

 **Lince Varghese-00:10**

Okay.

 **Prateek Kashyap-00:10**

Emily. Yeah, so lens is here as well. Okay.

 **Lince Varghese-00:14**

Hi.

 **Prateek Kashyap-00:18**

So yeah,.

 **Lince Varghese-00:22**

So today we'll be seeing the entire flow of supervisor.

 **Emily Clifford-00:28**

Okay.

 **Lince Varghese-00:28**

Yeah.

 **Prateek Kashyap-00:30**

So Emily, basically I guess on very first day we discussed the practice admin. Right on. Like what are the functionalities of practice admin? And now today we will be covering biller and supervisor.

 **Prateek Kashyap-00:44**

Okay. Because supervisor is just a, you know, top layer of, on top of like on top of the builder user and he just have to look into the operations and if everything is going smooth, if any claim needs to be edited or something like that, it is just kind of a add on functionality. We will be covering both of the flows here. We will give you end to end description of each and every feature, how it works, how it is getting connected.

 **Prateek Kashyap-01:19**

And then tomorrow we will be going through the surgeon application. The good news is that we have resolved the dictation issue. Okay. But due to some Apple listing issues we are not able to push the build today.

 **Prateek Kashyap-01:36**

But by tomorrow we will be able to do that as well. So yeah, Brian will be getting a stable working build to test. Okay. We will be providing the NP and the MPIN ID which he can use to login into the application.

 **Prateek Kashyap-01:54**

Currently his own ID won't work here because we still have to map with Athena and other things. So till now, till that time, sample MPI and ID which we have created in the database, which we have added in the database that will be working for him. So sample patients can be created, some sample dictation can be done and sample or sample claim form will be shown as well.

Okay.

 **Prateek Kashyap**-02:26

So and by tomorrow we will be sharing you the user manuals as well. And yeah, and we have a bit more time that we have committed in SOW as well. So we will be doing more refining work to make this platform much more smoother and then we will be ready to for a proper release. Okay, so then I guess you can start logging in with the Biller application with the Biller account and we can go ahead.

 **Prateek Kashyap**-03:02

Emily, just one more thing. We also want to try login in Apple account to check the status. Okay. So you will receive an OTP for this thing.

 **Prateek Kashyap**-03:14

So we will be doing this after this call. Okay.

 **Emily Clifford**-03:17

Okay.

 **Prateek Kashyap**-03:18

Okay, let's over to you.

 **Lince Varghese**-03:21

Yeah, so we'll be looking today for the pillar first, then to we'll move on to the supervisor after that. I'll show you how the biller and supervisor are connected, how the claims actually forwarded from the pillar to supervisor, what are the steps and how it could be done. So starting With Biller. This is a dashboard page of Biller and here we can have means we have KPIs here so that would say claims today that the number of claims that has been generated and these are the claims which are approved today we have pending review.

 **Lince Varghese**-04:03

How much are pending? Like just now I have generated one claim so it is been converted to 42. We have Arjun total build and these revenue projected this will be integrated as well. We have a pipeline that shows the current state of system as we observed in the practice admin.

 **Lince Varghese**-04:25

This particular section was also present in the practice admin which shows which all surgeons are present in our system having claims approved. So those things are being mentioned here Again we have this hospital scoped review queue where we can search any of the patient by name like first name or. And also we have pagination view in this. This is the claim which I have just created one minute ago and we can have.

 **Lince Varghese**-05:03

We have filters here Surgeons that are present in our application with their unique NPI ID so even if there is two doctors with the same name we do not confuse them confused with them. The we have further status here. So there are different statuses attached to the claims that are particularly visible. So currently though exported is there.

Hey Lindsay, can I stop you for a minute? I just want to ask since I am not the medical biller and the medical biller will need this information. Are you able to provide a live demo that I can send to him so he understands this?

 **Lince Varghese-05:46**

Yes, of course Emily. Actually we are planning to make the entire video of the IMB system role wise so you can distribute them among your team members to have better. Yeah, right.

 **Emily Clifford-05:58**

And I'm right to say that Dr. McHugh would not be viewing this dashboard because this is the biller dashboard. So Dr. McHugh would not be in this section.

