ENHANCED LEADS AND APPOINTMENT SYSTEM (ELAS) PROJECT

SCREEN PACKAGE

Table of Contents

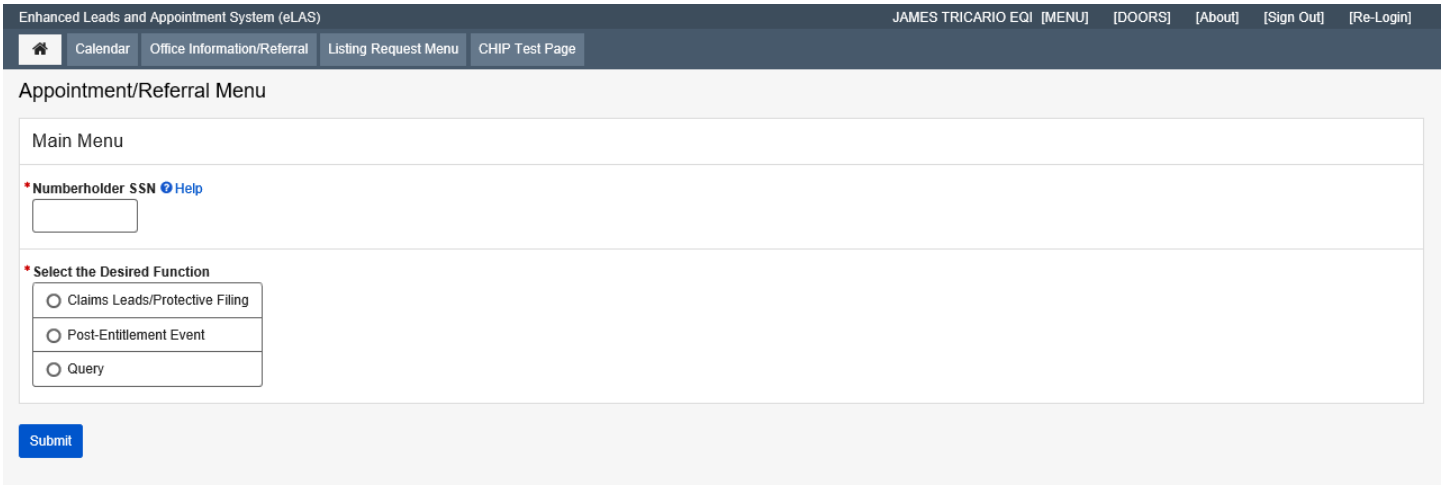
Introduction:

For your information, the screens below show the legacy system (in black background) along with the proposed web-based screens (in white background).

