Rōvn

The operating network for the healthcare workforce.

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>
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>
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Healthcare rebuilds the same worker truth from zero, at every job.

The same clinician is re-verified across every facility, renewal, payer, and survey. The pain is three-headed, and each head is measured.

78 / 118

Cannot fill

~78 days average experienced-RN recruitment (NSI 2026 National Health Care Retention & RN Staffing Report, 2025 hospital performance). ~118 days median physician time-to-fill (AAPPR 2025 benchmark, cited exactly as reported).

3 to 6 mo

Cannot clear

70% of respondents report credentialing and privileging taking 3 to 4 months; 14% report 5 to 6 months. Average 112 days from accepted physician contract to start, a separate clock, never summed with time-to-fill (AAPPR research summarized by AMA, published 2025-12-23).

$60,090

Cannot keep the floor covered

Average cost of one RN turnover, with 17.6% RN turnover and 8.6% RN vacancy (NSI 2026 report, 2025 hospital performance).

While the clocks run, facilities absorb idle capacity, premium coverage, and revenue delay. Known facts get re-proven because no layer makes trusted evidence reusable across employers.

WHY NOW

Three clocks started, and none of them can be waited out.

- **The continuous-monitoring era.** Since July 2025, applicable NCQA standards require ongoing monitoring between recredentialing cycles; the binding standard and interval must be validated per customer and element. The quarterly, manual, batch approach now fails survey, alongside Joint Commission medical-staff expectations and payer enrollment pressure.
- **Governed AI became capable of operating the workflow.** Agentic software can now run the repetitive work of verification, chase, assembly, and monitoring, while named humans keep every regulated decision. The technology finally fits the regulatory boundary instead of fighting it.
- **The cost of getting it wrong is federal.** Billing for an improperly-credentialed provider remains exposed to False Claims Act liability under Medicare's 60-Day Rule.

> Facilities need source-backed, exportable proof with named human decisions. Revn is built for that regulated workflow state from the start.

— THE INSIGHT

Evidence can travel. Decisions do not.

Portability fails when it pretends one facility's approval works everywhere. It works when trusted evidence moves with the worker and every organization still applies its own rules and makes its own decision. That split is the whole design.

— THE ATOMIC TRANSACTION

The Work Activation: approved to start, with proof.

One person, one organization, one defined scope of work. It binds the exact evidence and source versions, the exact policy version, a named human approver, a validity window, and a signed receipt. It is not a score, it is not permanent, and it is never automatically valid at another organization.

The second Work Activation for the same person should be materially faster and cheaper than the first. That is the network thesis, stated as a measurable claim.

01

Passport

Worker-controlled evidence, consent, and professional state. Free forever.

02

Readiness

Who is clear to start, practice, and bill, and what blocks the rest. The paid entry.

03

Operator

The end-to-end facility product: credentialing, privileging, monitoring, proof.

04

HIRE

Opportunities and applications inside the same governed loop.

05

READ

The governed interface other systems read state and receipts from.

THE ONE ASK MODEL

One underlying issue creates one worker-facing request, even when it threatens six assignments across two facilities. Tenant-isolated impact edges carry the resolution to every affected file, payer, privilege, and shift. Each facility still evaluates the evidence independently.

Click and verify. Then read the honest label.

Readiness demo

`readiness.rovn.to`
Open, no login. Synthetic roster.

Operator demo

`operator.demo.rovn.to`
Protected facility console. Synthetic data.

Worker demo

`worker.demo.rovn.to`
The clinician-controlled Passport. Synthetic data.

Investor room + agent

`investors.rovn.to` on Google Cloud Run, with a diligence agent on Vertex AI constrained to the hash-pinned canon (generation 8). Ask it anything in this deck.

Current stage, stated plainly

Pre-launch by design: zero signed pilots and zero paying customers as of 2026-07-22. Reported founding-pilot LOIs remain unverified pending signed documents and are not claimed as traction. Every demo is labeled synthetic. No real roster has run through the system.

The risk an investor is pricing here is execution, not invented traction.

BUSINESS MODEL

Facilities pay for the operated outcome. Workers never pay.

THE LADDER

Readiness	$2,500 / month	the one public price
Operator Pilot, 90 days	quoted	governed
Operator, full facility	quoted	governed
Platform, multi-entity	quoted	governed

THE RULES THE MODEL KEEPS

- The billable unit is **active monitored lives**: people kept continuously clear, not documents, tokens, or alerts.
- Multi-site reuse never raises price within a band. The invoice never taxes the reuse that is the moat.
- Workers are free forever. No placement, commission, success, or finder fees, ever.
- No shift book, no take rate: Rɵvn is not paid to steer any hiring channel, so it can sit across all of them.

The model works before the network activates: one organization pays for real labor savings, risk visibility, and faster operation on its own roster.

MARKET

Sized layer by layer, from named sources. No invented TAM.

LAYER	SIZE	BASIS
Core TAM, Phase-1 facility operator	$16-18B / yr	Five analyst-sized pools, counted once: credentialing software + CVO services (~$7.6B; Business Research Insights, Grand View, Credence Research, 2024-25), provider data management (~$1.6B, 2024), quality management incl. OPPE/FPPE (~$2.4B, 2024), compliance and survey software (~$3.9B, 2025), payer enrollment slice (~$0.5-1B). Global, today.
Phase-2 network surface	$27-34B / yr	Adds workforce management, healthcare HCM, and screening pools (Mordor, Straits, IMARC, 2025). Pools overlap, so this is stated as directional and never summed.
US SAM	$3.5-6B / yr	Bottom-up: ~13,000-18,000 target facilities and groups (AHA 2024-26; ASC Data 2024; AHRQ Compendium) times an illustrative blended ACV. The ACV is a modeling assumption, not a price list; only Readiness at $2,500/month is public.
SOM, 24-36 months	single-digit $M ARR	Dozens of facilities, not thousands. Honest obtainable slice.
SOM, year 5 base case	$45M ARR	Internal 3-case model: bear $30M, bull $60M. ~1% of SAM. A model, not a forecast commitment.