 **Lince Varghese-06:08**

Okay, so we are just making sure that we are just making you a review about these functionalities that we have created yet.

 **Emily Clifford-06:19**

Great. Okay, thanks.

 **Lince Varghese-06:22**

So we do have peer specific filters as well and a custom range of dates from which when to the claims has been generated. So this is what the medical billing dashboard is looks like. And we have an instant patient creation setup so that he should not go to the patient section and from there he can add patient. He can just.

 **Lince Varghese-06:50**

It's a shortcut way of creating a patient instantly and attaching that to a surgeon so that surgeon could get the details as soon as and possible and he can do a dictation out of it. So the next tab we are going to see is Review queue. Review queue. Basically here is the what the fundamental of the biller exists where he can see all the claims that are assigned to all the billers.

 **Lince Varghese-07:26**

And if I go to all section, these are all filters here ready pending. So these are all the claims that are being is ready for review and not yet been reviewed. And if I go to all sections, if I go to last, you can see that we have a claim that is being generated five minutes ago and we have our further details of it. If I go to open detail we will be the third tab automatically get active and we have that entire claim in front of us to be reviewed upon.

 **Lince Varghese-08:11**

So in this page what billers can do is they can upload the documents the clinical documents based on which they were able to scrutinize this claim against the clinical documents that they have. This particular document was uploaded while the patient was being created. So this is the flow of documents while reviewing the claim. We have billing codes here that has been generated by AI system and we have are fetching the details of Fair Health database that we have attached to our system and we have live information from there.

 **Lince Varghese-08:58**

This. This is a transcript view. Yes. Emily, you want to say something?

Oh no, I was just saying. Okay, thanks.

 **Lince Varghese**-09:06

Yeah. So we have a precision try precision transcript view of the claim that I have just uploaded here. And on further steps we will have this specific flags that is being actually found out about by the AI and is showing on what particular claims can be cannot be processed by the payer. So this is also viewed here.

 **Lince Varghese**-09:36

We will we are going to refine this session. This section is under development. So this particular section says explanation of all the CPT codes that has been generated and it is a rag setup from where the clinical document, the peer policy documents that we have. We will fetch that snippet of that where the AI is getting all the details and will be refined and be presented in a that pillar would understand about these things.

 **Lince Varghese**-10:09

So this is one of the section. Okay, so here is the. There's a MDM complexity which again comes from the AI assessment. This A AI actually have all the files and dictations and everything with this with it and it will generate a precision matrix around it and it will show whether it is a high, low or medium probability of getting paid on.

 **Lince Varghese**-10:44

So this is. This is the. This was the first tab of a review of review claim. Second step is a source audit where the details of the patients of the CPT codes that are available here are do exist and there is a button called Confirm source match.

 **Lince Varghese**-11:07

Until this confirmed source match is pressed, we will not be able to like submit to the supervisor. So biller has to confirm the source match and the CPT codes that are available for the transcription. Next thing is the CMS 1500 preview. So we have managed to have excerpt carried out from the CMS 1500 form itself.

 **Lince Varghese**-11:42

So this is what you asked earlier that can a biller or supervisor can add more codes where it is involved in C CMS 1500. So this is the way he or she can add this and can delete or whatever the functionality he wants to do on each of the columns. Next is the patient info. There are limited numbers of details that we can show here.

 **Lince Varghese**-12:18

So that is what is being showed. If anything extra after the review of your team we would of course add this details in here because of HIPAA compliance. So the next thing is the clinical metadata. This actually tells which surgeon was there involving and what facility was used and what was the primary diagnostic and other stuff too.

Documents I have already told like how it will traverse throughout the review document can be uploaded as when the patients is being created. That documents will be available here. And if the biller wants to add more documents to his this repo where he can scrutinize the claim against these documents he can do that too as well. This is an analytics page that was present in the practice admin too.

 **Lince Varghese**-13:26

And these information are the same as it was reflected in the practice admin. Once again I'll let you go through these things. Claims created, the approved claims. These are the total number of claims that have been approved.

 **Lince Varghese**-13:43

And these pillar informations are there. We will have a graph here as more of the claims coming in. We will have this payer reliability section filled when the claims will be coming from the payers accepted and denied. So those claims also we will take into consideration to make our product better.

