p><b>SEGMENT 10</b></p> <p><b>Diabetes / CGM Intent</b></p> <p>6,501,952 · 76.9% of DME base (8.45M)</p> <p>Unbranded condition completions. CPM new patient acquisition seed.</p>	<p><b>SEGMENT 11</b></p> <p><b>OSA / CPAP Intent</b></p> <p>1,707,924 · 20.2% of DME base (8.45M)</p> <p>CPAP/OSA intake forms. Zepbound + AD109 primary activation target.</p>	<p><b>SEGMENT 12</b></p> <p><b>Inbound Click-to-Call</b></p> <p>~2.15M · 100% inbound</p> <p>Phone-hash activatable across DSPs. Highest-intent sub-segment.</p>

ACTIVATION USE CASES BY TIER

USE CASE	BEST TIER	TARGET AUDIENCE	KEY SIGNAL
Branded Rx — Medicare	Tx-Verified	Diabetes + OSA, 65+, Medicare	Condition + insurance + age
Access Program Outreach	Dx-Qualified	Auth-denied Diabetes patients	Fail reason + condition
Prior Auth Support	Dx-Qualified	Insurance/Auth fail cohort	Fail reason category
Comorbidity Targeting	All Tiers	Diab+OSA, Triple comorbidity	Multi-condition flag

SECTION 09

# Why This Dataset Is Differentiated

ATTRIBUTE	SUMMIT AUDIENCE SEGMENTS	TYPICAL 3RD-PARTY HEALTH DATA
Patient intent	Self-identified at point of need — upstream signal	Inferred from claims — downstream
Condition signal	Self-reported + intake confirmed — deterministic	Modeled or claims-derived
Near-miss cohort	Available — 218K Tier 2 patients with fail reason	Not available in most sources
Supply type linkage	Direct 1:1 condition-to-DME mapping	Not typically available
Payor detail	Named payor at patient level	Insurance type only in many sources
Consent basis	Explicit opt-in, recorded at patient level	Varies — often aggregated
PII posture	Name/address stripped · SHA-256 hashed · Clean	Varies by source

<p><b>~294K</b></p> <p>EST. GLP-1 INDICATED Tx + Dx</p>	<p><b>82%</b></p> <p>GLP-1 INDICATION SIGNAL of combined dataset</p>	<p><b>33,989</b></p> <p>MULTI-CONDITION PATIENTS confirmed comorbidity</p>	<p><b>2.15M</b></p> <p>T3 INBOUND CLICK-TO-CALL premium intent</p>	<p><b>~15.3M</b></p> <p>T3 TOTAL INTENT</p>
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FOUR THINGS NO OTHER DATASET HAS

SIGNAL	SUMMIT AUDIENCE SEGMENTS	TYPICAL HEALTH DATA SOURCE
Fill records	1,008,348 T1 supply fills · avg 7.2 per patient · 2.15M T3 inbound click-to-call records	Not available in intent or lead data
Comorbidity	Confirmed through DME fulfillment — same patient hash, multiple condition rows	Modeled from prevalence or inferred from claims
HCP linkage	166,464 prescribers · 46,836 with both converted + near-miss patients	Specialty codes only — no patient linkage
Pipeline history	Active since 2011 · 15 years · still filling today	Assembled, purchased, or modeled — no organic history
Market validation	Summit's founding partners have a track record of building and exiting chronic disease patient acquisition platforms at scale. Summit is the pure first-party data layer from that operational model — exclusive, 20-year license, no overhead.	No comparable market validation event for most health data sources

**Activation:** Delivery via hashed email/phone match to major DSPs, pharma data clean rooms, and direct list export. Data is not resold. Subject to a per-use licensing model. Custom segments can be built by combining any available deterministic fields: condition, supply type, insurance type, payor name, age range, gender, state, comorbidity flag, and for Tier 2, fail reason category.

SECTION 10

# Geographic Distribution — Top 10 States by Tier

T1 skews Texas / Medicare DME supply chain. T2 skews California / commercial insurance. T3 mirrors national population with GLP-1 concentration in CA + TX + FL.

