



Documentation Notes

1. Where configuration lives in Foji

Path to benefit configuration UI

- In Foji's web app:
 - Go to the **hamburger menu** → **Dashboards**
 - Choose **General**
 - Open **Benefit Override Configuration**

This is the control panel for how Foji **writes benefits into Open Dental** (coverage %, age limits, which codes to ignore, etc.).

2. Three core “modes” in Benefit Override Configuration

Each rule you create has a **Mode**, which tells Foji how to treat specific benefits/codes:

2.1 **Default** mode

Purpose: “If the portal doesn’t tell me anything, use this fallback.”

- Used when Foji goes to the portal and finds **no coverage data** for a category or code.
- Without any rule, if **nothing is found**, Foji sends **nothing** to Open Dental.
- With **Default** :
 - You say: “If you don’t find anything, **default to X%**.”
 - Common use:
 - Default crown coverage to **0%** if no coverage info is found.

- Default age limit to **99** if no age limit is found but staff is used to seeing 99 instead of blank.

Example:

- Portal shows **no crown coverage**.
 - Rule: Mode = **Default**, Percent = **0**
 - Result: Open Dental gets a **0% crown row**, making it visually obvious that there is no coverage.
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2.2 **Override** mode

Purpose: "I don't care what insurance says; always use this value."

- Ignores whatever is on the portal and **forces your chosen value** into the plan.
- Typical use cases:
 - Procedures you **internally treat as 100% covered**, regardless of the portal.
 - Situations where your **office policy** intentionally diverges from portal wording.

Example:

- Nitrous: office wants to always show nitrous coverage as 100%.
 - Rule: Mode = **Override**, Percent = **100**
 - Result: Even if the portal says 50% or 0%, Open Dental gets **100%**.
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2.3 **Ignore** mode

Purpose: "Don't write this data into Open Dental at all."

You can ignore:

1. **Entire codes**, or
2. **Specific qualifiers** (like age limit or frequency) for that code.

Solves:

- **Too many codes** cluttering the plan and causing decision fatigue.

- **Technically correct but operationally unhelpful** details.

Examples:

- **Ignore specific codes completely**
 - COVID-19 vaccine codes, extremely rare procedures, etc.
 - Mode = `Ignore` on that code → Foji will not push that code into Open Dental.
 - **Ignore just age limits for a code**
 - Guardian fillings with age limits that aren't followed in practice.
 - Mode = `Ignore`, Qualifier = `AgeLimit` (case-sensitive).
 - Result: Foji still writes the coverage % for the filling but **omits the age limit**.
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3. What you can target with each rule

Each rule in Benefit Override Configuration has fields that narrow what it applies to:

- **Code Group** – e.g., "Crowns", "Restorations"
- **Individual Code** – e.g., `D2390`, `D2391`, `D2392`, `D2393`, `D2394`
- **Carrier** – e.g., Guardian, MetLife, Aetna
- **Qualifier** – a particular attribute (age limit, frequency, etc.)
- **Mode** – `Default`, `Override`, or `Ignore`
- **Percent** – the percentage to apply when using Default/Override

Example meaning:

| "For Guardian, on D2391, ignore the age limit but keep everything else."

4. The specific filling example (D2390–D2394, Guardian & others)

Problem

- Guardian (and some others) publish **age limits on fillings** that:

- Are very technical/legal.
- Are often **not enforced** in real office workflows.

Staff reaction:

- They don't trust those age limits.
- They end up re-verifying manually or skipping Foji and doing it themselves.

Configuration they set up

For resin fillings (D2390–D2394):

1. Open a **specific code** (e.g., `D2390`) in Benefit Override Configuration.
2. Set:
 - **Mode** = `Ignore`
 - **Qualifier** = `AgeLimit` (exact string, case-sensitive)
 - **Carrier**:
 - Leave **blank** to apply to all carriers, or
 - Set to `Guardian` if you want it Guardian-only.

Then repeat/extend for D2390–D2394.

Effect:

- Foji still reads the portal and gets coverage % and other info.
- For these codes, it **does not write age limits** into Open Dental.

