



Lince Varghese-00:00

Association Q that shows while the direct detection is being done and it has been associated automatically. Associated or not, that Q remains if it is not associated. Like if the MRN does not match it with the IMB system or Athena.



Vijay Agarwal-00:16

So what happens if you click on that now?



Lince Varghese-00:18

It is actually empty. We will have a direct dictation now and it. You will see that there is a Q here.



Vijay Agarwal-00:26

Okay, so that is.



Vijay Agarwal-00:30

So you are saying that is basically a draft.



Lince Varghese-00:33

Yes.



Vijay Agarwal-00:34

When something has not gotten associated with a patient, that means it is still in draft state.



Lince Varghese-00:39

Yes.



Vijay Agarwal-00:40

And when you see the cloud, what does that mean?



Lince Varghese-00:43

That is an offline queue that represents.



Vijay Agarwal-00:47

Like what is pending to be seen to the cloud.



Lince Varghese-00:50

Yes, yes.



Vijay Agarwal-00:51

And what does the green network mean?



Lince Varghese-00:53

That is just showing the availability.



Vijay Agarwal-00:56

Of network availability of data on the mobile or connection and the cloud.

It's connection between the mobile and the cloud.

 **Vijay Agarwal-01:04**

Okay, great.

 **Lince Varghese-01:11**

You are telling something, sir.

 **Vijay Agarwal-01:13**

No, no.

 **Vijay Agarwal-01:13**

So these icons that we have added, are they clickable enough? They seem very small to me. Have you tried with actual finger?

 **Lince Varghese-01:25**

Yes sir, I'm doing in the. The finger itself.

 **Vijay Agarwal-01:28**

Okay. Okay, cool.

 **Lince Varghese-01:31**

So the earlier. What we have seen is the new dictation. That. That is here what is reflecting today what we are going to see is direct dictation.

 **Lince Varghese-01:42**

So bypass leakage associated later. That's the. That's the option we are going. I'm going to select now.

 **Vijay Agarwal-01:51**

Okay.

 **Lince Varghese-01:52**

Okay, so this, in this form we have a surgery title. Doctor can give a surgery doctor title. That is also an optional thing. Even the name is an optional thing.

 **Lince Varghese-02:07**

MRN is required for the linking. Okay, just a second.

 **Vijay Agarwal-02:27**

Lindsay, did you check if this was.

 **Vijay Agarwal-02:30**

The original flow that we had shared with Emily? Because I don't think this is the.

 **Vijay Agarwal-02:36**

Input fields we had shown to them.

When we designed the first version of the mobile app. In the first version of the mobile.

 **Vijay Agarwal-02:44**

App, what we had shown is on.

 **Vijay Agarwal-02:47**

The home screen you have a record button, a big record button. You click on it and the recording starts.

 **Vijay Agarwal-02:57**

Because she compare this with the original PDF that we had shared with her.

 **Lince Varghese-03:06**

I don't like. We have. We have in the mock up also we don't have, as you can see that we don't have. Actually I have already shared the mockup in that our portal.

 **Vijay Agarwal-03:21**

No, in the new mockup or in the old mockup. So the new.

 **Vijay Agarwal-03:25**

The old mockup which was March 10th or 18th.

 **Vijay Agarwal-03:29**

Right.

 **Lince Varghese-03:32**

Even there itself it is same as it is.

 **Vijay Agarwal-03:35**

So the new dictation step was that.

 **Vijay Agarwal-03:38**

He will search the patient and I.

 **Vijay Agarwal-03:44**

Mean he will first add the mrn and then he will. Or he will type the MRN and.

 **Vijay Agarwal-03:48**

Then he will proceed. Was that the flow?

 **Lince Varghese-03:51**

Yes.

 **Vijay Agarwal-03:52**

Okay. Okay.

Yeah, because I just don't want Emily to come back with this point that this is.

 **Vijay Agarwal-04:00**

This was not what the original flow.

 **Vijay Agarwal-04:02**

Agreed.

 **Vijay Agarwal-04:03**

Was.

 **Vijay Agarwal-04:03**

Okay.

 **Lince Varghese-04:04**

No, sir, this is. This is what. What was there there. And the MRN where we type is actually it was missing in the mockup because it is in the down downside of that screen.

 **Lince Varghese-04:17**

So I have made it on the top so that patient information should be all together.

 **Vijay Agarwal-04:23**

Okay.

 **Lince Varghese-04:25**

And now we will select the hospital here. Start a secured patient.

 **Vijay Agarwal-04:39**

Can I, can I show you my screen once?

 **Lince Varghese-04:42**

Yes.

 **Vijay Agarwal-04:50**

So this was the original mock up.

 **Vijay Agarwal-04:52**

That we had shared.

 **Vijay Agarwal-04:53**

It is also part of, you know, the version history.

 **Lince Varghese-04:58**

Yes, yes.

 **Vijay Agarwal-04:59**

So here what we had said.

There was one big button that said new dictation.

 **Vijay Agarwal-05:03**
Today's claims. Okay.

 **Vijay Agarwal-05:06**
There was no multiple buttons.

 **Vijay Agarwal-05:08**
Okay.

 **Vijay Agarwal-05:09**
And on the top we just had this.

 **Vijay Agarwal-05:11**
These things.

 **Vijay Agarwal-05:12**
No, whether network is there, data is there.

 **Vijay Agarwal-05:14**
It was not part of the icons here.

 **Vijay Agarwal-05:17**
Okay. Then when they did dictation, search by.

 **Vijay Agarwal-05:22**
MRN or select the customers,.

 **Vijay Agarwal-05:26**
Select the template or.

 **Vijay Agarwal-05:30**
Or you have this full dictation, no template. Okay. And then the recording screen. Okay.

 **Vijay Agarwal-05:41**
And then this was done. Dictation uploaded. You want to do another dictation or.

 **Vijay Agarwal-05:46**
Go back to home.

 **Vijay Agarwal-05:50**
And then you would see what are the claims which are in different status. And then for each claim, the details were shown.

Sir, in these steps, what you were showing is the dictation doesn't happen less than three tabs. It has been allowed to see that only.

 **Vijay Agarwal-06:13**
No, this is the first tab.

 **Vijay Agarwal-06:14**
New dictation. This is the second tab. And then the template is the third.

 **Vijay Agarwal-06:20**
Tab and the dictation starts.

 **Lince Varghese-06:22**
Yes, but we have hospitals to be mapped there. So different hospitals are there. That comes before the patient selection.

