



Vijay Agarwal-00:00

Deck and the status of where we have reached.



Emily Clifford-00:02

Okay.



Vijay Agarwal-00:03

We will give you a full completed walkthrough of mobile plus biller plus supervisor.



Abhinav Srivastava-00:09

Okay.



Vijay Agarwal-00:10

And how the final CMS form gets downloaded.



Emily Clifford-00:14

Okay.



Vijay Agarwal-00:15

We will then also assist you to get the app downloaded on your mobile devices.



Emily Clifford-00:21

Okay.



Vijay Agarwal-00:22

So that you receive the OTP and you are able to log in. And we will also share with you scripts, sample scripts of what you can write at your end as a doctor because I'm sure you don't have all the lingo that Brian has.



Emily Clifford-00:38

No.



Vijay Agarwal-00:39

So still try the whole thing out. And then we will share an Excel sheet where you can log your observations in case something needs to be modified.



Emily Clifford-00:52

Great.



Vijay Agarwal-00:53

All of this is what we plan to cover today. So we will spend about five minutes on the deck and then we'll spend 10 to 15 minutes on the demo. Then we'll spend 10 minutes to get app downloaded on your devices and then share the remaining documents with you. That's how we plan to.



Vijay Agarwal-01:10

Yeah. In case you want anything to be covered, please let us know.

The only question I have is around the API, so I know that we had some setbacks across both Fair Health, epic, where are we with that? And then like how is that setting us back in terms of being able to actually like actively use the app?



Vijay Agarwal-01:32

So I think as a failover method that we had discussed, we have now given a provision where the biller. I mean the person at the hospital is able to upload the documents. If you remember about that stage where Brian spoke about having a shared. Yeah.



Vijay Agarwal-01:57

Shared drive and where they can upload. So we have built that in IM Billy now.



Emily Clifford-02:02

Okay.



Vijay Agarwal-02:02

So they can manually upload that doc, those documents in IAMBILLY that the builder supervisor is able to access.



Emily Clifford-02:09

Okay. So you'll show me where that is and then we'll have to do. Do a training on whoever that is on the hospital.



Lince Varghese-02:15

Of course.



Vijay Agarwal-02:16

Yeah. So we still have, you know, few more weeks before we are. We are going to be ready for production. Right now the launch is beta, so we will also talk about what more things we are going to do in the next four weeks.



Vijay Agarwal-02:30

And that includes training material and documentation and the knowledge aspects.



Emily Clifford-02:35

Okay.



Vijay Agarwal-02:35

Okay. So while Brian comes, one more thing that we are going to need now is more frequent meetings with you every week, at least once to catch up on all the observations that you are getting from Brian or other people who are using it. See if the kind of material that we are sharing with you, which is the documents, etc, are they good enough or not?



Lince Varghese-02:59

Okay.

And if there are an on demand, if you know any, anything that needs to be sorted out before the go live. So yeah, a lot of interaction. So Pratik is going to set up those calendars. So pre blog 30 minutes each week.



Vijay Agarwal-03:12

At least 30 minutes each week and we extend it.



Emily Clifford-03:15

Okay. And that is mainly for me and you guys. We wouldn't expect Brian to be on that. Right.



Emily Clifford-03:20

So he's going to share with me and then I'll share with you. Okay, great.



Vijay Agarwal-03:23

If you want to join, we can try it on Fridays when generally he's available.



Emily Clifford-03:27

Okay.



Vijay Agarwal-03:27

If he wants to hop on, he can.



Emily Clifford-03:29

Sure, that sounds great. I was going to ask you one more thing.



Brian McHugh-03:33

Shoot.



Emily Clifford-03:37

I can't remember. Okay, no problem.



Vijay Agarwal-03:39

You can drop a text whenever.



Emily Clifford-03:43

Sounds good. But yeah, was telling I was talking to him on WhatsApp and we were going through the emails to send the personal emails. Can you just explain why it's personal? Because it's attached to our Apple id.



Emily Clifford-04:00

Right. We don't have an Apple ID for our professional, but that's okay.



Vijay Agarwal-04:05

So essentially right now we are in beta test. The app is not available to the public for everyone.



Emily Clifford-04:12

Right.

So we can only add selected email IDs that will have access to IMD. We don't want to make it public.

 **Emily Clifford-04:19**
Okay.

 **Vijay Agarwal-04:19**
So for that we need to configure email IDs so you don't have to share the password, just the email IDs. Emails which have Apple account on your mobile app. So you have your iPhone device already in which you would have your Apple account.