TIER 1 · TX-VERIFIED			
01	TX	Texas	13.7%
02	CA	California	9.2%
03	FL	Florida	7.0%
04	PA	Pennsylvania	5.2%
05	OH	Ohio	4.9%
06	NY	New York	4.7%
07	IL	Illinois	4.2%
08	GA	Georgia	3.4%
09	NC	N. Carolina	3.0%
10	MI	Michigan	2.8%

TIER 2 · DX-QUALIFIED			
01	CA	California	13.1%
02	TX	Texas	10.5%
03	FL	Florida	8.4%
04	NY	New York	6.8%
05	PA	Pennsylvania	5.2%
06	OH	Ohio	4.5%
07	IL	Illinois	3.8%
08	GA	Georgia	3.3%
09	NC	N. Carolina	2.9%
10	AZ	Arizona	2.7%

TIER 3 · INTENT PANEL			
01	CA	California	31.6%
02	TX	Texas	13.6%
03	FL	Florida	13.5%
04	OH	Ohio	8.3%
05	NY	New York	6.5%
06	NJ	New Jersey	3.7%
07	IL	Illinois	3.2%
08	PA	Pennsylvania	2.9%
09	GA	Georgia	2.5%
10	AZ	Arizona	2.0%

**TX + CA + FL = top 3 across all tiers.** These three states represent 30% of T1, 32% of T2, and 58% of T3 confirmed GLP-1 fills. Priority activation markets: CA for commercial insurance + GLP-1 density · TX for Medicare + supply chain depth · FL for MA enrollment + dual-eligible population.

TIER 03 · SEGMENTS

# T3 Intent Panel Segments — New Patient Acquisition

The T3 Intent Panel is the primary new patient acquisition asset for pharma brands and health plans. T1 = received supply. T2 = qualified but hit a barrier. T3 = the full population of diagnosed patients who self-identified by completing a form or calling in on an unbranded category-level offer for their condition. **~15.3M total condition-confirmed inquiries** across all campaigns — diagnosed, in-market, and actively shopping for a new supplier, delivery channel, or coverage plan.

<p><b>~15.3M</b></p> <p>TOTAL INTENT RECORDS</p>	<p><b>2,151,747</b></p> <p>INBOUND CLICK-TO-CALL premium intent layer</p>	<p><b>~13.1M</b></p> <p>FORM COMPLETIONS scale layer</p>	<p><b>140,216</b></p> <p>T3 → T1 CONFIRMED CONVERSIONS</p>
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T3 NAMED SEGMENTS — PHARMA ACTIVATION

<p><b>S10 · DIABETES / CGM INTENT</b></p> <hr/> <p><b>6,501,952 records · 76.9% of DME base (8.45M)</b></p> <p>Condition-specific landing page completions. Unbranded. Self-identified. <b>Activation:</b> CGM brands · Insulin · Diabetes Rx · GLP-1 NPA</p>	<p><b>S11 · OSA / CPAP INTENT</b></p> <hr/> <p><b>1,707,924 records · 20.2% of DME base (8.45M)</b></p> <p>CPAP/OSA intake forms. Confirmed condition. <b>Activation:</b> CPAP brands · Zepbound · AD109 · Sleep pharma</p>	<p><b>S12 · INBOUND CLICK-TO-CALL</b></p> <hr/> <p><b>2,151,747 records · 100% inbound</b></p> <p>Patients who called us. Highest-intent sub-segment in the platform. <b>Activation:</b> Any Rx category · Highest conversion rate · Adherence</p>
<p><b>S13 · PREMIUM INBOUND CTC</b></p> <hr/> <p><b>2,151,747 records · 100% inbound</b></p> <p>Patients who called in on condition-specific unbranded offers. Highest-intent sub-segment in T3. <b>Activation:</b> CPM premium across any condition category · DTC · adherence</p>	<p><b>S18 · POLYPHARMACY INTENT</b></p> <hr/> <p><b>5,839,361 records · 7+ active Rx</b></p> <p>47% form / 53% inbound CTC. 100% phone SHA-256. Patient managing multiple conditions. <b>Activation:</b> Specialty pharma · PBM · adherence · multi-drug mgmt</p>	<p><b>S19 · MA ENROLLMENT INTENT</b></p> <hr/> <p><b>1,176,096 records · 130K completed intakes delivered to clients</b></p> <p>Medicare Advantage campaign completions. GLP-1 Bridge activates this population July 1. <b>Activation:</b> MA plans · D-SNP · Part D · GLP-1 Bridge</p>

**WHY T3 IS THE NEW PATIENT ACQUISITION ASSET**

T1 patients already receive supply — retention and adherence targets. T2 patients qualified but hit an access barrier — they need access programs, not DTC campaigns. **T3 patients are diagnosed and in-market**, actively shopping for a new supplier, delivery channel, or coverage plan — the most acquirable patient population in healthcare data. With ~15.3M condition-confirmed inquiries and ~2.15M inbound click-to-call records, T3 is the largest verified condition-specific new patient acquisition audience in the commercial healthcare data market.