5. Carrier-specific rules & syntax

Carrier field behavior

- Leave **blank** to apply to **all carriers**.
- Or specify **one or more carriers**, e.g.:
 - `Guardian`

- Potentially `Guardian, Aetna` (comma-separated; exact spacing rules to be confirmed).

Example use:

- Mode = `Ignore`
- Qualifier = `AgeLimit`
- Carrier = `Guardian`
- Code = `D2391`

Effect: Only Guardian's D2391 age limit gets ignored; other carriers' age limits remain.

They also discussed:

- Using carrier-specific rules for **ortho age limits**, where being wrong is high stakes.
- Foji will send documentation on:
 - Valid **qualifiers**
 - Case sensitivity
 - Exact **syntax** (commas / spaces).

6. Foji's "overachiever" behavior and why configuration matters

Concept:

| Foji is "less software, more service" — like hiring an insurance employee.

By default, Foji:

- Goes to each portal.
- **Reads every code** it can see.
- Captures:
 - Coverage %

- Age limits
- Frequencies
- Deductibles
- Maxes
- Exclusions, etc.
- Pushes that data into Open Dental through the API, using your:
 - Coverage categories
 - Code groups

Issues without tuning:

- **Too many codes:**
 - Hundreds of lines, including rare codes and things like COVID-19 vaccines.
 - Staff get overwhelmed and stop reading.
- **Overly-technical but “correct” data:**
 - Guardian examples:
 - Complex age limits on fillings.
 - Bitewing rule where “bitewing on every tooth” flips frequency to something like a Pano/FMX schedule that the office will basically never hit.

Solution via configuration:

- Use **Ignore** (with qualifiers) to **filter out noise**.
- Use **Default** / **Override** to:
 - Make data match how staff are used to reading plans.
 - Align with how you talk to patients and plan treatment.

7. How Foji’s verification & benefit refresh scheduling works

Foji has different AI “pathways” for each carrier.

7.1 Eligibility verification

Per carrier (Aetna, Cigna, Delta, Guardian, etc.):

- An AI agent:
 - Logs into the portal.
 - Checks whether the patient has **active insurance**.
 - Produces a status:
 - Active
 - Not active
 - Member not found
 - Or “attention required” with details.

Timing:

- Automatically runs about **8 days before the appointment**.
- Triggers only for patients with appointments in that window.

What you see:

- In Foji under each carrier, there’s a **History** tab:
 - Shows each run with:
 - Status: Pending / Completed / Failed.
 - Event log of steps taken.
 - A **video recording**:
 - Screen capture of what the AI did on the portal.
 - Stored for **7 days**.
 - Lets you verify exactly what the portal displayed.

7.2 Manual rerun of verification

Two ways:

- **In Foji portal:**
 - In History, use the three-dot menu on a run and select **Restart** to re-run that check.
- **In Open Dental (Foji button):**
 - Custom program link that passes the **patient ID** to Foji.
 - Kicks off eligibility/benefit work for that specific patient.

In the meeting, they discovered:

- The Foji button URL was misconfigured for Wynkoop.
- They fixed the path in **Setup → Program Links → Foji** so the button now works correctly.

8. What happens during eligibility verification (mismatch handling)

Foji doesn't just check "active or not"; it also compares demographic/plan data:

Checks:

- **Name:** Portal vs. Open Dental.
- **Group number:** Portal vs. Open Dental.
- **Address/ZIP:** Portal vs. Open Dental.

Outcomes & workflow:

- **Wrong group number:**
 - Foji flags this in notes.
 - Recommended flow:
 - Copy correct group number from Foji note.
 - Update Open Dental.
 - Hit the Foji button to re-run verification.
- **Name mismatch:**

- E.g., spelling differences, nickname vs. legal name.
 - Foji notes portal's name vs. Open Dental's.
 - Office decides whether to correct OD.
 - **ZIP/address mismatch:**
 - Critical for **MetLife**:
 - Can't find the patient without the correct ZIP.
 - Configurable behavior:
 - Either treat mismatch as a blocking issue or ignore it and only return active/inactive.
 - Wynkoop preference:
 - **See all differences** (name, ZIP, etc.) so they can reduce claim denials and help their remote biller.
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9. Benefit summaries & remaining max/deductible

9.1 Benefit Summaries in Imaging

Foji's **Generate Benefit Summary** agent:

- Gathers **plan-level** details:
 - Coverage %, frequencies, waiting periods, missing tooth clause, downgrades, in/out of network, etc.
- Produces a **document** (e.g., PDF) and writes it to:
 - Open Dental's imaging folder, specifically the **Insurance Docs** folder (ID 313).
- You can also see the summary in Foji:
 - In the **generate benefit summaries** pathway, click the run and open the **Benefit Summary** link.