 **Lince Varghese**-14:12

This is a particular policy management section which is under development. This particular section is actually helps builders a lot because as soon as we know that we have peers policies updated in a regular basis like in a six months or a year. So this particular section is what the biller will use to upload the files and AI will fetch out the CPT codes and the justifications around it. Modificate modifiers related to it.

 **Lince Varghese**-14:50

So here it can make the AI assumption and AI process better. And this is a particular patient creation setup that is same as the manual claim here. But I will show you like create this. These are the sections for the patient to be created.

 **Lince Varghese**-15:14

Demographics that would include first name, last name, gender, date of birth and mrn. This particular MRN will also be used to sync with Athena since that is disabled because we are under progress of Athena setup. And this is a insurance section where the peers can be added subscriber id, group number and such information. This is a clinical information where we attach the patient to a particular hospital that has available to us and the surgeons that are been present in the IMB system.

 **Lince Varghese**-15:56

So it is irrespective of the hospitals that are present in the like I amly system. These are the clinical documentation section where I told while creating a new patient we can upload files. That files will also be visible to the biller in this particular section which I have just showed here. So this is the section where it that files will be available.

 **Lince Varghese**-16:29

So this is a walkthrough of biller. I'll just. What I will do is I'll just send one claim to the supervisor so that we can review that there. Okay.

So this is the latest claim that I have been created. So as you can see that submit to supervisor is disabled here. So I'll go to the source audit. I'll confirm the source match and it is visible now so I can click on Submit to supervisor.

 **Lince Varghese-17:10**

So current status. We can see that it is saying pending supervisor review. Now open the supervisor you say the.

 **Emily Clifford-17:20**

Source audit will always require that button to be confirmed. Okay.

 **Lince Varghese-17:26**

Yes,.

 **Emily Clifford-17:49**

Hello,.

 **Lince Varghese-17:52**

I'm now logged in as supervisor. I guess like you are able to see my screen now.

 **Emily Clifford-17:57**

Yep, I can see it.

 **Lince Varghese-18:00**

So this is billing supervisor. So we have, we have forwarded one claim from biller to supervisor. There is not, not much difference between the biller and supervisor. But supervisor have few more functionalities attached to it that biller doesn't have.

 **Lince Varghese-18:20**

The supervisor can manage the surgeons or doctors that are present in the IM system. He can have the administration section that has that was seen in the last session in the practice administration. But I'll show you entire sections as well today as well. Dashboard is what is same as the pillar here.

 **Lince Varghese-18:48**

The supervisor can view all the claims present in the hospital scoped review queue. On the review queue Next we can see that the claim that I have sent from the biller to supervisor is present here. So it is in the status of pending supervisor. So we have these filters around here as well.

 **Lince Varghese-19:14**

So we can open this particular claim that is sent from the biller and after the review of the supervisor. And for your information I can tell that this biller and supervisor have the same claim. View Supervisor can also edit these sections CPT and ICD codes and approve them. So at the last, when.

 **Lince Varghese-19:47**

When we go we. We have a section called final approval claim. Yeah. So we can.

We have an option to export the claim, whatever being processed.

 **Emily Clifford**-20:15

I can't hear you. I don't know if you're speaking.

 **Lince Varghese**-20:18

Yeah, yeah. I'll just show you where it went. I'm saving this. The X served just created by me as this biller.

 **Lince Varghese**-20:34

Sorry, supervisor, I'm just saving this file now.

 **Emily Clifford**-20:47

And you said that on another call someone had said that the CMS 1500 because the integration. We were hitting roadblocks with that. A lot of the information on the CMS form is going to need to be manually typed in. And Dr. McHugh needed a workaround for that.

 **Emily Clifford**-21:04

Can you give me an update on that?

 **Lince Varghese**-21:09

Yes. So we have CMS 1500 preview here. The supervisor or biller, we are not giving access to additional information other than the CPT and ICD codes to be edited or what we call as service lines. So additional information as we have to manually put it into the Athena system Now because we are generating a PDF.