 **Abhinav Srivastava-04:33**
Right.

 **Vijay Agarwal-04:34**
Share that email id. So we will enable that. You will receive an email from Apple on how to download the app.

 **Emily Clifford-04:41**
Okay. And then if I wanted anyone else on the team to use the beta app, same thing, I just give you their email address. Okay, great.

 **Vijay Agarwal-04:50**
So what we're also doing for ease of receiving two factor authentications and OTPs. Right. I've set up everything as a dummy user within our apps at the rate MACU ID which you generated for us.

 **Emily Clifford-05:06**
Okay.

 **Vijay Agarwal-05:07**
All type of emails for billers, supervisors, doctors will come into that and we will automatically forward it to your personal email IDs.

 **Emily Clifford-05:16**
Okay.

 **Vijay Agarwal-05:17**
You'll have to tell us which person in the team and what role you want us to enable and we will enable that.

 **Emily Clifford-05:23**
Okay, great, that's great.

 **Vijay Agarwal-05:25**
Because mobile app is for doctor by the way. So we don't need billers and supervisors on mobile, they will have direct login.

Right, right. But in order for Brian to use this fully, we would need the biller to download this and use it as well because it's a key player.

 **Vijay Agarwal**-05:43

So Biller will be able to see everything on the dashboard.

 **Lince Varghese**-05:47

So.

 **Vijay Agarwal**-05:47

And for that we don't need much. We will give him his login access. We don't need his Apple id.

 **Emily Clifford**-05:53

Okay, so it's really only mobile, which doesn't really have to be anyone outside of me and Brian. The rest of everyone can be desktop.

 **Vijay Agarwal**-06:00

Okay, Exactly. Yes.

 **Emily Clifford**-06:02

Okay, great. Is there anything we can do.

 **Brian McHugh**-06:09

While.

 **Emily Clifford**-06:09

We wait for him?

 **Vijay Agarwal**-06:11

You can download the app.

 **Emily Clifford**-06:14

Yeah, hold on. So I don't know if you have trouble with this, but I can never remember my Apple id, so this might be harder than it should be. I didn't get the email yet, though. I gave.

 **Emily Clifford**-06:28

I gave Pratik my email. Okay, email my personal. Or am I going in the App Store? Like, where do I go?

 **Vijay Agarwal**-06:36

Should receive an email from Test Flight which says you are invited to use Imbelee.

 **Emily Clifford**-06:41

I. I got that, my work email, but I'm waiting for it to my personal email.

Right, see, so your personal email. Then he would initiate. Pratik, can you please confirm? Have you initiated that?

 **Abhinav Srivastava**-06:54

Yeah, I just need to add it to the Test Light account. Just give me a second.

 **Emily Clifford**-07:08

Is the person's Apple ID stored somewhere within my mobile device? Like if I can't remember it?

 **Vijay Agarwal**-07:16

Oh, yeah, it is. Yeah. If you go to Settings and at the top you have your profile picture.

 **Emily Clifford**-07:24

Yeah.

 **Vijay Agarwal**-07:25

If you click there, you will see your name and your email id. That's your Apple id. That email is linked to your.

 **Emily Clifford**-07:36

Under personal information.

 **Vijay Agarwal**-07:39

Are you not able to see your picture, your name and then an email ID right below?

 **Emily Clifford**-07:43

I see my picture, I see my name and I see my email address, but I don't see an Apple id.

 **Vijay Agarwal**-07:49

No, that's the Apple id, the email id.

 **Brian McHugh**-07:51

So.

 **Vijay Agarwal**-07:51

Oh, sorry. So when we said Apple id, it means your Apple email id, whatever you're using on your mobile device, it's just.

 **Emily Clifford**-07:57

Your email,.

 **Vijay Agarwal**-08:00

Nothing else?

 **Lince Varghese**-08:01

Yeah.

Oh, great. Okay. Because you know how when you have to like purchase something, you have to like put in an id? That's what I don't ever have.

 **Abhinav Srivastava**-08:07

No, no.

 **Vijay Agarwal**-08:08

So it's just the email ID which is set up on your mobile device.

 **Brian McHugh**-08:11

Got it. Okay.

 **Vijay Agarwal**-08:13

So technically this is the email ID which you would be using on App Store as well, right?

 **Emily Clifford**-08:19

It is, yes, yes.

 **Vijay Agarwal**-08:21

So then that is what you need to share.

 **Emily Clifford**-08:23

Okay, I'll let you know when it downloads. I don't have it yet.

 **Abhinav Srivastava**-08:28

Yeah, we'll just. You'll be receiving that email In a couple of minutes.