Issue observed:

- Foji logs show the summary is **created and pushed** via API.

- The raw files appear in the **OpenDentImages** folder on disk.
- But in Open Dental's **Imaging module**, many of these documents:
 - Don't show up, or
 - Show inconsistently.

Suspected cause:

- Open Dental **folder/indexing configuration** (how OD maps folder IDs like 313 to visible nodes in Imaging).
- Foji's team (Chris) will investigate OD settings to ensure those files are properly surfaced.

9.2 Remaining Annual Max & Deductible in Family → Patient Info

Foji is designed to update:

- **Remaining Annual** (max remaining)
- **Remaining Deductible**

in **Family module → Patient Info**.

Mechanism:

- On a **patient-level eligibility run**:
 - Foji gets:
 - Plan max
 - Used amount
 - Remaining
 - Writes:
 - Remaining Annual
 - Remaining Deductible

Important distinction:

- Plan-level updates (benefits) run roughly every **90 days**.
- Patient-level eligibility checks (when you care about **remaining** amounts) run:

- Automatically within **8 days** of the appointment, and/or
- On-demand using the Foji button.

Current issue:

- Wynkoop isn't seeing those fields populate.
 - The Foji side shows the agent running.
 - Likely tied to the **same OD integration/path issue** affecting benefit summaries.
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10. Playback & debugging tools in Foji

Several tools were demoed for troubleshooting:

1. History tab per carrier / pathway

- Lists all runs with:
 - Status
 - Timestamps
 - Logs of what the AI did.

2. Screen recording

- "File"/recording icon for each run.
- Full **video playback** of AI's session on the portal.
- Useful for:
 - Explaining "member not found"
 - Seeing if portal layouts changed
 - Verifying what was on-screen vs. what Foji extracted.

3. Search bar in History

- At the top of the History page.
- Can search by **patient ID** to pull all relevant runs.
- Helps answer:
 - When was this patient last checked?

- Which carrier did we verify?
- What was the result?

4. Restart

- Three-dot menu on a row → **Restart**.
- Requeues that verification/benefit job if:
 - Portal was down.
 - There was a temporary failure.
 - You've just fixed data (like group number) and want a fresh run.

Summary

- Foji pulls detailed benefit and eligibility data from payer portals and writes it into Open Dental.
- The **Benefit Override Configuration** screen controls how Foji writes that data, using three modes:
 - **Default**: Fill in values when the portal does not provide anything.
 - **Override**: Force a specific value and ignore the portal.
 - **Ignore**: Hide entire codes or specific details such as age limits.
- Rules can target specific **codes**, **code groups**, **qualifiers** like `AgeLimit`, and **carriers**. The Carrier field is a single portal value. You create separate rules when you want different behavior per carrier.
- Offices often use `Ignore` with `AgeLimit` on fillings (for example D2390–D2394) to stop confusing age limits from showing in Open Dental while still keeping coverage percent.
- Foji runs **automatic eligibility checks** for upcoming appointments about eight days before the visit. Results and logs are visible in **Pathways → History**, with screen recordings kept for seven days. You can rerun jobs from History or with the Foji button in Open Dental.
- Foji flags mismatches such as group number, name, or ZIP between Open Dental and the portal. Staff should correct these in Open Dental and rerun

verification to reduce claim issues.

- Foji can generate **Benefit Summaries** into the Imaging module and update **Remaining Annual Max** and **Remaining Deductible** in the Family module when patient level verification runs.
- For troubleshooting, use History, screen recordings, patient ID search, and job restarts. Contact Foji support if data appears in Foji but not in Open Dental.