 **Vijay Agarwal-06:33**
We have a different hospital selection.

 **Lince Varghese-06:37**
Yes.

 **Vijay Agarwal-06:37**
So, okay, there are two parts.

 **Lince Varghese-06:39**
Yes.

 **Vijay Agarwal-06:40**
If you look at the ui. Okay.

 **Vijay Agarwal-06:43**
The UI was not taking name of.

 **Vijay Agarwal-06:46**
The patient or was not asking for.

 **Vijay Agarwal-06:52**
What was the other thing? It was not asking for the other field that you were asking.

 **Vijay Agarwal-06:57**
Okay.

 **Vijay Agarwal-07:00**
Search by name or mrn. But either there was a list.

Okay. And there was no.

 **Vijay Agarwal-07:08**

Data entry. So I know one piece that we.

 **Vijay Agarwal-07:13**

Have discussed that since there is no direct integration with the emr, okay.

 **Vijay Agarwal-07:18**

We will not get the patient list automatically. Okay. So he will have to type. Okay, This I know that we have discussed.

 **Vijay Agarwal-07:27**

So in our current flow. Now if you show your screen,.

 **Vijay Agarwal-07:33**

Let.

 **Vijay Agarwal-07:33**

Me just compare what was our original.

 **Vijay Agarwal-07:36**

Flow to her and what do we have now?

 **Vijay Agarwal-07:40**

So you have seen this mock up.

 **Vijay Agarwal-07:42**

That I just showed you, right?

 **Lince Varghese-07:45**

Yes, that I too have uploaded but later I have revised that version.

 **Vijay Agarwal-07:51**

I know, I know, but I don't.

 **Vijay Agarwal-07:54**

Think Emily has seen what version you have revised because it was only one time tagged to Emily for initial feedback.

 **Vijay Agarwal-08:03**

I don't think we have ever re tagged whenever we have changed the mock up.

 **Vijay Agarwal-08:07**

But anyways, let me see if we.

Are close by to the flow and.

 **Vijay Agarwal-08:10**

Close by to the ui. Okay, then obviously we can manage her.

 **Vijay Agarwal-08:17**

Show me the screen again.

 **Vijay Agarwal-08:19**

Okay, so now.

 **Lince Varghese-08:24**

Okay, I can proceed with the dictation that because the network is available that would go directly to the AI means Sorry, not AI to the gcp.

 **Vijay Agarwal-08:36**

But why would it not get auto submitted? Why does he have to press the button again?

 **Lince Varghese-08:45**

I'm sorry sir, I'm missing like so.

 **Vijay Agarwal-08:48**

In showing a dictation. Yes, and that dictation did not auto sync.

 **Vijay Agarwal-09:00**

You had to press one button at the bottom.

 **Vijay Agarwal-09:01**

No. What was that submit dictation link?

 **Lince Varghese-09:06**

I'll create another claim just now.

 **Vijay Agarwal-09:09**

Okay?

 **Vijay Agarwal-09:10**

No, no problem.

 **Vijay Agarwal-09:10**

So now as soon as that is done, then this application queue is basically.

 **Vijay Agarwal-09:14**

That folder icon, right?

Yes, exactly. So the names and the facility that we have chosen will not be selected if the MRN matches with the IMB system and it will be automatically synced with like whatever we have in the IMD system. Okay, that's, that's why the name has been like Leo and not what I have typed.



Vijay Agarwal-09:39

Can you repeat this?



Lince Varghese-09:40

Okay, so what happens is in the direct dictation I, I type a surgery title, I type the reference name as if doctor knows or doesn't know what the database entry is for the patient so he can type anything for his reference. And if I type the MRN wrong? In that case if I select and if I do a dictation like patient is subhan resting on operating table, he will be having his labnectomy. And if I submit this particular.



Vijay Agarwal-10:19

Claim which means he has given some dummy details there.



Lince Varghese-10:24

Yes, exactly. So, so in that, in that case the name of the patient is what I have selected now.



Vijay Agarwal-10:31

But if it is found in the database then it is as per.



Vijay Agarwal-10:34

The database here you are showing a green tick.



Vijay Agarwal-10:37

Meaning it is verified name.



Lince Varghese-10:40

Yes, exactly.



Vijay Agarwal-10:41

Okay, but if it is verified it is already linked. Then why do I have to link patient again?



Lince Varghese-10:46

Exactly. So under that condition I am clicking a link patient which has been synced with Leo Cruise here what happens is we need to have a manual encounter entry on what date it should be fetched if it is coming from Athena. This manual encounter page will not appear because it will take the latest encounter from the Athena. Because it is fetching from the IMB system.



Lince Varghese-11:14

Manual encounter is needed here. Okay, next step is to select the templates that we have. And these are templates are the cheat codes that they have provided us. So I can select one of them and it is linked and it is submitted in the queue here.



Vijay Agarwal-11:32

But hold on.

If you remember what Brian had said.

 **Vijay Agarwal**-11:36

Last time, that there are two types of doctors, senior and junior. So when they do the dictation, we show them the dictation? Yes, and we show them the feedback. Are you saying the feedback of what is matching, what is not matching will.

 **Vijay Agarwal**-11:51

Come once we have the AI suggestions implemented?

 **Lince Varghese**-11:54

No, not at all. This, this AI suggestion we have not yet implemented. If you want I can show a demo of it how it will be working. Not here.

 **Lince Varghese**-12:08

Do you need me to show that right now?

 **Vijay Agarwal**-12:10

So first I was just trying to understand Brian's feedback.

 **Vijay Agarwal**-12:12

So Brian's feedback was that when I'm doing the dictation, okay.

 **Vijay Agarwal**-12:17

I would have not used the right.

 **Vijay Agarwal**-12:19

Words so I would show them that. Boss, your dictation was this. But I am going to change the dictation to this.

 **Vijay Agarwal**-12:26

Okay.

 **Vijay Agarwal**-12:27

Because this is what is required by the payer.

 **Lince Varghese**-12:30

Yes sir, I'll show that would be better.

 **Vijay Agarwal**-12:33

Fine, no problem.

 **Lince Varghese**-12:34

So already shown to the pratic ones like I'll show you to you again,.

 **Vijay Agarwal**-12:39

We will see it later.

So okay, if you go back in.

 **Vijay Agarwal-12:42**

Your flow now there is a dictation and you had to select the template.

 **Vijay Agarwal-12:47**

So template I think you should have.

 **Vijay Agarwal-12:49**

Selected before in the flow, in the.

 **Vijay Agarwal-12:53**

New dictation flow, direct dictation.

 **Vijay Agarwal-12:55**

Okay.

 **Vijay Agarwal-12:56**

When you added the name, okay.

 **Vijay Agarwal-13:01**

On the same screen you should have given the list of the template because otherwise we will not be able to show the suggestions.

 **Vijay Agarwal-13:14**

Okay.

 **Vijay Agarwal-13:15**

On the next screen after the dictation.

 **Vijay Agarwal-13:17**

Is done, our flow is that we.

 **Vijay Agarwal-13:21**

Need to show the suggestions to the.

 **Vijay Agarwal-13:23**

Doctor that based on the type of surgery, based on the template, based on the dictation.