 **Emily Clifford**-08:31

Sure. Take your time. If he is not able. If he's still in surgery and in another 10 minutes he's not here.

 **Emily Clifford**-08:43

Can you give me some other times? He has a very, very crowded surgical.

 **Lince Varghese**-08:49

No.

 **Vijay Agarwal**-08:49

What we will do is we will get you to download the app today.

 **Emily Clifford**-08:53

Okay.

 **Vijay Agarwal**-08:54

We will record this call with the whole demonstration and the flow.

Okay?

 **Abhinav Srivastava**-08:59

Okay.

 **Vijay Agarwal**-08:59

Whenever he adds time during the week, please make him look at it.

 **Abhinav Srivastava**-09:03

Okay.

 **Vijay Agarwal**-09:04

And we will set up a call for this Friday as such, because we want to get feedback.

 **Emily Clifford**-09:08

Perfect.

 **Vijay Agarwal**-09:09

In case no one has been able to use. Then we will demonstrate that to him again on Friday.

 **Emily Clifford**-09:13

Okay, great. So I think let's get started. Unless you need me to download this first in order to go through the rest.

 **Vijay Agarwal**-09:22

Oh, no, we can. We can get started.

 **Emily Clifford**-09:24

Okay. Okay.

 **Abhinav Srivastava**-09:38

Okay. So far we've already. We're already passed through phase one, two and three. So for the last time, when we connected, we were at phase three.

 **Abhinav Srivastava**-09:52

And so some of these, Most of these pointers were work in progress. And as you can see that they are completed now. We have the ICD and CPD codes mapping logic in place, the end to end workflow right from when the patient is added to the dictation happening, the CPT and ICD codes getting mapped and the clean getting generated going to the biller and supervisor. Everything is done.

 **Abhinav Srivastava**-10:19

Fine tuning of the AI model, the local hosted AI model that we're using is also done. We have achieved certain accuracy level which we are comfortable with right now to proceed forward. The remaining point being the EPIC and Athena connections. So as we discussed last time as well that we are facing some hurdles with the EPIC marketplace, we've also initiated the process with the EPIC guys and we have submitted a request and we are waiting for response from them.

So we had set up a deadline of today. So by today we have not received anything. So tomorrow we'll be contacting their customer support team to see that where our application is currently right now and how it's going then also for Athena. Yeah, so for Athena, as you must be aware, Pratik would have been coordinating with you regarding some password issues that we are facing.

 **Abhinav Srivastava**-11:15

So the password issues with the vm, the virtual machine is now sorted. And so, yeah, we'll take probably a couple of more days to get it done where we'll be able to seamlessly integrate with Athena and read all the data from it coming to phase four and five, where we are currently at right now. Yeah. So the functional, the core requirements, the functionalities of the app are done as of now, which we'll be demonstrating to you in a while, but going forward.

 **Abhinav Srivastava**-11:52

So right now what we're working on is more towards, you know, making sure that we are compliant with the HIPAA requirements like having an audit trailer and all the compliance logging that is very important. And then also on the mobile app and within the system whenever a claim is generated and submitted, all of these things here, that seamless notifications are generated and delivered to the relevant users. And then yeah, right now we are at this stage where we are about to test all the features end to end. So after this demo we will be walking you through how to download the app in the Test flight and then you can start testing it actually and then these next two points will be forthcoming once we are done with the testing phase.

 **Abhinav Srivastava**-12:46

As Vijay mentioned that post this call, from next week onwards we'll have some regular sync ups with you where we'll be going through all the bugs that you come across and we'll be addressing those. So probably, I'm estimating probably three to four weeks timeline there as well where we have all the bugs ready and you are fully sure about the app going to life. And yeah, parallel we'll also be working on creating the user manuals so that you know, any new user to the app knows exactly what features are there and how to start using it and where to find what. So yeah, like I mentioned here, all of these points we've already gone through.

 **Abhinav Srivastava**-13:33

So now Linds, you can probably start with the demo, you can start sharing the screen and take us through the full functionalities end to end. And yeah, your email IDs have been added to the Test flight account. So you might have received an invitation email on your personal email IDs which you shared with Pratik. So yeah, I mean first we'll go through the walkthrough and then we'll walk you through how to download and start testing the app.

 **Emily Clifford**-14:09

Great. Hi Brian.

 **Brian McHugh**-14:12

Hi, how are you?

 **Emily Clifford**-14:13

Sorry. That's okay.

Hey guys. All right. How's everybody doing?

 **Vijay Agarwal**-14:19

Good morning.