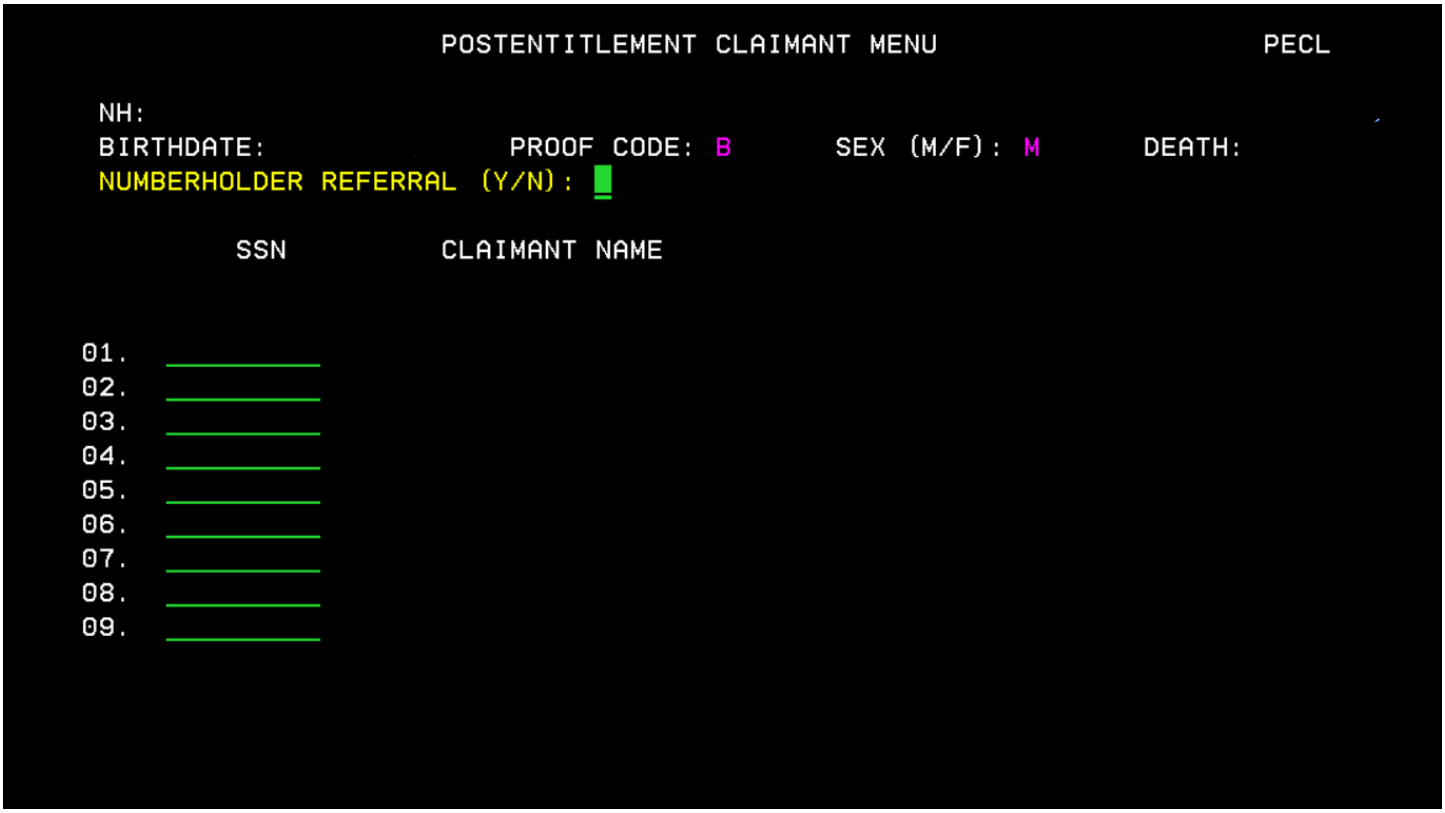
Appointment/Referral Menu Page

```
800#                    APPOINTMENT/REFERRAL MENU                    800S

 ZIP CODE: _____   OFFICE CODE: ___ CITY/STATE: ____________________ __

 NH SSN:

 MODE: 1            1.  ESTABLISH    2.  UPDATE       3.  QUERY

 SELECT THE DESIRED FUNCTION: 4
                     1. ADMINISTRATIVE MESSAGE
                     2. OFFICE INFORMATION/REFERRAL
                     3. EVENT - CLAIMS LEADS/PROTECTIVE FILING
                     4. EVENT - POSTENTITLEMENT
                     5. QUERY
                     6. DEVELOPMENT MENU - CLAIMS LEADS
                     7. DEVELOPMENT MENU - POSTENTITLEMENT
                     8. DELETION CLAIMS LEADS
                     9. DELETION POSTENTITLEMENT
                    10. APPOINTMENT CALENDAR MENU - CLAIMS LEADS
                    11. APPOINTMENT CALENDAR MENU - POSTENTITLEMENT
                    12. LISTING REQUEST MENU
```