 **Vijay Agarwal-13:30**

Okay.

 **Vijay Agarwal-13:31**

What you have given versus what the.

 **Vijay Agarwal-13:33**

Payer policy demands is not in sync.

Because we don't even have the template.

 **Lince Varghese**-13:43

The scrutinizing will be two way. One with the templates that the doctor selects and second is what AI suggests.

 **Vijay Agarwal**-13:53

But how will we know what type.

 **Vijay Agarwal**-13:55

Of surgery is this?

 **Vijay Agarwal**-13:56

Because the surgery title we are giving.

 **Vijay Agarwal**-13:58

As a text box.

 **Vijay Agarwal**-14:00

I think that we need to give.

 **Vijay Agarwal**-14:02

As a drop down box because the.

 **Vijay Agarwal**-14:05

Title to a large Extent is similar to the template.

 **Lince Varghese**-14:10

Okay, sir, let me show that flow. Actually then I will have a better understanding what I should do. Just a second.

 **Abhinav Srivastava**-14:19

The other dictation flow. I remember we selected templates quite early in the step, not after this. Why this change in the flow?

 **Lince Varghese**-14:33

I am like that flow is basically you're saying like it was before the dictation itself. The template was being selected and here after this dictation it will be selected. So.

 **Abhinav Srivastava**-14:45

Yeah.

 **Lince Varghese**-14:46

Yes. So no, I. I'll make that right. Yeah.

Both flows should be the same and I think selecting the template beforehand makes much more sense. But let's see how it works out here.

 **Prateek Kashyap**-15:02
So.

 **Lince Varghese**-15:11
So this is what we have intend to do next time what happens is procedure is being recorded and that transcript is available with the. The junior doctor, whoever it is and sir, are you able to hear me?

 **Vijay Agarwal**-15:28
I can, yeah.

 **Lince Varghese**-15:29
Yes. So this transcript is being created for the. Right away. It is created after the junior doctor has done his recording.

 **Lince Varghese**-15:39
And later on based on that transcription itself we would have been suggested like we would have suggested these modules that could be missing. And this process is actually held by AI itself. So these are sub modules that AI is suggesting that in this particular procedure you might have missed. According to pair policy that could be included these CPT codes.

 **Lince Varghese**-16:05
So he can tap and dictate for the laminatomy module now. And this particular option will be transferred to the very top six session that we are going to upload.

 **Vijay Agarwal**-16:19
Okay, one second. Now.

 **Vijay Agarwal**-16:24
The doctor when he is doing a direct dictation.

 **Lince Varghese**-16:29
Yes.

 **Vijay Agarwal**-16:30
Because I'm a little confused with this.

 **Vijay Agarwal**-16:31
Direct and new to. To be honest, we will have to remove one.

 **Vijay Agarwal**-16:34
Okay.

 **Vijay Agarwal**-16:36
So we have to keep only one.

Flow and.

 **Vijay Agarwal**-16:42

We will check with Emily.

 **Vijay Agarwal**-16:43

And you know which flow makes more sense. Okay.

 **Vijay Agarwal**-16:49

So now when the doctor comes in,.

 **Vijay Agarwal**-16:52

They select the patient or enter the mri. Okay. Till this I am fine. Now when they select the template, okay.

 **Vijay Agarwal**-17:03

Template is basically the codes or a group of codes.

 **Lince Varghese**-17:08

Okay.

 **Vijay Agarwal**-17:09

Correct. That is. That is what we have put in the template, right?

 **Vijay Agarwal**-17:12

Group of.

 **Abhinav Srivastava**-17:13

Yes.

 **Vijay Agarwal**-17:15

What Brian mentioned was that's junior doctors may not dictate all the things that are supposed to be there in the code. Okay. As per the payer policy.

 **Lince Varghese**-17:28

Yes.

 **Vijay Agarwal**-17:29

So why the doctor is dictating? Okay. We should actually tell them that you.

 **Vijay Agarwal**-17:36

Have selected this template.

 **Vijay Agarwal**-17:39

These are the things you need to dictate.

Then under that condition template is. Will be of the procedure itself, right?

 **Vijay Agarwal**-17:51

Correct.

 **Lince Varghese**-17:52

If. If I see. Yeah. So these are all common procedures that is being done, sir.

 **Lince Varghese**-18:02

And these are The CPT codes accordingly. Okay, so ER visit will also like attach with MRI interpretation and.

 **Vijay Agarwal**-18:16

Yeah, yeah.

 **Vijay Agarwal**-18:17

Multiple procedures could be there. Combination of procedures could be there. That is going to be part of the template, no?

 **Lince Varghese**-18:24

Yeah, but we are actually templates as per him is a template would be the procedure that is being held like something like ACDF or a laminate. Tommy. So.

 **Vijay Agarwal**-18:38

Okay, so to answer your question, then.

 **Vijay Agarwal**-18:40

We should have multi select on the template.

 **Lince Varghese**-18:43

Exactly.

 **Vijay Agarwal**-18:44

Because last time I remember he mentioned.

 **Vijay Agarwal**-18:46

That the doctor who knows the CPD.

 **Vijay Agarwal**-18:50

Codes, they may just check the CPD codes. Okay?

 **Vijay Agarwal**-18:54

I mean check all the CPD codes.

 **Vijay Agarwal**-18:56

That are relevant to this.

But there are doctors who may not.

 **Vijay Agarwal-18:59**

Know the CPT codes. Okay.

 **Vijay Agarwal-19:01**

So then they can just select those multiple surgical items that they have done.

 **Vijay Agarwal-19:06**

Okay.

 **Vijay Agarwal-19:07**

Basis that we will identify.

 **Abhinav Srivastava-19:09**

Okay.

 **Vijay Agarwal-19:09**

This is applied to these CPT codes and basis that we will figure out what the payer policy tells to be dictated. So the doctor can dictate using those terminologies without missing any aspect.

 **Lince Varghese-19:25**

I'll. I'll make arrangements for the multiple select on templates.

 **Abhinav Srivastava-19:30**

But we have the in the module for practice admin as well, right? They can create their own template. So if they have some exactly CPT codes that they want to be matched together in a particular practice in a particular procedure, then they can create that template and you know, they can. And the doctors can select that specific template.

 **Abhinav Srivastava-19:52**

So I guess that can be solved based on the templates that the practice admin creates.

 **Vijay Agarwal-19:59**

So ab in what I understood last time, right. That during the surgery the doctor may.

 **Vijay Agarwal-20:05**

Have done certain procedures which has led.

 **Vijay Agarwal-20:09**

To another sort of a,.

 **Vijay Agarwal-20:16**

You know, CPD code.

 **Vijay Agarwal-20:17**

Okay.

Because during the surgery you can have a situation.

 **Vijay Agarwal-20:20**

Okay?

