

Elessar Whitepaper

Oct 20, 2026 · @Steven

Executive summary

Elessar is a platform for building sourced dashboards on maintained data, without writing code. Its first data library is public healthcare data from CMS and FDA, and the same engine is built to take on new libraries and a team's own files. It is a product of MediCove LLC and is in closed beta today.

Many teams depend on data that is public but hard to use: scattered across files, updated on different schedules, and easy to join incorrectly. Healthcare is where Elessar starts, because clinical research and revenue cycle teams feel this most with Medicare fee schedules, hospital payment files, drug pricing, and coverage policy. Elessar keeps those files loaded and current, applies the rules an analyst would apply, and lets users ask in plain English or build a dashboard step by step.

Three things set Elessar apart:

- **Sourced answers.** Every result names the source file, release, and release date it came from.
- **Dashboards, not lookups.** Users build boards of input, reference, and tool cards that update together when an input changes.
- **Works where people already work.** The same data and templates are available inside Claude, ChatGPT and Gemini through the Elessar connector.

The problem

Public and reference data is often free, but using it correctly is slow, manual, and easy to get wrong. Healthcare payment data shows the problem clearly.

- **Scattered files.** A single question, such as what Medicare pays for one drug administration code, can touch the OPPS addenda, the Physician Fee Schedule, Part B ASP pricing, and local coverage policy. Each lives in a different file, format and release cycle.
- **Hidden rules.** Correct answers depend on details an expert knows: locality adjustment for physician payment, weighting averages by their counts, matching drugs across NDC and HCPCS, and which release was in force on a given date.

- **No audit trail.** Spreadsheets built by hand rarely record which file and release a number came from, so budgets and coverage analyses are hard to check or defend.
- **Repeated work.** Each site rebuilds the same lookups for every data release, often in Excel workbooks that break when CMS publishes the next quarter.

In healthcare, the result is slower study start-up, inconsistent budgets and coverage analyses, and time spent finding data rather than using it. The same pattern repeats in any field that runs on published reference data.

What Elessar is

Elessar is a browser-based dashboard builder that sits on top of maintained data libraries. The first library is public CMS and FDA data. Users describe what they need, and Elessar assembles it from the right files with the right rules.

A dashboard in Elessar is a **board** made of three kinds of cards:

Card	What it does	Example
Input	Holds the values a user changes. Accepts several values at once.	HCPCS codes J9271 and 99214, a locality, a hospital
Reference	Shows data that updates automatically when inputs change.	OPPS payment rate, Part B ASP limit, PFS facility and non-facility payment
Tool	User-built logic on top of reference data: calculators, charts, exports.	A per-visit cost calculator, a regression chart, an Excel export

Boards can be saved as templates and reused as data is updated with new releases.

Data libraries: healthcare first

Elessar's first library covers the public healthcare files below. It loads the current release of each and checks for updates on a schedule, so users never download or clean files themselves.

Data set	Publisher	Update check
Physician Fee Schedule (RVUs and GPCIs)	CMS	Weekly check for the quarterly file

Data set	Publisher	Update check
OPPS addenda (A and B)	CMS	Weekly check for the quarterly file
IPPS and MS-DRG files	CMS	Weekly check for the annual rule
Part B ASP drug pricing	CMS	Weekly check for the quarterly file
NADAC drug pricing	CMS (Medicaid)	Weekly
Part D formularies	CMS	Weekly check
ICD-10-CM and ICD-10-PCS code sets	CMS	Weekly check for the annual release
Medicare Coverage Database (NCDs, LCDs, articles)	CMS	Weekly
NDC directory and drug shortages	FDA (openFDA)	Daily
Drug identifier crosswalk (NDC to HCPCS)	Built by Elessar from ASP and openFDA	With its source files

Every release is checked before it goes live. A new file must pass a row-count comparison with the previous release and a set of known-answer tests, such as the locality-adjusted payment for 99214 in Fairfax, Virginia. A release that fails is quarantined, Elessar keeps serving the previous one, and an alert goes to the Elessar team.

Every answer carries its source. Results show the file name, release, and release date, and IPPS answers name the fiscal year and link to that year's CMS page.

Built to grow beyond healthcare. Each library is a set of curated tables, a guide to their join keys and rules, and an update job with its own checks. The same pattern can carry the next libraries. Beyond healthcare, any published data set that teams look up again and again. Users can already bring their own files, in any field.

How it works

A user goes from question to working dashboard in four steps, with or without writing a prompt.

1. **Ask or pick.** Type a question in plain English, or use the guided builder: choose one or more data sets, choose the variables, and state the outcome wanted.
2. **Build the board.** Elessar creates an input card for each variable and a reference card for each data set. Variables the data sets share are picked once, so one HCPCS input can drive OPPS, ASP and Physician Fee Schedule cards together, or one combined card with columns from all three.
3. **Refine.** Add or remove columns, feed one card's values into another (for example, the APC code from an OPPS card into Addendum A), add Tool cards, and chart any card with Excel-style options, including trendlines and regression output.
4. **Reuse and share.** Save the board as a template, export it to Excel, or call the same data from Claude, ChatGPT or Gemini through the Elessar connector.