 **Lince Varghese**-21:36

So we are not provisioning in here for supervisor. But of course in the practice admin we have a provision to see the entire CMS 1500 form of this claim where we can get those fields edited and take printout as well.

 **Emily Clifford**-21:53

But is there a way to automate them like he had asked?

 **Lince Varghese**-22:00

Automate in the sense like we will be uploading the data into Athena itself.

 **Emily Clifford**-22:06

Automate in the sense that when the CMS 1500 is ready, it is already populated with all of the information from the patient.

 **Lince Varghese**-22:15

Yes, it is already.

 **Emily Clifford**-22:17

Oh, okay. Because when we first reviewed it, there were a bunch of fields that were empty.

These are. Okay. Bunch of. Okay, that.

 **Lince Varghese**-22:26

Fields that are empty. Okay, I'll look around that. Because all the fields that are mentioned in CMS 1500 form, we need to fetch it from the Athena itself, if that possible. We'll be able to print the entire CMS 1500 form?

 **Emily Clifford**-22:42

Yes, that's what I'm asking. But I know there were some roadblocks. Is there. Have we found a solution to making sure that is populated?

 **Lince Varghese**-22:53

Not yet, but surely we are on the Athena part itself. As soon as it gets ready, we will be able to do that.

 **Emily Clifford**-23:00

Okay.

 **Prateek Kashyap**-23:02

Yes.

 **Lince Varghese**-23:03

So next part is the analytics. Same as what we have seen in the biller policy library. Again, the payer policies have update their policies on a regular basis. So biller and supervisor can manually enter these policies and get the Essence of AI having better results.

 **Lince Varghese**-23:28

This is a surgeon management that we are not providing to the biller but to the supervisor because at times the practice admin might be absent or some. So we are providing this to supervisor as well to create a surgeon. In case he wants to create or a biller wants to create a new claim or a new patient, he will require a surgeon attached to it.

 **Emily Clifford**-23:55

Okay,.

 **Lince Varghese**-23:57

So this is a patient section where what I have already shown in the biller section you can surgeon. So supervisors can also create patients in the IMBD system. So this is an administration section which we have seen in the practice admin section. So we have hospitals, users, integrations, AI system health audit and compliances.

 **Lince Varghese**-24:29

So that's overall review of biller and supervisor here.

 **Emily Clifford**-24:33

Okay. Yes. Great.

Pratik, over to you. Yeah.

 **Prateek Kashyap**-24:44

So Emily, do you have any concerns or questions about that you need clarification on regarding these two?

 **Emily Clifford**-24:53

No, it's good for me to see but really the you know the critical player would need to review this to advise on, you know, the supervisor. But thank you for walking me through. It's. It's helpful to see everything is very self explanatory.

 **Emily Clifford**-25:04

The UX is. Seems really simple in a good way. So yeah, no, no questions.

 **Prateek Kashyap**-25:12

So what we can do is ideally we could have kept this UAT call with the actual user who will be using this application. But since we didn't plan in that way, as Lynn said, we will be recording the screen and doing a voiceover and we will share those videos with you including the user manuals. That will take some time. We can share it by early next week and you can pass it on to the other, other users, the actual users and they can go through it and if needed we can again come on a call.

 **Prateek Kashyap**-25:49

If they have any issues, any concerns, we would be happy to assist them as well. Okay.

 **Emily Clifford**-25:55

Okay, great.

 **Prateek Kashyap**-25:55

Their feedback is much more. Their feedback is also important so that we can have a proper working, working functionality of this platform. Right. Nothing should be missed.

 **Prateek Kashyap**-26:08

That is our only goal. Till then I will also be putting up few queries that we need, few details for Play Store and App Store listing. I will be putting on in the query log and tagging you so whenever you get time you can reply to it.

 **Emily Clifford**-26:30

Just a reminder, please give explicit direction and screenshots.

 **Prateek Kashyap**-26:34

Yes, I will do so.

 **Emily Clifford**-26:36

Great.

Yeah. And yeah Lynce, can you just quickly login into the Apple account and trigger the OTP so that Emily can share it? Yeah, Emily, just we need like two more minutes. Okay.

 **Emily Clifford-26:50**

Yeah, that's fine. What email address should I be ready and signed in with?