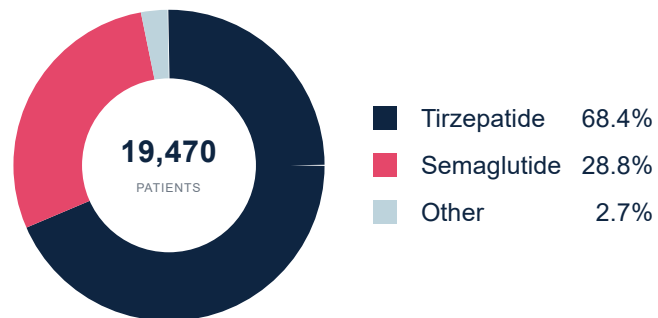
SECTION 11

# GLP-1 Active Fill Intelligence — H1 2026

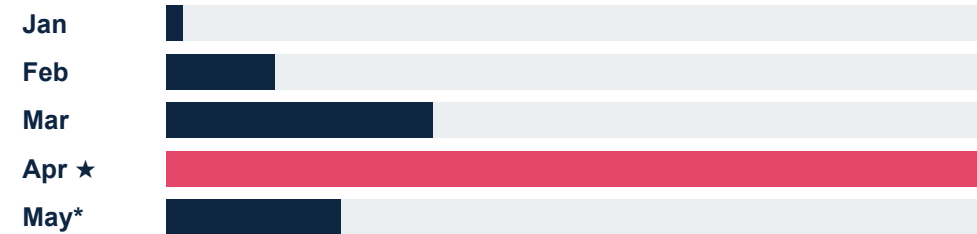
Summit operates an active GLP-1 fulfillment pipeline as a HIPAA covered entity — under BAA framework. Patient roster: 19,470 unique GLP-1 patients across all 50 US states · 98.9% phone-hash coverage (19,255 hashed) · 18,053 unique SHA-256 phone hashes · 79% female / 21% male · 100% address coverage. **Modeled indication layer:** ~294K estimated GLP-1 indicated within T1+T2 confirmed diabetes population. **Verified cross-matches:**  $GLP \cap T1 = 4$  ·  $GLP \cap T2 = 12$  ·  $GLP \cap Cardio = 29$ . Suitable for operational data partnerships, adherence campaigns, RWE measurement. NOT for hashed-DSP activation.

<h2>19,470</h2> <p>UNIQUE GLP-1 PATIENTS</p>	<h2>98.9%</h2> <p>PHONE-HASH COVERAGE</p>	<h2>18,053</h2> <p>UNIQUE SHA-256 HASHES</p>	<h2>309</h2> <p>UNIQUE PRESCRIBERS</p>	<h2>43.2%</h2> <p>TOP 3 PRACTICE CONCENTRATION</p>
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MEDICATION SPLIT



MONTHLY TREND



\*May 2026 through May 8 only

TOP STATES

01	CA	California	4,835
02	TX	Texas	2,073
03	FL	Florida	2,062
04	OH	Ohio	1,275
05	NJ	New Jersey	573
06	UT	Utah	449
07	LA	Louisiana	385
08	CO	Colorado	305

Note: ~294K GLP-1 indicated within T1+T2 diabetes is modeled from NIH/ADA prevalence — see page 11. This page describes Summit-operated fulfillment only.

SECTION 12

# GLP-1 Confirmed Segments

Four precision segments from Summit-operated GLP-1 fulfillment. 19,470 unique GLP-1 patients · 18,053 unique SHA-256 phone hashes · full PII layer under BAA framework.

SEGMENT 14

## GLP-1 Confirmed: Tirzepatide

**9,003** patients

Confirmed Tirz fills · H1 2026

**Activation:** Zepbound brand · compounded tirz · adherence programs

SEGMENT 15

## GLP-1 Confirmed: Semaglutide

**3,785** patients

Confirmed Sema fills · H1 2026

**Activation:** Ozempic / Wegovy · compounded sema · adherence programs

SEGMENT 16

## GLP-1 Geographic Cluster

**8,970** patients

CA + TX + FL concentration

**Activation:** Regional pharma reps · state-level access programs

SEGMENT 17

## GLP-1 Top Practice Network

**5,669** patients

Top 3 prescriber practices

**Activation:** Targeted HCP marketing · prescriber network activation

Note: ~294K GLP-1 indicated within T1+T2 diabetes is modeled from NIH/ADA prevalence — see page 11. This page describes Summit-operated fulfillment only.