 **Abhinav Srivastava-20:21**

Okay.

 **Vijay Agarwal-20:23**

Now only the doctor knows after the.

 **Vijay Agarwal-20:26**

Surgery is complete that I did procedure.

 **Vijay Agarwal-20:29**

One, procedure two, procedure three.

 **Vijay Agarwal-20:31**

Okay?

 **Vijay Agarwal-20:32**

So we will not have the template ready with all these combinations for each procedure. So doctor will have to at least select the type of procedure that he has done.

 **Abhinav Srivastava-20:47**

Okay. But with the selection of every template, they can also annotate it further with their additional dictation. Right? So that detail can come with the dictation that you know, this ACDF level three was done and apart from this, I also did so and so procedure additionally.

 **Abhinav Srivastava-21:06**

So those CPD codes ultimately will all of the CPD codes, the template plus the dictation, everything will get mapped towards the final. So I don't think we necessarily need to add multiple template selection. But if you think that.

 **Lince Varghese-21:21**

No, no.

 **Vijay Agarwal-21:22**

So then what we should do, we.

 **Vijay Agarwal-21:23**

Should first only create the Flow as.

 **Vijay Agarwal-21:25**

A prototype, not code, anything.

Okay. We show it to them that this.

 **Vijay Agarwal-21:30**

Is what they asked us to do.

 **Vijay Agarwal-21:32**

Last time to handle that complicated situation.

 **Vijay Agarwal-21:35**

Okay.

 **Vijay Agarwal-21:35**

We show the user experience, we run it through them multiple times and then.

 **Vijay Agarwal-21:39**

Only we go back to the code.

 **Vijay Agarwal-21:41**

So I think what you're saying makes.

 **Vijay Agarwal-21:43**

Sense if we are able to detect the procedure types. Okay.

 **Vijay Agarwal-21:49**

And attach it to the right CPT.

 **Vijay Agarwal-21:52**

Codes from the dictation.

 **Vijay Agarwal-21:54**

Okay.

 **Vijay Agarwal-21:54**

Then we tell the doctor that, boss,.

 **Vijay Agarwal-21:57**

As per your dictation, you have given.

 **Vijay Agarwal-22:00**

You have given indications that you had.

 **Vijay Agarwal-22:01**

Done these procedures which require these CPT codes. Okay.

 **Vijay Agarwal-22:06**

And then we have to tell them.

That because of these CPD codes, your.

 **Vijay Agarwal-22:10**
Dictation should have also covered these additional.

 **Vijay Agarwal-22:14**
Sections or additional words. Okay. For this to be approved. So please redictate the additional part.

 **Vijay Agarwal-22:22**
Okay.

 **Vijay Agarwal-22:24**
For clarification.

 **Vijay Agarwal-22:25**
So that way the flow is guided.

 **Vijay Agarwal-22:27**
For the junior doctors.

 **Abhinav Srivastava-22:31**
Yeah, yeah.

 **Vijay Agarwal-22:34**
Before we do any technical implementation.

 **Abhinav Srivastava-22:38**
Okay. Okay.

 **Vijay Agarwal-22:39**
Yeah, you're right.

 **Vijay Agarwal-22:40**
So, Lynn, then let's not change one template, multiple template.

 **Vijay Agarwal-22:45**
Okay.

 **Vijay Agarwal-22:45**
Let's design the user flow first we.

 **Vijay Agarwal-22:48**
Get a proper clarification.

 **Vijay Agarwal-22:49**
Then only we will change anything.

But what I can certainly see here, that surgery title should have been actually the selection of the template. Because, I mean, why would a doctor every time give a new surgery title?

 **Vijay Agarwal-23:04**

No, very difficult for him.

 **Vijay Agarwal-23:05**

He would rather select from the typical types of surgeries that happen.

 **Abhinav Srivastava-23:10**

Yeah.

 **Lince Varghese-23:11**

We are also provisioning to edit the templates and the CPT codes and their justifications, so.

 **Vijay Agarwal-23:18**

Oh, I don't think doctors are required to do that.

 **Vijay Agarwal-23:20**

That's only for the billing guy.

 **Abhinav Srivastava-23:22**

Yeah, that's for admin and the billing guy.

 **Vijay Agarwal-23:26**

So we had. I had also removed it or commented on the previous. The first design, right. Where we had like a mobile interface for Biller.

 **Vijay Agarwal-23:34**

Okay.

 **Vijay Agarwal-23:35**

So in that also I had commented that let's keep Biller only on the desktop.

 **Lince Varghese-23:42**

Yes, sir.

 **Vijay Agarwal-23:44**

So here on this screen that you have done Olins, the surgery title is actually our selection of template. Actually call the surgery type instead of the title.

 **Vijay Agarwal-23:57**

Okay.

 **Vijay Agarwal-23:58**

And then when they click on that row item, you get the list of templates where they can search by name. And it is all sorted by abcd. They are able to select a template.

Okay.

 **Vijay Agarwal-24:10**

Over there. Then the patient reference name.

 **Vijay Agarwal-24:13**

I think you can keep it.

 **Vijay Agarwal-24:18**

But I would say move a patient mrm, which is required to the top.

 **Abhinav Srivastava-24:22**

Yeah, that should be the first input.

 **Vijay Agarwal-24:26**

And then last May, you can take the surgical name reference.

 **Vijay Agarwal-24:30**

So the patient reference name. Yeah. Yes, that should be the last.

 **Vijay Agarwal-24:36**

Whatever is mandatory for you. You Take at the top.

 **Vijay Agarwal-24:39**

Okay, so one thing, Lynch.

 **Vijay Agarwal-24:44**

The reason why we keep asking you to do this frequent updates to us.

 **Vijay Agarwal-24:48**

Now that before you implement anything in.

 **Vijay Agarwal-24:51**

Engineering, you show us the flow. Okay.

 **Vijay Agarwal-24:53**

We will prevent doing rework in engineering.

 **Lince Varghese-24:58**

Yes, sir.

 **Vijay Agarwal-24:59**

Okay.

 **Vijay Agarwal-25:00**

So hence there is so much of push that. Please show us. Please show us what is going on. Please show us.

Because we don't want you to do.

 **Vijay Agarwal-25:05**

Double effort on anything.

 **Vijay Agarwal-25:09**

Okay.

 **Vijay Agarwal-25:10**

So I have understood that sequence. We will have to resequence it.

 **Vijay Agarwal-25:14**

So let's resequence first in the flowchart.

 **Vijay Agarwal-25:18**

Okay?

 **Vijay Agarwal-25:18**

You don't even have to do the whole mock ups.

 **Vijay Agarwal-25:21**

Okay? Just simple flow.

 **Vijay Agarwal-25:23**

You can write down what we discussed and what every screen will have in what sequence. And we agree on the current sequence.

 **Vijay Agarwal-25:31**

Okay.