A worker-side cross-check from the ~22M US healthcare workforce (BLS, 2024) lands in the same SAM band from the opposite direction. Two independent bottom-up builds agreeing is the diligence signal.

Every layer has a real company on it. We concede all of it.

Vertical axis: facility-operator depth

Horizontal axis: worker-side ownership

CREDENTIALING-ONLY, FACILITY SILO

symplr · Verisys · Medallion (~$130M raised, Aug 2025) · CertifyOS (~$69M, Jun 2025) · Modio. Deep workflow; the record stays when the worker leaves.

OPERATING NETWORK · THE TARGET QUADRANT

Rɵvn: worker-controlled evidence + facility workflow depth + a governed read surface, composed around one transaction. **Axuall (~$41M raised, Series B 2023) is the closest strategic overlap** and is moving this way.

HRIS / GENERIC

Workday HCM (acquired Paradox 2025-10; Agent Passport for AI agents announced Jun 2026) · Oracle · UKG. Post-hire administration, one employer at a time.

WORKER-SIDE / IDENTITY / STAFFING

Vivian · Trusted Health · Verifiable (~$47M, Series B 2023) · marketplace wallets (ShiftKey, Nursa, Clipboard). Portable inside their own economics; light on facility operation.

The difference is the unit. Competitors sell components; the Work Activation is the unit Rɵvn is building the company around: worker-controlled evidence enters each organization's own policy, one Resolution Case does the missing work, a named human decides, a signed receipt proves the basis, and the system keeps operating after the hire.

Structural note: CAQH/DataSpring converted for-profit in January 2026 and is payer-owned. That ownership is why the worker-owned corner of this market stays open.

Funding figures at their own transaction dates

MOAT · STATED DEFENSIBLY

Pre-launch means every moat claim today is prospective. Here is the structure, and the test that kills it.

FIVE COMPOUNDING ASSETS

1. Consented cross-employer evidence, owned by the worker.
2. Versioned organization policy, accumulated per jurisdiction and role.
3. Resolution Case histories: the exception and outcome dataset only operating creates.
4. Work Relationship and Work Activation graphs across employers.
5. Delegation, source access, and legally reusable verification rights. NCQA delegated credentialing is the legal-reuse gate, which is why the CVO clock starts in Phase 0.

THE CAPTURE PATTERN, NAMED

Every neutral credential asset in this market eventually got captured: CAQH by payers, Kamana by Triage, Modio by CHG, Verisys by Stone Point. The defense is structural, not contractual: an asset the worker owns cannot be captured without the workers leaving. No resale of worker evidence, no transfer of one organization's approval to another, no placement-fee dependency.

THE FALSIFIABLE TEST · A KILL CRITERION, NOT A VANITY METRIC

If the second Work Activation is not materially faster and cheaper than the first, the network thesis is wrong.

Three founders. Three nameable advisors. One seat we name as open.

Giles-Evan Mboumi

FOUNDER & CEO

Vision, product direction, sales, fundraising, GTM, recruiting.

Christian Montgomery

CO-FOUNDER & COO

Operations, security, compliance coordination, implementation. B.S. Cybersecurity, Kennesaw State.

Abhishek Jha

CTO

Architecture, agent systems, verification core, reliability. ~6 years SWE, M.S. Computer Science.

— ADVISORS · PUBLIC AND NAMEABLE

Dr. Danielle K. Miller, DNP, RN, Founding Advisor: healthcare workforce and medical-staff governance · **Dr. Mohammed Quadri, MD, MBA** · **Aki Hashmi**. Outside counsel: Jason Acevedo, Klehr Harrison.

— OPEN SEAT, STATED PLAINLY

Founding CCCO: a senior credentialing and CVO operator, fractional and equity-heavy now, converting to founding executive as the post-Demo-Day round clears. Owns NCQA-CVO work, delegation, and survey prep. This seat is not sequenceable behind anything.

Milestone-based financing against six checkable provables.

FINANCING SEQUENCE, PLAN OF RECORD

- YC Fall 2026 application **submitted 2026-07-10**, under review. If accepted, the standard $500K bridge funds the batch and proof window at roughly $58K/month burn.
- The intended round is a post-Demo-Day seed, modeled at roughly $5M, sized against actual proof, burn, and the 18-to-24-month NCQA-CVO certification clock.
- If YC says no, an independent lean pre-seed against the same milestones.
- Terms stay silent until counsel confirms the offering exemption.

THE SIX PROVABLES, EACH CHECKABLE YES OR NO

1. Close the P0 trust defect in production.
2. Sign one delegation-capable partner.
3. Land the founding CCCO.
4. Land the first paying Readiness customer, with density rising in that cluster.
5. Start the CVO clock from real pilot verifications.
6. Hit worker-liveness targets on the first deposited roster: 40% of Passports claimed, 25% of claimed active in the trailing 90 days.

What the capital funds: production trust and security, one repeatable paying pilot motion, source activation, product depth, the delegation and certification path, and the specialist-model data program.

Rōvn

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Portable evidence. Local recognition.

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