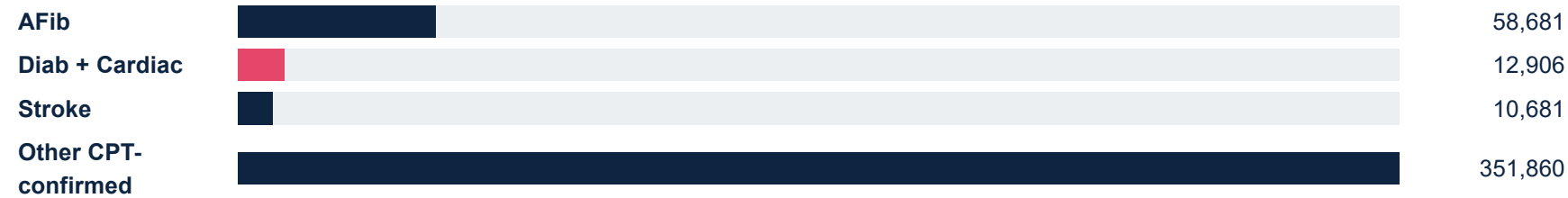
CARDIAC · CLINICAL LAYER

# Cardiac Clinical Layer — Confirmed Billing Data

433,128 confirmed cardiac patients from CPT-coded clinical billing records. Clinical billing data · CPT + ICD-10 = deterministic diagnosis, not modeled prevalence.

<b>433,128</b> CONFIRMED CARDIAC PATIENTS	<b>58,681</b> CONFIRMED AFIB PATIENTS	<b>12,906</b> DIABETES + CARDIAC OVERLAP	<b>73,128</b> CARDIOLOGIST / EP NPIS	<b>\$368.7M</b> CLINICAL BILLING VALUE
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CONDITION BREAKDOWN



ACTIVATION ANGLES

- ANTICOAGULANTS**  
58,681 AFib patients. Primary target for Eliquis, Xarelto, Pradaxa.
- GLP-1 CV INDICATION**  
Wegovy FDA CV indication. 12,906 Diabetes + Cardiac overlap directly addressable.
- CARDIAC DEVICES**  
73,128 cardiologist/EP NPIS for device rep targeting — pacemakers, ICDs, loop recorders.
- STROKE PREVENTION**  
10,681 confirmed stroke patients for anticoagulant and prevention activation.

MARKET CONTEXT

Philips acquired Biotel (source of this cardiac monitoring data) for \$2.8 billion — a public-record validation of clinical-grade cardiac monitoring data value.

HCP INTELLIGENCE LAYER

73,128 cardiologist/EP NPIS. **46,836 also in T1+T2** — highest-value HCP overlap in the platform. Activation: device reps, EP lab targeting, cardiology practice CPM campaigns.

IDENTITY RESOLUTION & CROSS-TIER MATCHING

Of the 433,128 confirmed cardiac patients in Summit's clinical layer, **419,592 (96.9%)** carry a SHA-256 hashed home phone field — making the entire cardiac layer identity-resolved and matchable to every other Summit tier without exposing PII.

<b>VERIFIED CROSS-MATCHES (UNIQUE-PATIENT LEVEL)</b>	<b>ESTIMATED CROSS-MATCHES · T3 INTENT LAYERS</b>
Cardio ∩ T1 (confirmed DME supply) <b>763</b>	Cardio × T3 Diabetes intent <b>~5,600–11,300</b>

SEGMENT 12 · PROFILE

# Medicare Advantage Enrollment Intent Profile

1,176,096 MA enrollment intent records. 130,000 completed Medicare Advantage intakes delivered to clients. 192,000 dual-eligible patients.

<p><b>1.16M</b></p> <p>TOTAL MA INTENT RECORDS</p>	<p><b>130,000</b></p> <p>COMPLETED MA INTAKES delivered to clients</p>	<p><b>192,000</b></p> <p>DUAL-ELIGIBLE PATIENTS</p>	<p><b>359,869</b></p> <p>GLP-1 BRIDGE ELIGIBLE</p>
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**MEDICARE GLP-1 BRIDGE — EFFECTIVE JULY 1, 2026**

Wegovy, Zepbound, and Foundayo covered at \$50/month. **359,869 confirmed T1+T2 diabetes patients now have a GLP-1 pathway.** Immediate reactivation opportunity — coverage barrier removed.

POPULATION PROFILE

<b>Condition base</b>	Confirmed Diabetes + OSA from T1+T2
<b>Insurance transition</b>	Medicare-eligible in coverage decision window
<b>Dual-eligible</b>	192K qualifying for Medicare + Medicaid (D-SNP)
<b>GLP-1 bridge ready</b>	359,869 confirmed diabetics, new GLP-1 coverage
<b>Intent signal</b>	MA enrollment campaign completions, 2017–2026

ACTIVATION USE CASES

**MA PLAN ENROLLMENT**

Direct-to-consumer MA plan switching and enrollment. Highest-intent audience.