 **Emily Clifford**-14:20

Vijay, would you mind just going back to the one slide previously so Brian can see what is left? Yeah, right here. Great. Where, where you guys currently are and what we're working on the next few weeks.

 **Abhinav Srivastava**-14:32

Yeah, so as I mentioned that I mean we are mostly done with the functional requirements, the core functionalities of the app and the whole end to end workflow like right from starting from adding a patient and then you know, the dictation happening. The CPD and ICD Codes getting mapped, that claim get going to the pillar and supervisor for review. And so, so the whole workflow is done. So core functionalities are done.

 **Abhinav Srivastava**-14:57

And now we are focusing more on, you know, working on making the whole infrastructure HIPAA compliant. So we'll need to, you know, implement some compliance logging and audit trails which are required under HIPAA guidelines. We are working on that. And then also, you know, working on integration, integrating a notification system.

 **Abhinav Srivastava**-15:18

So. So that whenever any relevant activity happens, a claim is grade generated, a claim is rejected, things like that,.

 **Vijay Agarwal**-15:28

Relevant notifications.

 **Abhinav Srivastava**-15:29

Are generated and delivered across the app and on the desktop app. Also, right now we are at this third point where we are initiating the testing of these features with you guys. After a short demo, we'll be walking you through how to download the app from Test Flight accounts and actually start using the app at your end. And yeah, we also discussed that going forward, every week we'll have regular meeting cadences with Emily and if possible, you also where we just where we discuss all the bugs that you guys find during the testing and we are able to understand them and, you know, address them going forward.

 **Abhinav Srivastava**-16:13

So probably next three to four weeks we'll be having those cadences so that by the end of the fourth week, everyone is confident that all the features are built and ready to be moved to the production environment or the live environment.

 **Brian McHugh**-16:30

Cool.

Yeah.

 **Vijay Agarwal**-16:31

Just one more thing to be added, Brian. You gave us feedback to have a different dictation flow for junior doctors who may not be dictating in the way it is supposed to be. So we will be designing User Journey to accommodate those kind of changes. We will share mock ups before we actually implement that.

 **Vijay Agarwal**-16:51

So right now everything in the app is as per the original plan. The new recommendations that you gave, we will plan that in this week, show it to you first. Once you think that is more usable, then we will take it into development of technology. So right now our focus will be the original flow and how you know everything, all the data flows between a doctor, a PUJI supervisor and any back and forth between them.

 **Brian McHugh**-17:20

Okay, cool. And then I got my. I downloaded the app from Test Flight, but it needed the login credentials. I guess you guys will give us those at the end, right?

 **Abhinav Srivastava**-17:29

Yeah, definitely. We'll walk you through that.

 **Vijay Agarwal**-17:32

You're always one step ahead, Brian. You always get everything.

 **Brian McHugh**-17:37

I wish.

 **Vijay Agarwal**-17:40

Okay, so Lynn, so what are you. If you can go to the demo?

 **Lince Varghese**-17:47

Sure, I'll share my screen.

 **Abhinav Srivastava**-17:49

Yeah,.

 **Lince Varghese**-18:12

I guess you guys can see my screen, right?

 **Vijay Agarwal**-18:15

Yes, we can.

 **Lince Varghese**-18:17

Yeah. So this is what the login page of IAMB looks like on surgeon's end. That is a mobile app that I was not able to show you guys on previous demos because of security. So I take a screenshot, I have used it here so.

So now.

 **Vijay Agarwal**-18:38

Let me add there. Brian, actually Google doesn't allow you to share any screen which has sensitive information so we were never able to see what the login would look like which you are already seeing now since you have downloaded. But we had to take a screenshot just to make sure that you know what you are going to see inside is the actual screen replica.

 **Lince Varghese**-19:06

Okay, fine. So further this is a Dr. Daniel, already logged in with his credentials is going to do a surgical dictation means.

 **Vijay Agarwal**-19:16

Can you be a little louder?

 **Lince Varghese**-19:18

Yes. So this is Dr. Daniel going to have a surgical dictation. This is what we had was two kind of dictations earlier so we have decided to like reduce it to one as per the flow earlier that we have discussed in the beginning of the app. So now on the screen you can see that the surgeon could enter an MRN which has a required field and is not mandatory that it should be right.

 **Lince Varghese**-19:51

But of course if it is right then the patient is automatically get linked to our system which is been already there with certain MRN. So this is the MRN. I am typing here as MRN007 and I'll. I might not know the patient's name yet, but I'm giving it as Smith and the surgery as laminectomy.

 **Lince Varghese**-20:26

So this is the reference hospital that has been there and if I need I can have a manual entry too. I'm starting with my dictation.