 **Prateek Kashyap-26:53**

I guess it will be triggered on your mobile number. Okay.

 **Emily Clifford-26:58**

My personal.

 **Prateek Kashyap-26:59**

Let's just see on which it gets triggered then you can share it.

 **Emily Clifford-27:04**

Got it.

 **Prateek Kashyap-27:39**

Emily, Till the time Lens tries to log in. I requested you to share some case files, right? So like is it feasible for you to share those files or are there any blockers regarding it?

 **Emily Clifford-27:56**

I didn't hear what you said.

 **Prateek Kashyap-27:58**

Share what like? I requested for some more dictations right around more dictation file.

 **Emily Clifford-28:05**

Yes, yes. The clinical team is working on it. I should have something back to it.

 **Prateek Kashyap-28:09**

Okay, no worries. Is it possible if you can push it by 80. If possible like, push it by like. Currently I have requested around 40 to 50 files.

 **Prateek Kashyap-28:20**

Right. Is it possible to share around 80 files?

 **Emily Clifford-28:24**

I don't and they have to do them all. So I probably need them in like 15 like chunks of 15.

 **Prateek Kashyap-28:31**

Okay. Okay.

 **Emily Clifford-28:32**

Okay.

No worries. As much as you can provide that would be best for us. Okay. Because the more the file like the more files are there, the better the testing can be done.

 **Prateek Kashyap**-28:42
Okay.

 **Emily Clifford**-28:43
Okay.

 **Prateek Kashyap**-28:44
Yeah. So the code is sent on number ending with 7 2. Can you check it?

 **Emily Clifford**-28:51
Yep. Okay.

 **Prateek Kashyap**-28:54
994-964-994-964 Lens 99. Is it done?

 **Lince Varghese**-29:14
Yeah, it's done. Actually we have logged in.

 **Prateek Kashyap**-29:18
Okay. Can you check the status? If we can list the application.

 **Lince Varghese**-29:30
So it's showing your enrollment is being processed like it's still in processing stage.

 **Prateek Kashyap**-29:39
Okay. Can you take a snippet and send it in the group?

 **Lince Varghese**-29:45
Yeah, fine.

 **Prateek Kashyap**-29:45
Okay, fine. Okay Emily, that's all we need from your end. Okay.

 **Emily Clifford**-29:51
So thank you so much.

 **Prateek Kashyap**-29:52
Thank you so much for your time and we will be keeping. We will keep you updated regarding.

 **Emily Clifford**-29:57
We'll talk to you tomorrow.

 **Prateek Kashyap**-29:59
Yeah, sure.

Thank you. Bye Bye.

 **Prateek Kashyap**-30:00

Thank you so much. Okay, Screenshot. Let's put it in the group. Can we contact the support team regarding this?

 **Prateek Kashyap**-30:40

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 **Lince Varghese**-30:53

I don't think. But support.

 **Prateek Kashyap**-31:06

Even if you reach out to support team it will launch fast forward the processes. Once we verified that you have authority to bind your organization to Apple developer legal agreements we will email you with instruction on how to complete your enrollment. If you have any questions, contact us. Linds, can you do this one thing?

 **Prateek Kashyap**-31:46

Contact us? Not necessary but contact us and you send a mail to with them. It's still in the review. The Apple account is still under.

 **Prateek Kashyap**-32:43

Policy. Jo development. That will help us in keep in track. We have to close this and close this development by July end.

 **Prateek Kashyap**-33:22

Take care. So. I don't know how you are gonna do it, but. Yasha.

 **Prateek Kashyap**-33:33

Athena. Integration.

 **Lince Varghese**-33:39

Yes, yes.

 **Prateek Kashyap**-33:41

So sort this out. Athena Sort. Karo, take this on the topmost priority. Okay?

 **Lince Varghese**-33:47

Okay.

 **Prateek Kashyap**-33:50

Very necessary, Right?

 **Lince Varghese**-33:57

Yes, yes.

Or doctors. Joe, just say account. Create Dr. Id as a mpi.



Lince Varghese-34:24

As for now possible as a surgeon. Car Details.



Prateek Kashyap-34:35

Let's suppose.