**D-SNP TARGETING**

192K dual-eligible for Dual Special Needs Plan campaigns — highest-value sub-segment.

**PART D DRUG PLAN**

GLP-1 now covered. 359,869 activated patients for Part D optimization.

**REACTIVATION OF DISENGAGED**

34,925 confirmed-condition patients who disengaged after intake — high-priority reactivation targets, especially with GLP-1 Bridge now live.

CROSS-CATEGORY VERIFIED SEGMENTS

Every record in this file carries at least one verified clinical-intent signal from a separate Summit Tier 1 segment — these are not enrollment-curious lookalikes. **359,869 are confirmed T1+T2 diabetics** (GLP-1 Bridge eligible), the full base intersects **Confirmed Diabetes + OSA from T1+T2**, and **192,000 carry D-SNP dual-eligibility**. Verification is what separates this audience from generic MA enrollment lists: every name has already proven clinical intent elsewhere in the Summit graph.

SEGMENT 11 · PROFILE

# Polypharmacy Intent Profile

5,839,361 polypharmacy intent records · ~47% inbound click-to-call / ~53% form completions · 100% phone SHA-256 across the full file. 374,000 confirmed 7+ active Rx. 86,000 completed pharmacy intakes delivered to clients · ~90% client-side ship rate after handoff.

<p><b>5.84M</b></p> <p>POLYPHARMACY INTENT</p>	<p><b>374,000</b></p> <p>CONFIRMED 7+ ACTIVE RX</p>	<p><b>179,000</b></p> <p>CONFIRMED 10+ ACTIVE RX</p>	<p><b>86,000</b></p> <p>COMPLETED PHARMACY INTAKES delivered to clients</p>	<p><b>~47% / ~53%</b></p> <p>INBOUND CTC / FORM COMPLETIONS</p>
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ACTIVATION USE CASES

- SPECIALTY PHARMACY — NEAR-CONFIRMED FILLS**

~77,400 estimated downstream fills (86,000 completed intakes × ~90% client-side ship rate). Number of active medications on file per patient. Adherence, refill, and mail-order programs.
- MEDICATION COUNT TARGETING**

Patient's medication count is available in the file. Segment by 7+, 10+, or 15+ active Rx for tiered specialty pharma and PBM outreach.
- PBM / FORMULARY PROGRAMS**

Drug interaction management, formulary switching, and tier optimization for high-Rx patients.
- ADHERENCE PROGRAMS**

179K patients with 10+ active Rx — highest-priority population for medication adherence and patient support programs.

WHAT WE KNOW ABOUT THE MEDICATIONS

<b>Number of active Rx on file</b>	Each polypharmacy record includes the patient's medication count at time of intake. Self-reported and confirmed through the pharmacy intake process.
<b>Condition co-occurrence</b>	rxConditions field captures co-occurring conditions beyond the primary lead type: Chronic Pain, Joint Inflammation, Migraine, High Cholesterol.
<b>Completed Intake</b>	The patient completed the full intake and was handed off to the pharmacy partner. Post-funnel — the patient said yes. The pharmacy partner ships in ~90% of cases.
<b>What we do not have</b>	We do not receive the specific drug names or NDC codes from the pharmacy partner.

**DATA SOURCING NOTE · POLYPHARMACY SEGMENT**

Polypharmacy is a standalone campaign category — the same structural level as the Diabetes, OSA, and Respiratory campaigns. Polypharmacy T3 records come from Divvy, ECP, and PillPack (pending). The Completed Intake layer (86K completed intakes delivered to clients, ~90% client-side ship rate) represents the equivalent of a qualified intake — the patient completed the full process and was handed off to the pharmacy partner. We do not receive post-handoff confirmation.

CROSS-MATCH

# T1 & T2 × Combined Polypharmacy & Medicare Advantage

All polypharmacy partner files combined into one unified set. All Medicare Advantage files combined into one set. SHA-256 phone hash match only. No raw PII used at any stage. Additional polypharmacy partner data pending.

<b>141,537</b> T1+T2 COMBINED POLY (ANY)	<b>9,939</b> T1+T2 × COMPLETED PHARMACY INTAKE	<b>14,683</b> HOME DELIVERY REQUESTED	<b>64,488</b> COMBINED MEDADV (ANY)	<b>11,173</b> T1+T2 × COMPLETED MA INTAKE
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**COMBINED POLYPHARMACY**

Multiple polypharmacy partner files combined into one unified set.