 **Vijay Agarwal**-20:38

And Brian, only the MRN is mandatory. You don't need to enter anything else to start your dictation. Okay. Yeah.

 **Lince Varghese**-20:52

So starting with the dictation now.

 **Emily Clifford**-21:04

Is a 35 year old male with a long standing history of progressively worsening low back pain, relative lower extremity radiculopathy and severe neurogenic claudication. Refractory to conservative management including physical therapy, activity modification, anti inflammatory medications and epidural steroid injections. MRI demonstrated severe multi level lumbar spinal canal stenosis with significant facet nephropathy, ligamentum flavum hypertrophy and neural foramen narrow due to progressive neurological symptoms and failure of non operative treatment, surgical decompression was recommended. Risks, benefits and alternatives were discussed in detail with the patient and informed consent was obtained.

After proper identification of the patient in the preoperative folding area, the patient was brought to the operating room and placed under general endotracheal anesthesia without difficulty. Neuromonitoring electrodes were applied and baseline signals were obtained. The patient was carefully positioned prone on a Jackson spinal table with all pressure points adequately tied. The lumbar region was prepped and draped in standard sterile fashion.

 **Emily Clifford**-22:05

A surgical prima was performed confirming patient identity, operative site and planned procedure. Sub Procedure 1 Interoperative Localization Using fluoroscopic guidance, the L3 through S1 levels were identified and marked on the skin. Proper localization was confirmed in both intra posterior and lateral projections. Sub Procedure 2 Midline Exposure A midline posterior lumbar incision was made extending from the superior aspect of L3 to the inferior aspect of S1.

 **Emily Clifford**-22:34

Dissection was carried through the subcutaneous tissue utilizing electrocautery for hemostasis. The thoracolumbar fascia was incised in the midline and superiosteal dissection was performed bilaterally to expose the spinous processes. Laminate and facet complexes of L3 through S1 self containing retractors were placed to maintain exposure.

 **Lince Varghese**-22:57

So we have done with our dictation, right? Submitting secure dictation. This recording will be safely uploaded to the cloud and be saved. There now comes the association Q link.

 **Lince Varghese**-23:11

Since we have the MRN existing in our imv system no matter if Dr. Has sometimes misspelled the spellings of the name or anything else it is automatically matched with the patient named Nadesh Krishnan and the corresponding hospital that was Mercury neurosurgery. And next thing that we have to forward it to is have additional things that are required the claim to be processed on. So I'll click on this button called link Patient now have a manual entry on it. So I have bunch of list of templates that we have here.

 **Lince Varghese**-24:00

So the doctor can select any one of the templates that is required appropriately. So the patient has been now linked to our iambali system and now the dictation is being transcribed.

 **Vijay Agarwal**-24:32

And Brian, while this happens right you can still go back this, this process happens in the back. You don't have to be on the screen. So if you have multiple dictations you can do that in one go as well.

 **Lince Varghese**-24:47

So as you can see that we have our dictation done here. Now the next procedure is of extracting codes that is being done on backend.

 **Vijay Agarwal**-25:03

So this is where you need Internet connectivity to get AI coding.

No, actually sir, it is happening in the backend itself. So even if the. If the network goes off after the submitting of the recording, it might not be affected on the doctor's end. So it has been now AI coded and we can see that like two ICD codes and one MCPD code has been deducted from that.

 **Lince Varghese-25:32**

And now it is ready for review from the biller's end. So now biller got this claim from his to his end. Now he can actually get on a review on that thing.

 **Vijay Agarwal-25:50**

So basically it shows on the screen that it is sent to billing and billing is on the web. So they will log into web now?

 **Lince Varghese-25:57**

Yes, so now I'll log in the web. So this is medical Villa and. One second. Yeah, so this is what today, 2 minutes ago we have generated killing for it has been transcribed here.

 **Lince Varghese-26:46**

So we can see on the right hand side there is a transcript on the. On. On the middle we have confidence of AI. We can see the pair policies documents that has been mapped here by the AI has selected particular CPTs and ICDs here.

 **Lince Varghese-27:08**

So these are the proofs of from the documents that we have that is being reflected upon. So on the next tab we have source audit. So we have one CPT code and two ICD code that has been matched. So the biller first need to confirm on source match.

 **Lince Varghese-27:37**

Otherwise he will not be able to submit it to the supervisors. But we'll get back to that. This is a standard like CMS 1500 form on the below side. Only the fields that are required to be seen are here.

 **Lince Varghese-27:55**

So in this case, if a biller wants to add a particular diagnosis code, he can. And a service line as two. Like this and he can save the changes. Okay.