 **Vijay Agarwal-25:32**

The only future thing that we want to agree with the doctor is that.

 **Vijay Agarwal-25:37**

The junior doctor situation that he had told us.

 **Lince Varghese-25:39**

Okay.

 **Vijay Agarwal-25:41**

What should be the ideal flow for that? When does the correction get highlighted and how does the correction get made by.

 **Vijay Agarwal-25:49**

The doctor in the dictation?

That's a flow we will do properly.

 **Vijay Agarwal-25:52**

With UI and we will show to them in the next demo. Okay.

 **Vijay Agarwal-25:56**

And we will take their feedback before we implement.

 **Lince Varghese-26:01**

Yes, sir.

 **Vijay Agarwal-26:03**

Okay, so this flow I have understood. We will have to move the. You know, create a new design and then move.

 **Vijay Agarwal-26:10**

This is clear what else is happening on the mobile.

 **Lince Varghese-26:14**

So like direct dictation and new dictation itself. Rest all is the claims where we view last time. Also we have seen this where the templates codes are already visible at the bottom.

 **Vijay Agarwal-26:28**

Yeah.

 **Vijay Agarwal-26:29**

Okay.

 **Lince Varghese-26:31**

And like. And one more thing, sir. If. If patient is found or not found, it is being notified accordingly.

 **Vijay Agarwal-26:42**

I see. Okay. Very good, Very good.

 **Lince Varghese-26:48**

Okay, next thing is.

 **Vijay Agarwal-26:51**

So one more question. L. So there is alerts on the top and alerts at the bottom. What is the difference?

 **Lince Varghese-26:59**

Alerts. This concept. This is same as not.

 **Vijay Agarwal-27:02**

I see.

I think the notification bar has become a little complicated.

 **Vijay Agarwal-27:07**

Okay.

 **Vijay Agarwal-27:08**

Because to be honest, I did not think these were part of our navigation.

 **Vijay Agarwal-27:13**

I thought that network was surely not.

 **Vijay Agarwal-27:16**

Part of our navigation.

 **Vijay Agarwal-27:19**

What you should do is, okay, either.

 **Vijay Agarwal-27:22**

Move the profile to the bottom and.

 **Vijay Agarwal-27:25**

Replace the alerts or you remove the.

 **Vijay Agarwal-27:28**

Alerts from the top.

 **Vijay Agarwal-27:30**

Whatever is easier for you. Yeah, sorry.

 **Abhinav Srivastava-27:37**

Yes. I was saying that alerts and the network icon, we can do away with those from the top.

 **Vijay Agarwal-27:43**

From the top?

 **Abhinav Srivastava-27:44**

Yeah. The alerts should come down and the network icon is not needed as such because it is already there in the phone.

 **Vijay Agarwal-27:51**

Yeah. And we have a cloud icon which is already showing that it is not synced. Yeah, because of no network.

 **Vijay Agarwal-27:58**

Right.

So let's remove those two. But Lynn's. The bottom alerts is not showing that pending notifications. Which is the red mark.

 **Lince Varghese**-28:07
Yes, sir.

 **Vijay Agarwal**-28:09
Yeah.

 **Vijay Agarwal**-28:09
So you can remove the notification bell.

 **Vijay Agarwal**-28:12
And the network from the top.

 **Abhinav Srivastava**-28:16
And what does the record I can do in the footer if we click on it. So already have two buttons here in.

 **Lince Varghese**-28:22
The actually linked with the new dictation flow itself. The blue, dark blue one which you are seeing here. So if press record it goes to the direct detection itself.

 **Vijay Agarwal**-28:32
One direct detection shows.

 **Vijay Agarwal**-28:38
So I think abina what has happened.

 **Vijay Agarwal**-28:40
No, the new dictation is the ideal.

 **Vijay Agarwal**-28:42
Flow that EMR is integrated. Direct dictation is.

 **Vijay Agarwal**-28:47
EMR is not integrated.

 **Vijay Agarwal**-28:49
Okay.

 **Vijay Agarwal**-28:50
So we will need both depending on.

 **Vijay Agarwal**-28:52
What state we are for a particular clinic or for a particular launch.

Okay.

 **Vijay Agarwal-28:58**

Right now we know that we are in a situation of direct dictation.

 **Vijay Agarwal-29:01**

We don't have EMR integration.

 **Vijay Agarwal-29:03**

Yeah.

 **Vijay Agarwal-29:04**

But in the future we will need.

 **Vijay Agarwal-29:06**

The new dictation flow. Probably.

 **Vijay Agarwal-29:08**

So for this launch.

 **Vijay Agarwal-29:10**

Okay.

 **Vijay Agarwal-29:10**

What we will do is we will.

 **Vijay Agarwal-29:11**

Hide the new dictation tab and we.

 **Vijay Agarwal-29:14**

Will link the record as a direct dictation.

 **Vijay Agarwal-29:16**

Because there is no emr, we don't.

 **Vijay Agarwal-29:18**

Expect the patients to be available.

 **Abhinav Srivastava-29:21**

Yeah. Everything is going to be direct dictation only. So. So the record icon.

 **Abhinav Srivastava-29:25**

The footer icon should actually trigger.

 **Lince Varghese-29:30**

Yes.

So.



Vijay Agarwal-29:32

But only hide it lens.



Vijay Agarwal-29:34

We are going to need this in the second iteration. Once we have figured out the EPIC Marketplace. The developer account that we require now.



Lince Varghese-29:42

Yes.



Vijay Agarwal-29:43

Don't remove all the backend work that we have already done.



Vijay Agarwal-29:48

Okay.



Vijay Agarwal-29:49

And you mark a note in in.



Vijay Agarwal-29:51

The code that this is going to.



Vijay Agarwal-29:52

Be enabled when EMR integration is live. And we don't call it direct dictation or new dictation.



Lince Varghese-30:04

Yeah, we will change it.



Vijay Agarwal-30:06

Yeah.



Vijay Agarwal-30:08

Probably call it surgery dictation or whatever is the right word.



Vijay Agarwal-30:13

Okay, Pratik, let's check.



Vijay Agarwal-30:16

What are these dictations called?



Vijay Agarwal-30:18

Are these procedure dictations or surgical dictations?



Abhinav Srivastava-30:23

Okay, sir.

And before you go to Emily, just search online and see what is the right terminology.

 **Vijay Agarwal-30:29**

Yes. Yeah.

 **Vijay Agarwal-30:32**

TK So I think this.

 **Vijay Agarwal-30:33**

I am very clear, Lynn.

 **Lince Varghese-30:34**

Okay, sir. So as soon as our chain is being ready here. So if it has been forwarded to generally to all the dealers. Okay, I'll store the biller.

 **Lince Varghese-30:46**

Now.

 **Vijay Agarwal-31:03**

One thing, Lindsay. If we can do.