T1 × combined poly (any)	<b>46,958</b>
T1 × confirmed handoff	<b>2,714</b>
T2 × combined poly (any)	<b>95,285</b>
T2 × confirmed handoff	<b>7,296</b>
<b>T1+T2 × poly (any)</b>	<b>141,537</b>
<b>T1+T2 × confirmed</b>	<b>9,939</b>
T1+T2 home delivery	<b>14,683</b>

**Key finding · polypharmacy.** 141,537 T1+T2 DME patients confirmed in combined poly pipeline. 9,939 with completed pharmacy handoff. Additional data pending — re-run same phone match in minutes when received.

**COMBINED MEDICARE ADVANTAGE**

All Medicare Advantage files combined into one unified set. Completed intake delivered to clients = confirmed MA enrollment intake handoff.

Total records	<b>1,176,096</b>
Unique phone hashes	<b>975,757</b>
Completed intakes delivered	<b>129,807</b>
Consent transfer confirmed	<b>131,608</b>
6+ medications confirmed	<b>109,518</b>
T1 × completed intake	<b>3,637</b>
T2 × completed intake	<b>7,612</b>
<b>T1+T2 × completed intake</b>	<b>11,173</b>
T1+T2 × 6+ medications	<b>9,439</b>

**Key finding · Medicare Advantage.** T2 appears at 2× the rate of T1. Near-miss DME patients completed MA intakes. 11,173 completed intakes delivered to clients. 9,439 with 6+ medications — high-LTV multi-product population.

**COMBINED VIEW — WHAT WE KNOW ABOUT T1+T2 PATIENTS**

- 141,537 T1+T2 in combined poly pipeline — DME patients also managing multiple medications.
- 64,488 T1+T2 in combined MA enrollment — T2 at 2× the rate of T1

CROSS-CONDITION COMORBIDITY

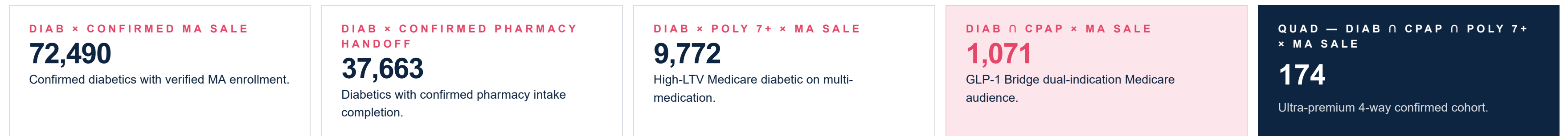
# T3 × Condition × Condition · Verified at Phone Hash

12.17M unique patients across 5 conditions in the T3 universe. The cross-condition comorbidity matrix below is computed at the phone-hash level — every overlap is a real patient confirmed on multiple condition pathways, not a modeled estimate.

SIX PAIRWISE COMORBIDITIES — PHONE-HASH VERIFIED



APEX AUDIENCES — TRIPLE AND QUAD COMORBIDITY AT CONFIRMED SALE



Every overlap above is a real patient on multiple condition pathways — confirmed through phone-hash matching at the individual level. No other commercial healthcare dataset produces verified multi-condition cohorts at this scale and specificity.

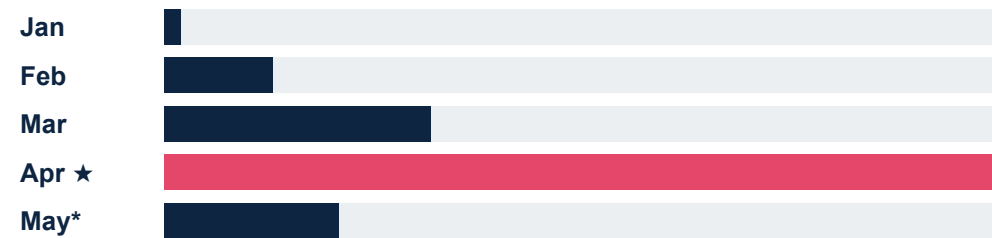
GLP-1 · FULFILLMENT CHANNEL

# GLP-1 Fulfillment Channel Intelligence

309 prescribing practices, 117 fulfillment pharmacies, 19,470 unique GLP-1 patients · Summit-operated fulfillment.