 **Vijay Agarwal-28:32**

Yeah, but we assume he would never have to do this and it would all be done by the dictation itself.

 **Lince Varghese-28:40**

On the patient info. We get the patient info, whatever details we have entered from the possibility of creating a patient and uploading the docs. The document section is. Is on this section, I'll show that too.

This is clinical metadata that this doctor has been there and operating facility which was there and what kind of particular template was selected. And this is the document section where the biller can upload documents of different types upon which he will be. He or she will be scrutinizing the claim as a whole. So to approve the this claim, first he has to confirm the source matches from the review itself.

 **Lince Varghese**-29:36

So once the source match has been confirmed. Once the source match has been confirmed, he can submit it to the supervisor. Now the status has been changed to pending supervisor review. So we can see that reflection on the mobile also that Ready for review has been changed for supervisor review.

 **Lince Varghese**-30:19

Now. I'm going to open now the supervisor flow on the review queue. The same process is need to be done from the supervisors and.

 **Emily Clifford**-30:44

Hey Brian, in our case the biller and the billing supervisor are the same person, is that right? Or will Matt have one of his people do it and he is still the supervisor Because I'm wondering if he is doing everything. Do we eliminate the Step 2 review by the supervisor if he's the one doing this initial review or is it his team and then him?

 **Brian McHugh**-31:09

It's usually his team and then him.

 **Emily Clifford**-31:11

Okay, so we keep this up. Okay.

 **Brian McHugh**-31:15

And just to ask while he's working, Vijay, if we, I think we discussed this last time. Let's say we know the patient Smith and we just did a laminectomy and we don't want to dictate the note. There's an option to just select standard laminectomy and we can addend, you know, paragraph of patient specific history and the same process will take out take place. And then I think he did mention this, but I just want to Double check the ICD10 codes and the CPT codes are extracted specifically based on the title of the procedure, the dictation body itself and then the payer specific rules, correct?

 **Vijay Agarwal**-32:07

That's correct.

 **Brian McHugh**-32:08

And then is there, is there an additional function where you know, let's say to get CPT code X reimbursed appropriately for payer. Yes, that payer has a rule where you know, three sentences of specific language needs to be included. Is the report kind of quality assessed for the presence of that language?

Yes. So that is where we see what is the rejection percentage from AI and we take these snippets out of what is the issue looking like? So if you see the scrub violations, right? These are some of the scrub violations that we are highlighting here for that pair.

 **Vijay Agarwal**-32:56

Now what we are going to work on is the new user flow that you mentioned to us where you can just select and the dictation is recommended and you don't even have to dictate that part. We are going to work on as experience and see how we can make that happen seamlessly. While right now whatever you mentioned from the dictation we derive everything and we try to determine if there is a high probability of success at the payer end.

 **Brian McHugh**-33:27

Yeah, yeah.

 **Emily Clifford**-33:28

Vijay, if Brian uses one of these templates, where does he go to edit? Is it in that same. Right here in that box he would.

 **Vijay Agarwal**-33:35

Just type over so he wouldn't have to edit anything. Right now on the mobile, he would just dictate and then select a template if he wants to. Okay, so that is it. And then Brian is done with the whole flow.

 **Vijay Agarwal**-33:50

The Biller sees what template Brian selected, what has he dictated and what ICD CPD codes we found out of the dictation. And then it creates the claim form. And if Biller finds anything is incorrect, he can add those ICD CPD codes. Okay.

 **Vijay Agarwal**-34:10

Based on the recommendations. Or he can send it back to Brian. And Brian would have to redictate another version. Okay, scroll down.

 **Vijay Agarwal**-34:21

So this is the supervisor form again. He sees everything the same way that the builder would have seen.

 **Lince Varghese**-34:28

So for the final approvals,.

 **Brian McHugh**-34:32

So he.

 **Lince Varghese**-34:33

Can expose the actually the content of the form itself with the demographics and the CPT codes that has been there and the ICD codes so that it can be later on put it to the Athena itself.

 **Brian McHugh**-35:00

And is there a way to automate that? Do we ever figure that out? Emily or Vijay?

We are trying to figure that out. I think there is a connection breakage that we were currently facing. So there is no direct way, by the way, Brian, there is no official prescribed way from Athena on the version that we have. Okay, so there is a different way in terms of automating user action and mouse and keyboard on the screen, which is called robotic automation.

 **Vijay Agarwal-35:32**

So we'll have to build a robotic automator to replicate everything that a human does. And for that we are going to experiment. But in the meantime, we have the CMS 1500 form which is ready to go.