 **Vijay Agarwal-31:04**

No, that create all of these Im.

 **Vijay Agarwal-31:08**

Billy Biller 1, Biller 2, Biller 3, whatever. Instead of having separate Gmail accounts.

 **Abhinav Srivastava-31:14**

No.

 **Vijay Agarwal-31:14**

Just create those as aliases within the.

 **Vijay Agarwal-31:17**

Current apps at the rate make you.

 **Vijay Agarwal-31:19**

Account.

 **Lince Varghese-31:22**

So clear that actually.

 **Vijay Agarwal-31:25**

Okay, okay. No problem.

 **Vijay Agarwal-31:27**

Then Abhinav, I think you will have.

To create and give it to him.

 **Lince Varghese**-31:29

No, no sir, I did. I didn't understood the procedure that we have to do.

 **Vijay Agarwal**-31:34

Okay.

 **Vijay Agarwal**-31:34

So basically Gmail account. The same Gmail id.

 **Vijay Agarwal**-31:37

No.

 **Vijay Agarwal**-31:37

Which is appset that it make you.

 **Lince Varghese**-31:39

Yes.

 **Vijay Agarwal**-31:40

It will allow us to create 30 alias IDs.

 **Vijay Agarwal**-31:44

All linked to apps at the rate MCU.

 **Vijay Agarwal**-31:47

Okay.

 **Lince Varghese**-31:48

Okay fine.

 **Vijay Agarwal**-31:50

So all users, all the dummy users.

 **Vijay Agarwal**-31:54

For testing their OTPs will come into one account. So we don't need to manage five different Gmail accounts.

 **Abhinav Srivastava**-32:01

Yeah. Or I guess if. If this dashboard allows adding plus to the email addresses then you can just simply add plus and biller 1 plus biller 2. So everything will land in the same inbox anyways.

 **Vijay Agarwal**-32:15

Yeah.

So Lindsay, did you understand what Abhinav mentioned?

 **Lince Varghese**-32:20

To create multiple billers in a practice admin. That. That's a provision that practice admin gives and.

 **Vijay Agarwal**-32:27

No, no. In the email id. Yes, in Gmail. What happens if you have apps at the rate make you neurosurgery?

 **Vijay Agarwal**-32:38

Okay.

 **Vijay Agarwal**-32:39

It comes into the main inbox.

 **Lince Varghese**-32:41

Okay.

 **Vijay Agarwal**-32:42

If you say apps plus biller one at the rate make you neurosurgery, it will create a label called Biller1 automatically and it will put the email automatically in that label.

 **Lince Varghese**-32:55

Okay. Like here tags.

 **Vijay Agarwal**-32:58

Yeah. So if you. This is which. This is biller one.

 **Vijay Agarwal**-33:01

No, it's not like this. If you compose here. Right.

 **Vijay Agarwal**-33:04

Compose on the click compose type here apps +biller1 pillar1.

 **Vijay Agarwal**-33:18

At the rate make you neurosurgery. Yeah.

 **Vijay Agarwal**-33:28

Just send a test mail.

 **Abhinav Srivastava**-33:31

Yeah, it will anyways land in this inbox only.

 **Vijay Agarwal**-33:38

So now in the apps inbox go to apps.

This is biller.

 **Vijay Agarwal**-33:41

No, this is not apps.

 **Lince Varghese**-33:43

Okay.

 **Vijay Agarwal**-33:44

Do you have apps logged in anywhere?

 **Lince Varghese**-33:47

Yeah, I have.

 **Vijay Agarwal**-33:49

Oh my God.

 **Vijay Agarwal**-33:55

So what Abhinav is asking is if.

 **Vijay Agarwal**-33:57

Our admin panel allows us to add.

 **Vijay Agarwal**-34:03

A email id with icon and the.

 **Vijay Agarwal**-34:09

Validation does not fail.

 **Vijay Agarwal**-34:11

Okay.

 **Vijay Agarwal**-34:12

Then we don't even have to create the alias.

 **Vijay Agarwal**-34:14

We can just use that.

 **Abhinav Srivastava**-34:16

Yeah.

 **Lince Varghese**-34:17

Fine. Fine.

 **Vijay Agarwal**-34:24

Did we send it to the right id?

Going to check Spam,.

 **Abhinav Srivastava**-34:33

I think.

 **Vijay Agarwal**-34:33

Spam?

 **Abhinav Srivastava**-34:34

Yes. Spam. Yeah. Report not spam.

 **Vijay Agarwal**-34:37

Report not spam. Just mark Report not spam.

 **Vijay Agarwal**-34:40

Yeah.

 **Vijay Agarwal**-34:41

So you see here how it has automatically come. So you don't need all these various Gmail IDs.

 **Abhinav Srivastava**-34:47

You can just keep on adding Biller 1, Biller 2, Billet 3 after plus whatever one you want to write, it.

 **Vijay Agarwal**-34:52

Will.

 **Vijay Agarwal**-34:55

We have Miller, one supervisor, one doctor, one.

 **Vijay Agarwal**-34:58

Right?

 **Vijay Agarwal**-34:59

Yes.

 **Vijay Agarwal**-35:02

Okay, so now let's go back to the admin. I have only 12 minutes left for the next meeting. So.

 **Vijay Agarwal**-35:10

You can go through.

 **Abhinav Srivastava**-35:11

Yeah, I guess the biller and supervisor. These two things you need to see, you can quickly go through them.

 **Lince Varghese**-35:20

So this is the one which we have recently done.

Yeah, yeah.

 **Lince Varghese**-35:26

For Leo Cruz. We haven't. We can actually review that claim.

 **Vijay Agarwal**-35:32

Yeah,.

 **Lince Varghese**-35:34

This is the transcription. We have an option to edit the transcription as well. This is what CPT code has been generated. This thing.

 **Lince Varghese**-35:47

What we have seen the last time is the same for the Biller itself. One thing that has been changed is while creating this Leo, we have actually uploaded our document xlsx.

 **Vijay Agarwal**-36:01

Okay.

 **Lince Varghese**-36:01

So that particular document is available now.

 **Vijay Agarwal**-36:05

Okay.

 **Lince Varghese**-36:06

We have actually a visibility to.

 **Vijay Agarwal**-36:11

Okay,.

 **Lince Varghese**-36:16

Yeah. So this is. This is coming. And we can upload other files as well.

 **Lince Varghese**-36:22

Sure. For the scrutiny of that claim.

 **Vijay Agarwal**-36:25

Okay.

 **Lince Varghese**-36:34

So we have available PDF as well. So in this way we can have multiple files and Miller can actually view those files to scrutinize this particular claim. So after he has been scrutinized, if he feels like he can actually submit it to the supervisor, he can do that.

 **Vijay Agarwal**-36:57

And when you do reject claim, then what?

It goes to the doctor again, we have.