<h2>309</h2> <p>UNIQUE PRESCRIBING PRACTICES</p>	<h2>19,470</h2> <p>UNIQUE GLP-1 PATIENTS</p>	<h2>43.2%</h2> <p>TOP 3 PRACTICE CONCENTRATION</p>	<h2>117</h2> <p>FULFILLMENT PHARMACIES</p>	<h2>50</h2> <p>STATES COVERED</p>
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MONTHLY TREND

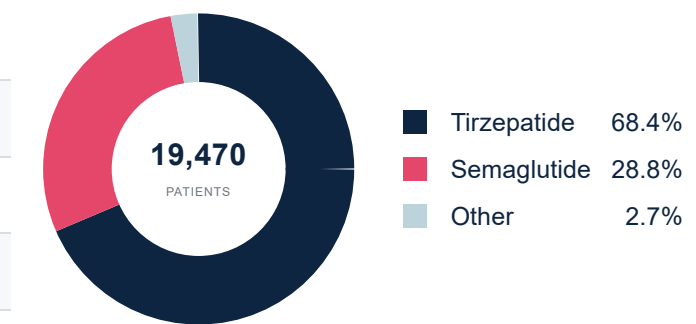


\*May 2026 through May 8 only

GEOGRAPHIC CONCENTRATION

Rank	State	State Name	Count
01	CA	California	4,835
02	TX	Texas	2,073
03	FL	Florida	2,062
04	OH	Ohio	1,275
05	NJ	New Jersey	573
06	UT	Utah	449
07	LA	Louisiana	385
08	CO	Colorado	305

MEDICATION SPLIT



MATCH STATUS · ACTION REQUIRED

No patient phone in H1 2026 file. Name hash only. T1/T2/T3 cross-match BLOCKED. Action: re-pull with patient phone pre-hashed SHA-256. NPI cross-match available.

LOOKALIKE MODELING & AUDIENCE EXTENSION

# Seed Quality Determines Lookalike Quality

Summit's 15.3M+ condition-confirmed inquiries are the highest-quality seed audience in commercial healthcare. Seed quality determines lookalike quality. A modeled audience is only as good as the verified patients it was built from. Most pharma LAL programs use 3rd-party intent data or claims-derived audiences as seeds. Summit seeds are post-conversion first-party — patients who self-identified, confirmed condition, and engaged. The resulting model is orders of magnitude more precise.

<p><b>STANDARD LAL SEED</b></p> <p>Hashed email + IP fed as seed to LiveRamp, Trade Desk, DV360, Meta. DSP builds condition-specific lookalike at scale. Tens of millions of incremental targetable HHs modeled on patients who actually raised their hand.</p> <p><b>Scale:</b> ~11.4M T3 email · ~10.7M T3 IP.</p>	<p><b>CLEAN ROOM OVERLAP</b></p> <p>Summit hashed records matched to pharma brand's existing CRM or CDP in a privacy-safe clean room. Identifies overlap: which existing patients or HCP targets are also in Summit's T1/T2/T3?</p> <p><b>Uses:</b> suppression, re-engagement, attribution.</p>	<p><b>IDENTITY GRAPH EXTENSION</b></p> <p>Records delivered via LiveRamp IdentityLink or Experian CrossIX for identity graph expansion. One verified patient resolves to avg 3.2 devices.</p> <p><b>Reach:</b> Mobile · desktop · CTV · direct mail.</p>	<p><b>HCP ACTIVATION</b></p> <p>166,464 confirmed prescriber NPIs linked to converted and near-miss patients. Highest-value: 46,836 NPIs with both T1 + T2 patients on file. 1,540 high-volume (10+ patients) for sales force.</p> <p><b>Channels:</b> EHR inbox · rep scheduling · CME · NPI prog.</p>
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ATTRIBUTE	SUMMIT	3RD-PARTY INTENT	CLAIMS-DERIVED	SURVEY PANELS
Condition confirmed	Self-reported at form	Modeled / inferred	Diagnosis code	Self-report, unverified
Consent documented	TCPA opt-in on file	Unknown / aggregate	Not patient-level	Survey consent
Identity (email/phone)	100% hashed on file	Partial match	Not available	Available
First-party origin	Summit collection	Purchased	Payer / claims	Panel vendor
Post-conversion depth	Form + call + fill	Click / impression	Fill only	Survey only
Pharma-safe / HIPAA	Safe Harbor 164.514(b)	Varies	Aggregated only	Varies

**Match rate vs. typical:** 35–55% vs. 8–15% for 3rd-party. Match T3 inbound CTC records (2.15M) against pharmacy claims post-campaign. T3 patients with "has existing supplier" disposition = on a competitor DME product. Re-engage with switch messaging.

PARTNER FIT · PLATFORM TYPES & USE CASES

# Distribution & Enrichment Partners

Every platform type on this page works better with first-party post-conversion patient data. Summit is one of the few sources at scale — 15.3M condition-specific opt-in records with hashed identity, consent documentation, and 10+ years of longitudinal supply history.