 **Brian McHugh-35:44**

And that's just so I'm clear on the nomenclature, Vijay, that's that would be an agentic model that would actually kind of go through the robotic motions of entering it manually, but it's no longer a human doing it.

 **Vijay Agarwal-36:00**

Yeah, yeah. So because we don't have the API access or any other way to do it, and nor does our current Athena, you know, give us a way to enter something back. It only gives us a way to fetch patient records.

 **Brian McHugh-36:18**

So.

 **Vijay Agarwal-36:20**

So basically, since they don't have a way, then we will build this override like we built the override for the shared drive last time when we figured out that EPIC was not. Our hospitals were not, you know, comfortable to give us access to their environment.

 **Abhinav Srivastava-36:36**

So.

 **Vijay Agarwal-36:40**

Okay, so Lynn's basically now here. Once we have created, completed the claim. This is where you download the CMS.

 **Lince Varghese-36:52**

Yes, yes. There is another version of CMS 1500 that enables us to see entire form itself that belongs to practice admin. Okay. If I May show you.

 **Lince Varghese-37:08**

Just a second.

 **Vijay Agarwal-37:11**

You are like the practice admin for us about the supervisor who controls.

 **Emily Clifford-37:20**

Sorry, I can't hear.

That's what we are trying to show now. By the way, Emily, what you see on the screen, that's a unique way of how you can run multiple aliases on the same email id.

 **Brian McHugh**-37:56
So.

 **Lince Varghese**-38:04
Under claim management,.

 **Vijay Agarwal**-38:16
We have the top one. Lindsay, we have it on the top already. It's all filtered by newest first. The first one is Natesh in the list?

 **Lince Varghese**-38:25
Yes. So when I click on Nadesh. So I have this entire CMS 1500 form here, but the details only with what we have figured it out and using AI that has been already filled, but many of the fields will not be able to fill because of this HIPAA compliance. So that is where this particular form is reflected as an entire form group practice admin.

 **Vijay Agarwal**-38:57
So whatever patient data we could fetch. Emily, those patient data we would fill. The surgical records we would fill. Okay.

 **Vijay Agarwal**-39:06
That we are getting the dictation, CPT codes, ICD codes we will fill.

 **Emily Clifford**-39:11
Okay.

 **Vijay Agarwal**-39:12
But we can't fill other data that comes in the PII for a patient. Okay. We don't have access to those.

 **Brian McHugh**-39:23
Vijay, say that again. Maybe I don't. Maybe I don't fully understand that.

 **Vijay Agarwal**-39:27
Yeah. So in the CMS form we are able to fill all the ICD and CPD codes. We are able to fill the patient's basic data that we collect. Right.

 **Vijay Agarwal**-39:38
Now, what we are not able to fill are the PII data of the patient, which we are not getting from EPIC yet automatically. Right. So we are not able to fill those parts of the data. So this form primarily contains everything around the codes on the service lines that are required in the claim.

 **Vijay Agarwal**-40:01
But the biller, when they are submitting it to the actual payer, they would have to fill the patient data from their surgical notes or records that they have. If we. If we are not able to bring all the data automatically into IMB.

And we're not able to do that, why aren't we able to do that? Like we should be able to extract that from the notes and data we're getting from epic. Am I correct on that?

 **Vijay Agarwal**-40:32

So EPIC is not yet integrated directly with our system. Right. The way we are doing that is the pillar has to upload clinical notes and surgical notes in the shared drive within imbd. So if they upload it, then we will be able to get all the patient data that we could capture.

 **Vijay Agarwal**-40:53

Otherwise they have to enter that manually.

 **Brian McHugh**-40:58

And if they upload that into IAMBILLY those are documents I am. Billy would be able to extract the necessary data and fill it into the form. Correct.

 **Vijay Agarwal**-41:09

So we are focusing mainly on the claim section of the data extraction. We have not focused on what other data that the builders would need. We can figure that out once we see a few sample surgical documents that they are giving. And then I can determine what.

 **Vijay Agarwal**-41:26

What is the differential between what we are getting and what we are supposed to fill in the CMS form but we should be able to extract. That shouldn't be a challenge. Okay. So yeah, I mean this is where it ends in the flow where the final codes are available to everyone in the hierarchy right up to the practice admin.

 **Vijay Agarwal**-41:51

And once that has been processed, the same reflection also appears on the mobile for doctor.

 **Brian McHugh**-42:00

Okay, well, and Vijay, we can start playing around with this at this point and see how it goes for a couple cases and then bring questions back to you. Is that correct?