 **Lince Varghese**-37:02

No, no. We have a whole case that would ask a reason why it is being. The same thing applies to the reject also. But it doesn't go back to the.

 **Lince Varghese**-37:13

The surgeon to have another date. If sergeant wants to have an another claim to be entirely new claim to be processed, he can actually do that.

 **Vijay Agarwal**-37:22

No, generally what would happen last time when Brian explained.

 **Vijay Agarwal**-37:25

No, he.

 **Vijay Agarwal**-37:26

And also in the first flowchart discussion,.

 **Vijay Agarwal**-37:29

Emily had asked this that if doctor has not dictated properly.

 **Vijay Agarwal**-37:33

Okay.

 **Vijay Agarwal**-37:34

And Wheeler sees that it is not.

 **Vijay Agarwal**-37:36

Proper, he will ask the doctor to redictate and send the note.

 **Lince Varghese**-37:41

I think I've heard otherwise. Like he. He said like Biller should not go and ask to be doctor. Like what you have dictated on the listening for his audio.

 **Lince Varghese**-37:53

After listening to what his or her audio?

 **Vijay Agarwal**-37:57

No, no.

 **Vijay Agarwal**-37:58

I think go through that once again. Because Pillar should not change automatically the dictation.

 **Vijay Agarwal**-38:05

Hence Biller goes back to the doctor.

And says, you know, we are not.

 **Vijay Agarwal-38:09**

Able to find this part in the dictation. Can you redictate and send.

 **Lince Varghese-38:13**

So the latest one. What you are talking about the latest meeting that we asked?

 **Vijay Agarwal-38:19**

No, before that in the.

 **Abhinav Srivastava-38:23**

Yeah, in the flowchart it is mentioned like this. Only that.

 **Lince Varghese-38:30**

Okay, so you want me to. If. If a claim gets Rejected. You want me to again travel the same to the doctor itself to read it?

 **Vijay Agarwal-38:39**

So that's what I was trying to figure out. What is the difference between hold and reject?

 **Lince Varghese-38:44**

No, it's just states. If we have a reject, it just states it's a. It's been rejected. That's it.

 **Vijay Agarwal-38:52**

That's what I'm thinking. What. What action actually happens within the system? Actually we don't need those two states.

 **Vijay Agarwal-38:59**

Unless there is a workflow getting triggered around that state.

 **Vijay Agarwal-39:04**

So I'm trying to figure out.

 **Vijay Agarwal-39:08**

The.

 **Vijay Agarwal-39:08**

User will get confused. Right.

 **Vijay Agarwal-39:11**

Okay. Either always say that there is a reject claim. Okay.

 **Vijay Agarwal-39:20**

And in that reject this is the reason and we want the doctor to read it.

Okay. I think the flowchart has discovered from.

 **Vijay Agarwal-39:31**

What I remember links.

 **Vijay Agarwal-39:36**

If you check the flowchart one we.

 **Vijay Agarwal-39:39**

Will have to refine this.

 **Vijay Agarwal-39:40**

We don't need two separate states. Okay.

 **Vijay Agarwal-39:44**

Yeah. So either the claim is in execution.

 **Vijay Agarwal-39:48**

Which is say, you know, pending to be submitted, or it is rejected. There is no intermediate hold because by default whenever it is pending it is obviously on hold only.

 **Lince Varghese-40:03**

Okay, so we have two buttons that don't need to be shown here as submit to supervisor.

 **Vijay Agarwal-40:10**

So when you say reject claim payer.

 **Vijay Agarwal-40:12**

Rule then reject and route. What, what happens on reject and route?

 **Vijay Agarwal-40:16**

Where does it get routed to router.

 **Lince Varghese-40:19**

To back to the review queue itself.

 **Vijay Agarwal-40:21**

Review queue.

 **Vijay Agarwal-40:22**

But that review queue is not visible.

 **Vijay Agarwal-40:24**

As a status to Dr. No, no.

 **Vijay Agarwal-40:27**

It will not be but for the.

Doctor when we are showing the claim.

 **Vijay Agarwal-40:31**

Statuses, the claim status on his mobile when it says ready which would mean.

 **Vijay Agarwal-40:39**

That review to Q would require him to resubmit a dictation.

 **Vijay Agarwal-40:45**

So if you go interview and if.

 **Vijay Agarwal-40:47**

It becomes say rejected.

 **Vijay Agarwal-40:48**

So if you go there so it.

 **Vijay Agarwal-40:50**

Should actually be required re dictation.

 **Vijay Agarwal-40:56**

Tap on Leo Cruz right now let.

 **Vijay Agarwal-40:58**

Me see what Leo Cruz screen shows here. Click. Scroll down. I see.

 **Vijay Agarwal-41:10**

Okay, so here we need to show those remarks and the redictation possibility to him.

 **Vijay Agarwal-41:15**

Now go into record again.

 **Vijay Agarwal-41:20**

In the record button on the mobile.

 **Lince Varghese-41:23**

So that's a new dictation flow like.

 **Vijay Agarwal-41:26**

Oh, so they can't select the existing.

 **Vijay Agarwal-41:28**

Running claim and dictate on that?

 **Lince Varghese-41:30**

No, not at all.

I think we can simplify by giving them that either that button inside the.

 **Vijay Agarwal**-41:39

Claim so they can record it for that claim itself if there is another recording required.

 **Vijay Agarwal**-41:46

Okay.

 **Vijay Agarwal**-41:46

Anyways, you'll figure you figure out that.

 **Vijay Agarwal**-41:48

Flow once you look at the flowchart.

 **Lince Varghese**-41:50

Okay.

 **Abhinav Srivastava**-41:56

Okay, so here after biller what happens? Let's then quickly let's go to that.

 **Lince Varghese**-42:02

If it submits to the supervisor, we can have the same conditions that are being shown here. And the supervisor again like scrutinizes the entire claim with all the uploaded documents and whatever the edits has been made by the pillar.

 **Prateek Kashyap**-42:21

So.

 **Lince Varghese**-43:00

So now we have here for GEOP as well. So it is being like pending supervisor. The same thing appears to be like supervisor also and he would have a final approved claim.

 **Vijay Agarwal**-43:21

He.

 **Lince Varghese**-43:21

He also can do the same edits, add a diagnosis code and just save it like and if he needs to add a service line that can be do. Can we do that?

 **Vijay Agarwal**-43:41

So just here when he's adding an icd where is the corresponding cpt?

 **Lince Varghese**-43:49

Sir, it is like they're not packed I think. Sir, all the ICD codes are like their diagnosis of a person. Like what all things has been done.

Yeah.

 **Lince Varghese**-44:00

And this CPT's particular procedures that has been held in the proceed like okay, okay.

 **Vijay Agarwal**-44:06

So it is bottom.