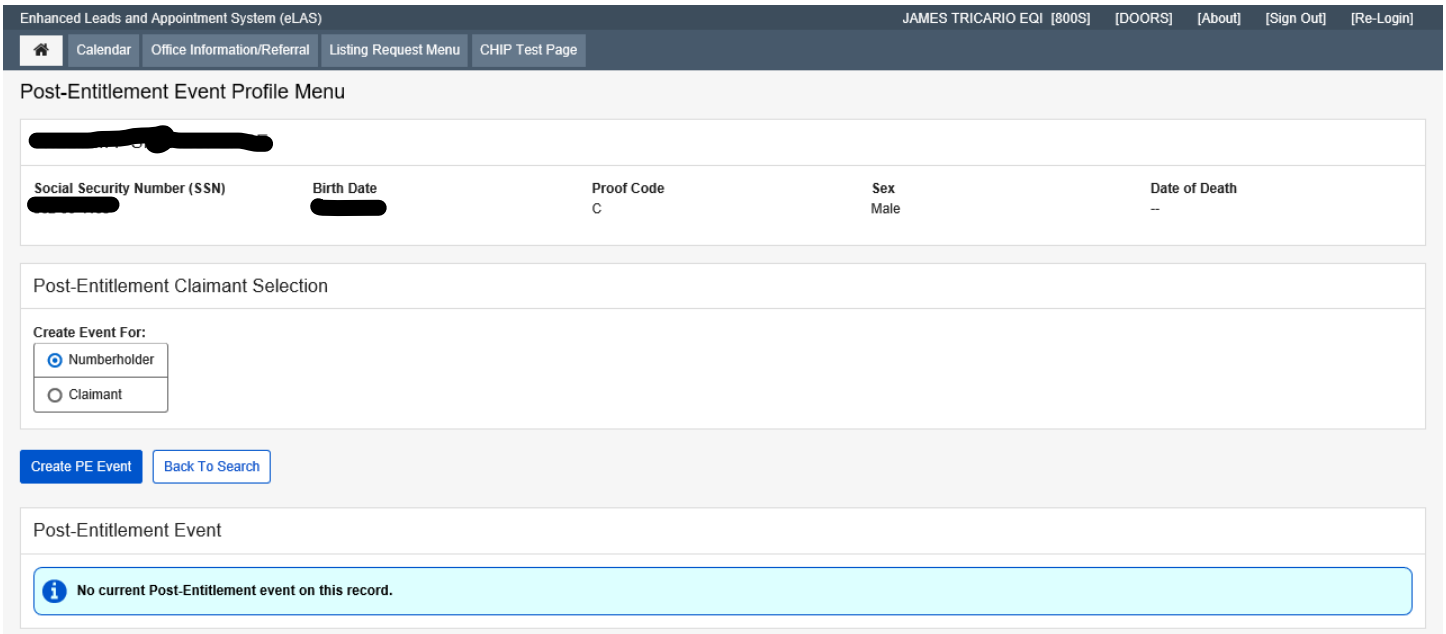
Appointment/Referral Menu Screen



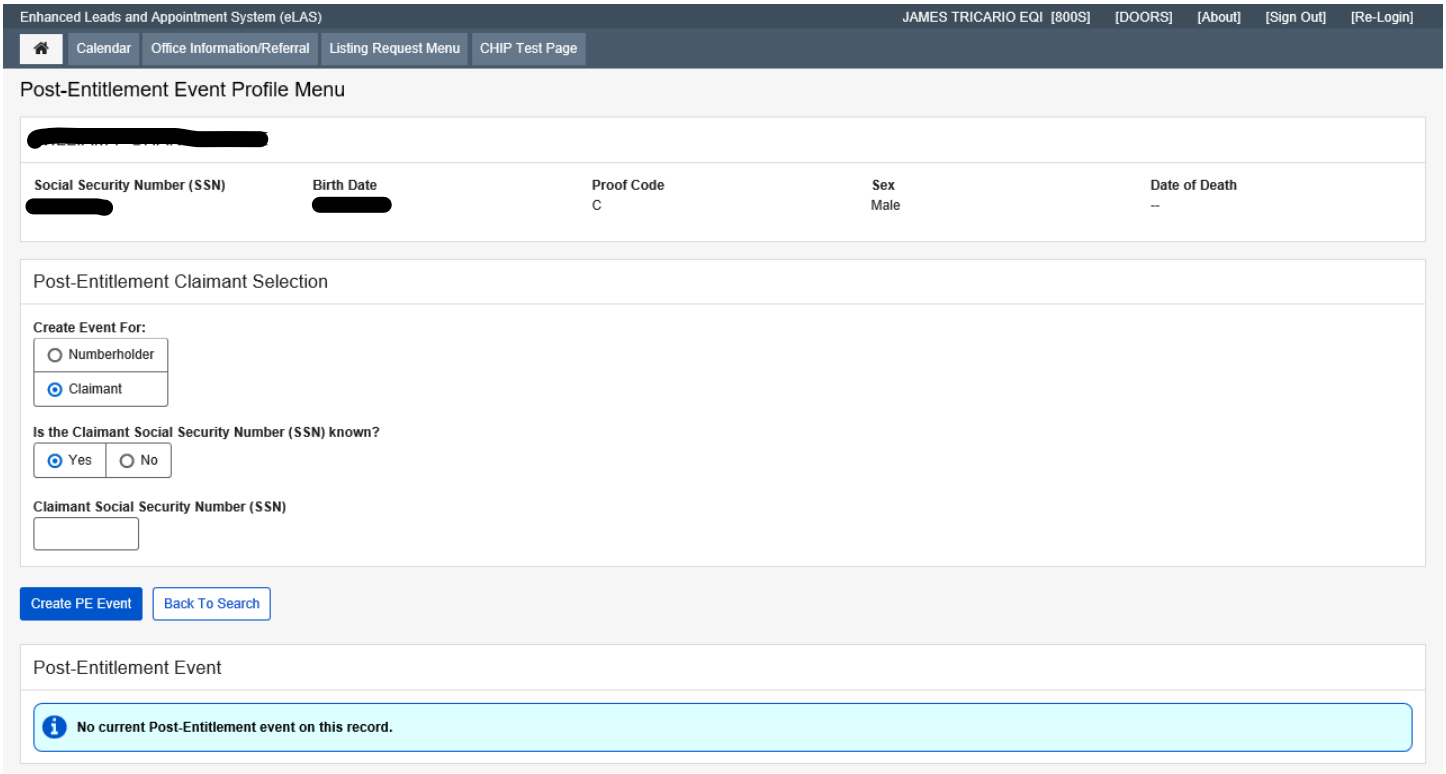