 **Vijay Agarwal**-42:11

I think right now what we are expecting you to do is play with the dictation on mobile and see the quality of transcription and the association with ICD CPD codes for a few cases and let us know if the transcription and the ICD CPD codes are well. From there we would move on. Next week we should test on the flow between Biller supervisor and the doctor that you should test. So we will be giving you a series of test cases that you should execute and you can tell us if you want to add more.

 **Brian McHugh**-42:46

Okay, sounds good.

 **Emily Clifford**-42:47

Great.

So Lynce, are we able to share the login IDs for Brian and Emily on their mobile apps or should we do that offline? Brian has already downloaded, so he just needs to.

 **Emily Clifford**-43:00

I also downloaded it.

 **Brian McHugh**-43:02

Great.

 **Vijay Agarwal**-43:03

So why don't we try that login right now for Brian?

 **Lince Varghese**-43:08

Actually, sir, we would require some time.

 **Vijay Agarwal**-43:11

On that to create a login ID for Brian.

 **Lince Varghese**-43:14

Yes, yes. For that purpose.

 **Vijay Agarwal**-43:18

Yeah. So let's email Brian and Emily separate. At least they are able to download. So we know now they have the app.

 **Vijay Agarwal**-43:23

We just have to share the user ID and password with them.

 **Lince Varghese**-43:27

Yes, I'll do that.

 **Vijay Agarwal**-43:28

I'll do that.

 **Abhinav Srivastava**-43:29

Great.

 **Emily Clifford**-43:29

Lynn, Synth. One thing I noticed when I go into the login, I'm under the surgeon login page. Should I be under a practice admin login or is it.

 **Vijay Agarwal**-43:38

Oh, mobile is only for surgeon. Okay. You will also have the URL which you can see on the screen now. I am Billy McHugh, neurosurgery.

 **Emily Clifford**-43:47

Okay.

So you will get this as well, Emily, and you will actually have multiple logins. Right. From biller supervisor to the practice admin for yourself.

 **Emily Clifford**-43:56

But for myself, I can still log in under the surgeon login with my own credentials, but I'm under the surgeon dashboard. Like I'm acting as a surgeon, but I can view with Brian's viewing. Great.

 **Vijay Agarwal**-44:05

So we will give you a separate ID as a surgeon and we'll give Brian a separate ID as a surgeon.

 **Emily Clifford**-44:11

Okay.

 **Vijay Agarwal**-44:12

And we'll give you multiple IDs for Biller supervisor and practice admin.

 **Emily Clifford**-44:16

Okay, great.

 **Vijay Agarwal**-44:21

Yeah. This week the focus is to get dictation, icd, cpd all sorted with a few dictations at your end and to understand if you are missing anything from a user experience from a final surgeon usage perspective.

 **Abhinav Srivastava**-44:34

Abhinav yeah, so I was just mentioning that shortly we'll be also sharing a Google sheet with you where you can log in all the bugs that you find during the testing. And the next week, whatever weekday we finalize on, whenever we have that call, we can go over all of those issues. So you might see a lot of fields, but don't worry about the formatting, just write whatever bugs you see there and how you feel them to write it and then we can format it later. So yeah, we share that sheet with you.

 **Abhinav Srivastava**-45:10

And also since now we're giving this to you for testing, we also have started, you know, separating the live environment with the development environment. So for the development which we'll use internally, we have a separate URL and for that we need some additional settings in your DNS provider. So for that we will be sharing you the details and to what exactly needs to be done. So yeah, we need that support from you.

 **Emily Clifford**-45:36

Okay, just let me know.

 **Vijay Agarwal**-45:38

And Emily, just for your knowledge, this month, next month onwards, we may start seeing a jump in our Google cloud bills bit because now we have two separate environments. Right.

 **Emily Clifford**-45:49

What does that look like? So I'm aware.

So right now we were getting about 500amonth, we should see another 200 or so. But it will also depend on the AI consumption that now we are going to do.

 **Emily Clifford**-46:03
Right.

 **Abhinav Srivastava**-46:04
So.

 **Vijay Agarwal**-46:05
So I'm expecting between 500 and 800 for July and then in August, once we are go live in production, will take down the development environment completely. Okay, that should help us with more AI consumption in production in real.

 **Emily Clifford**-46:21
Okay, great. Very exciting. Thank you guys. Yeah, sounds great.

 **Vijay Agarwal**-46:27
Thanks Brian. Have a good day. Thanks Emily.

 **Brian McHugh**-46:30
Bye.

 **Emily Clifford**-46:30
Thank you.

 **Vijay Agarwal**-46:31
Bye bye, bye bye.