 **Vijay Agarwal**-44:07

Okay, so essentially one of the key things here in our original sow know is that we have to prevent rejection of claims. Which means we need to detect flags that the CPT codes are not aligned with the ICD codes.

 **Lince Varghese**-44:30

On that condition. Like we have a. This particular page will tell what all things are there. That's what I am saying.

 **Lince Varghese**-44:39

Like we have a rack snippet and all that would help the killer itself to scrutinize what things happen has been selected. And what is that like?

 **Vijay Agarwal**-44:51

Okay, so there are two parts.

 **Vijay Agarwal**-44:53

If you see on the right hand side this box.

 **Vijay Agarwal**-44:55

No AI extracted entities.

 **Lince Varghese**-44:57

Yes.

 **Vijay Agarwal**-44:57

It has extracted CPD codes. It has extracted ICD codes.

 **Lince Varghese**-45:01

Yes.

 **Vijay Agarwal**-45:01

But what is most important is whether the pair conditions for each ICD code mapped to each CPD code.

 **Prateek Kashyap**-45:12

Yes.

Is it done or not?

 **Vijay Agarwal-45:14**

That is very important.

 **Vijay Agarwal-45:15**

I assume this is going to happen.

 **Vijay Agarwal-45:17**

Once the AI suggestions thing is completed.

 **Lince Varghese-45:21**

Exactly. So the rack snippet is for that flow where you can see that which pair policy snippet would actually triggering this procedure of cbd.

 **Vijay Agarwal-45:33**

Okay. Okay.

 **Abhinav Srivastava-45:36**

And that high risk of rejection and things like that will get reflected accordingly.

 **Vijay Agarwal-45:40**

Right.

 **Abhinav Srivastava-45:41**

Risk category. Okay. So at the bottom there are two buttons. Hold and hold.

 **Abhinav Srivastava-45:51**

We've already discussed reject and cancel. What's the difference here?

 **Lince Varghese-45:55**

So cancel actually removed the claim from the review queue itself. And after this just a. Yeah. So we have a reason to every entered and confirm what it will be removed from the system itself.

 **Abhinav Srivastava-46:19**

Now is it permanently removed or is it somewhere to be that it can be accessed later? If someone wants to audit what claims.

 **Lince Varghese-46:28**

Have been removed, it actually gets removed from this Very superviden. But practice admin would able to see this. Yes.

 **Abhinav Srivastava-46:40**

Okay. And reject frame will send it back to the biller or to the.

 **Lince Varghese-46:49**

No, it will just back to the review queue itself.

Okay. The same procedure. So we have to edit that in this case also I think it should get sent back to the Dr. Abhinav I'll drop. Yeah, yeah.

 **Vijay Agarwal-47:03**

Okay, bye.

 **Lince Varghese-47:15**

Here when we open a claim this is entirely what it is a CMS 1500 form. This form is not entirely editable because of fitback compliance and only particular fields that we have actually produced is in shown here. So if I. If I go again back to the claim management and by select the this first one what we have just been dictated.

 **Lince Varghese-47:47**

So it will be showing diagnosis what I even shows the diagnosis I have attended and paste and the CPT codes that are. Yeah, if you want. If the practice admin wants he can print out. Take a printout of it.

 **Lince Varghese-48:09**

Because this. This I am bill system is not at all linked with the Athena. So he would require a printout to just map it to the Athena.

 **Abhinav Srivastava-48:22**

They can upload it on the Athena system. Yeah, understood. Okay, so we have to work on the reject claim flow here like as video sir mentioned.

 **Lince Varghese-48:34**

Okay, let me go through this once again.

 **Abhinav Srivastava-48:38**

Yeah. I also remember in the flowchart when it has it is mentioned that it will go back to the doctor. So look at it once it should go back to the doctor and the cashier should be able to redictate.

 **Lince Varghese-48:57**

Okay. Anyway, Dr. Can predicted for the same patient again. But we need to append those dictation itself.

 **Abhinav Srivastava-49:07**

But not. It did not happen right now. No. On the flow that you showed, if he selected Leo Cruz again he can.

 **Lince Varghese-49:14**

Select the Leo cruise and he can dictate on it.

 **Abhinav Srivastava-49:16**

Okay, so we have to start the whole process again. So.

But that will.

 **Abhinav Srivastava**-49:19

That will create confusion. No, that for Leo Cruz only there is earlier claim which was wrong. So the supervisor had to remove it from the system completely and then ask the doctor to redictate and I mean a couple of days might have passed between the do these two things and doctor might not recollect exactly what happened in that case.

 **Lince Varghese**-49:42

Okay.

 **Abhinav Srivastava**-49:43

Right. So it should. I guess you can create a separate status somewhere that these need your attention or redictate or add a new dictation. So things like that I guess we can add.

 **Abhinav Srivastava**-49:56

So you. You go through that flow and let me know if you have any problems there confusion there.

 **Lince Varghese**-50:02

Okay, fine, I'll do.

 **Abhinav Srivastava**-50:07

Okay.

 **Lince Varghese**-50:08

After final approval of supervisor Also we have an option to export the data what we have created, but not as CMS 1500. It will be as what we have edited here at the supervisor level. And this export thing is also available at this below profile also.

 **Prateek Kashyap**-50:29

Okay,.

 **Abhinav Srivastava**-50:31

Okay. Okay. Yeah. Pratik, did we hear back from the Fair Health guys?

 **Abhinav Srivastava**-50:40

Oh, no information because last. I'm not sure. That if she has forwarded or not. And if she has forwarded and we have not heard back, alternative path we'll have to find Given the access we take a dump.

 **Abhinav Srivastava**-51:37

But I think it will be better maintain in their GCP instance only so that data has not gone out of the geographical boundaries of the country. Healthcare is very sensitive, so we need to be sure about it. Follow up from Emily if we get some confirmation, then well and good. Otherwise we'll wait for a couple of days and then.

Athena. Athena, thank you. Sorted. But now we are facing problem with VM login.

 **Abhinav Srivastava**-52:22

But VM login, that is the question. So some IT team who helped with the VM set. The password is wrong. It is saying.

 **Abhinav Srivastava**-53:25

Step by step document step by step. Emily will not understand right Step by step what she needs to do. She responds like that.

 **Lince Varghese**-53:39

I'm confused.

 **Abhinav Srivastava**-53:40

I don't know what to do. Give me step by step. Try to find out.

 **Vijay Agarwal**-54:37

System.

 **Abhinav Srivastava**-54:56

So email basically follow Pratik on the response from Fair Health and this login issue. Next week. Next week. We need to give them test flight access.

 **Abhinav Srivastava**-55:58

At least share the credentials with us. In the meantime, we'll see what we can do. Okay,.

 **Vijay Agarwal**-56:25

Start your okay.

 **Abhinav Srivastava**-56:27

Bye bye.

 **Prateek Kashyap**-56:29

Thank you.