Under the hood, Elessar writes read-only queries against the loaded data and applies standing rules: weight averages by their counts, group by IDs such as CCN, NPI and NDC rather than names, and adjust physician payment by Medicare locality. When a user picks columns directly, Elessar writes the query itself with no AI step.

Your own data, kept in your browser. Users can add spreadsheets and CSV files to build boards on their own data. The files stay in the browser; only column names, types and a few sample category values are sent to the AI to write the query.

Trust, privacy and security

Elessar is built to be checked, not taken on faith, and it never needs patient data.

- **Public data only.** Elessar's maintained data is published CMS and FDA files. It does not ask for, store or process protected health information (PHI).
- **Uploads stay local.** Files a user adds stay in that user's browser. They are not uploaded to Elessar's servers.
- **Read-only queries.** Queries can read the loaded tables but cannot change them, and they run under cost and row limits.
- **Sign-in during beta.** The beta requires an invited, signed-in account, with a daily limit on AI requests per user.
- **AI with guardrails.** AI writes and explains queries, but automatic checks review each query before it runs, and every answer shows the query and its sources so a user can verify it.

- **Not a compliance decision.** Elessar reports data from published files. It does not decide coverage, make decisions on the data, or offer any interpretations beyond what the data states.

Shared templates, when they open, will require authors to confirm that a template holds no PHI and no proprietary data.

Who it is for

Elessar's first users are research finance and revenue cycle teams at academic medical centers and research sites, where the healthcare library fits best.

User	Typical use
Coverage analysts	Look up NCDs, LCDs and articles for every procedure in a protocol, with payment rates beside them
Research budget and contract staff	Price every billable item at the site's locality and build a defensible per-patient budget
Revenue cycle and charge capture teams	Compare OPPS, Physician Fee Schedule and ASP rates for the same codes across quarters
Pharmacy and drug pricing analysts	Match NDCs to HCPCS codes and compare ASP, NADAC and shortage status
Sponsors and CROs	Check site budgets against public Medicare benchmarks

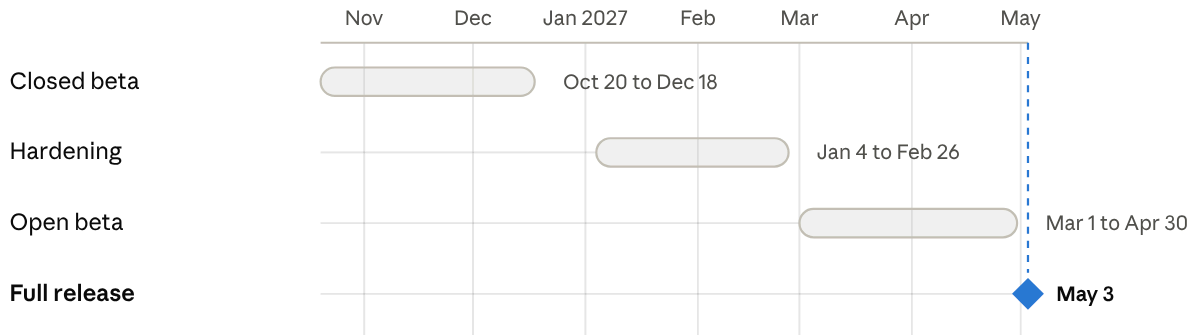
The common thread is a user who knows the field but should not have to be a data engineer to get a sourced answer. As new libraries are added, that reaches well beyond healthcare: finance, operations, policy and any team that works from published reference data.

Path to full release

Elessar targets full release on May 3, 2027, after closed beta, hardening, and open beta. These dates are a working plan and will move with what the beta teaches us.

Elessar reaches full release in May 2027 after three phases

Working plan, October 2026 to May 2027



Elessar release timeline · 3 phases, 1 launch date

Each phase ends at a gate, and the next phase starts only when the gate's criteria are met.

- **Closed beta (now to Dec 18, 2026).** Invited testers build real dashboards for active studies. Shared Templates stays off. Gate: [target number] active testers, core data sets verified against known answers, and the top issues logged and ranked.
- **Hardening (Jan 4 to Feb 26, 2027).** Per-user accounts and connector keys replace the shared beta key. Terms of use and a privacy policy are published. Gate: an automated PHI check for shared templates, faster AI-built cards (40 to 150 seconds each today), and a security review passed.
- **Open beta (Mar 1 to Apr 30, 2027).** Self-serve sign-up opens and Shared Templates turns on, ranked by upvotes. Gate: a pricing test for the limited paywall and a support process in place.
- **Full release (May 3, 2027).** Paid plans go live. After full release, new data libraries are added one at a time, each with its own update checks.

About MediCove LLC

MediCove LLC builds and manages Elessar, alongside consulting on AI integration and AI governance for clinical research sites. MediCove was founded by Steven Sands, CPC, CPCO, who has worked independently since 2021 on clinical trial start-up, coverage analysis and budget development. He is the author of the CITI Program course *Artificial Intelligence and the Medicare Coverage Analysis* and is completing a master's degree in Artificial Intelligence Management at Georgetown University.

- Website: medicove.net

- Elessar beta: elessar.medicove.net
- Contact: ssands@medicove.net