PLATFORM TYPE	WHAT THEY NEED	WHAT SUMMIT BRINGS
<b>Healthcare DSPs</b> Condition-specific programmatic media · DTC campaigns	Verified patient audience segments. Optimizes to audience quality and script lift — not clicks or impressions.	T3 post-conversion intent is the highest-quality patient segment available. Pharma brands activate at CPM. Listable in healthcare DSP audience marketplaces for immediate activation.
<b>Identity Graph Providers</b> First-party data resolution · multi-device · 600+ media partners	First-party health data with hashed email + phone for identity resolution and multi-device household extension.	74.5% email + 100% phone SHA-256 — ingestion-ready. T3 resolves to avg 3.2 devices per patient. One push activates every DSP, CTV, retail media, and social platform simultaneously.
<b>Clean Rooms</b> RWD linkage · claims matching · HIPAA-compliant collaboration	First-party patient records tokenizable and linkable to claims, EHR, and real-world data without PHI exposure.	Already de-identified and SHA-256 hashed — compatible by design. Token linking enables script lift attribution, CRM suppression, and RWD enrichment.
<b>Claims Data Providers</b> Claims-based patient mapping · life sciences intelligence	Upstream intent signals to layer on top of their claims foundation. They capture patients after a physician visit.	Summit captures diagnosed patients at the point of in-market intent — before the next prescription, refill, or enrollment event the claims data will eventually show. T3 is the upstream demand signal that claims data captures only after the script is filled.
<b>Closed-Loop Measurement</b>	Identity match + attribution for ROI proof.	Summit records · identity match · closed-loop measurement. Every pharma brand buying Summit can prove ROI via prescription attribution.
<b>CTV / Audio Activation</b>	Cookieless ID resolution at CPM scale.	11.4M hashed emails resolve to cookieless IDs. Direct CPM seed inventory at scale across display, video, and audio without a clean room.
<b>Consumer Behavior Panels</b>	Condition + intent layer on top of consumer media data.	Summit T3 matched to consumer panels creates a 360° segment: condition intent + consumer behavior + media consumption.
<b>Pharma CRM / CDP</b>	Suppression, overlap, attribution without PII exchange.	Pharma brands match Summit records to their own CRM without PII exchange. HIPAA-eligible. Suppression, overlap, attribution in minutes.
<b>Specialty Pharmacy Routing</b>	New patient intake handoff at higher volume.	99,060 confirmed pharmacy handoffs via combined poly set. Summit can route new patient intakes to specialty pharmacy partners at higher volume.
<b>Clinical Trial Recruitment</b>	Condition + age + state + comorbidity-eligible recruitment lists.	15.3M T3 records with condition + age + state + comorbidity. Trial-eligible patient lists — confirmed condition, consented, contactable.

# Ready to explore a partnership?

Summit holds an exclusive data license activated April 2026, running through 2046 — covering all data from 2016 onward. Ten years of accumulated data is retroactively covered. Every deal structure begins with a conversation.

## HOW TO ENGAGE

RECOMMENDED FIRST STEP

### Data Overview Call

Walk through the full platform — tier architecture, data fields, HCP intelligence, and activation use cases. 30–45 minutes. No commitment required.

AVAILABLE UNDER NDA

### Data Sample & Technical Review

De-identified sample for your data team. Field schema, match rates, segment profiles, and HCPCS product code availability reviewed under NDA.

BAA + NDA STANDARD

### Partnership Structure

Licensing, data enrichment, HCP activation, or co-branded segment development. Flexible structures. BAA executed at closing.

## WHAT'S INCOMING — COMPLETING THE PLATFORM

### TIER 3 — 15.3M INTEGRATED

Cross-tier conversion velocity confirmed. 140,216 T3 records converted to T1 supply, 218,071 to T2 qualified-but-near-miss. End-to-end funnel performance documented from intent through fulfillment.

### MEDICATION HASH MATCH

Summit-operated GLP-1 fulfillment data — 19,470 unique GLP-1 patients across all 50 US states under separate HIPAA-safe processing path. Includes Rx-level detail (prescriber, pharmacy, drug, dates, delivery confirmation). Confirms specific medication use — GLP-1 active fills, Rx history, and fill dates across the patient file.

### COMMERCIAL LICENSING PROGRAM

Structured per-use licensing model across DSPs, pharma data clean rooms, and HCP activation platforms. CPM and flat-fee structures available.

## CONTACT

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Exclusive License 2026–2046 · Data Coverage from 2016

BAA · De-identified · Identity-Graph Compatible · DSP-Ready · Clean Room Compatible