Postentitlement Claimant Menu Page



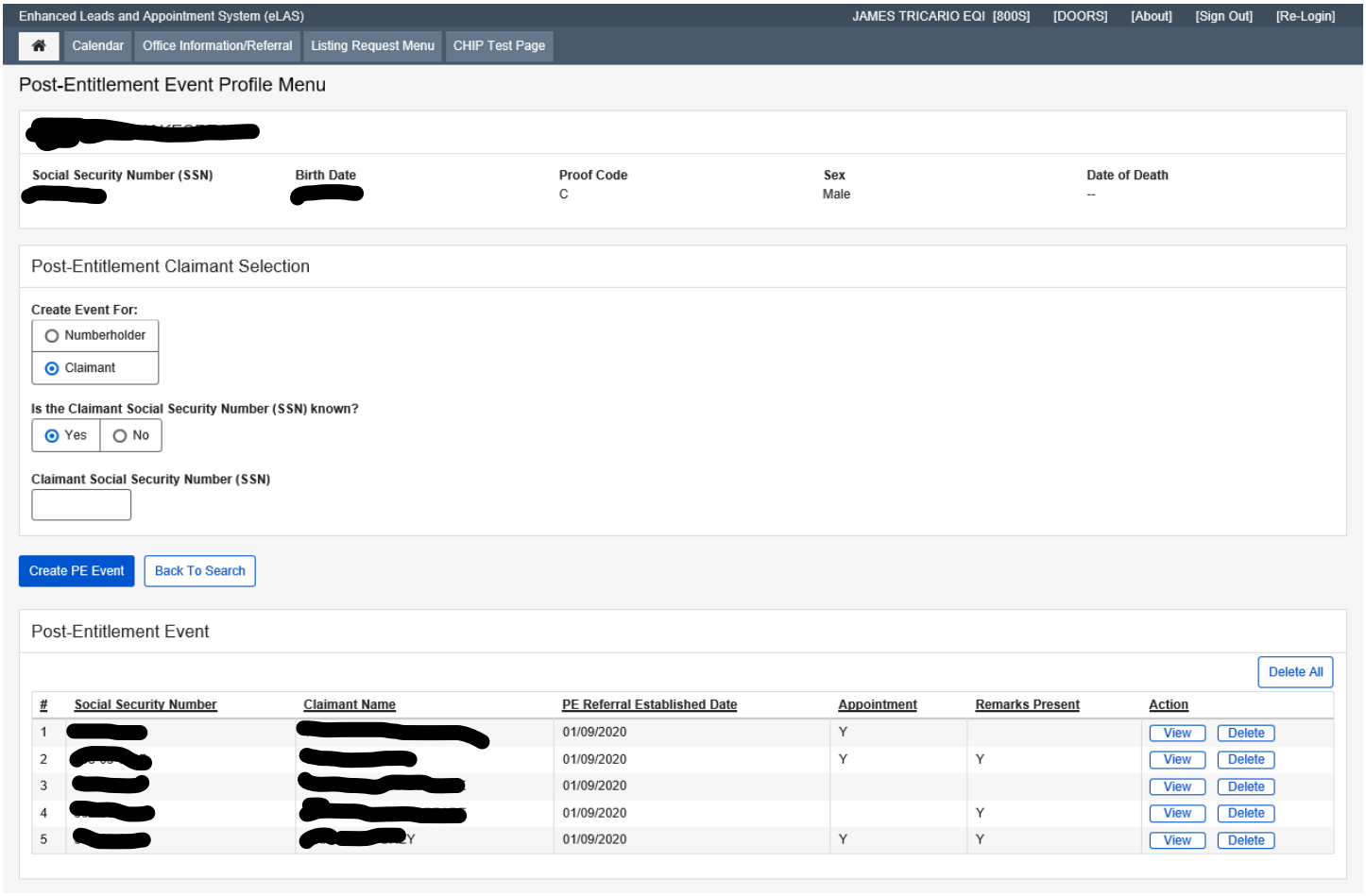
Postentitlement Event Profile Menu Screen



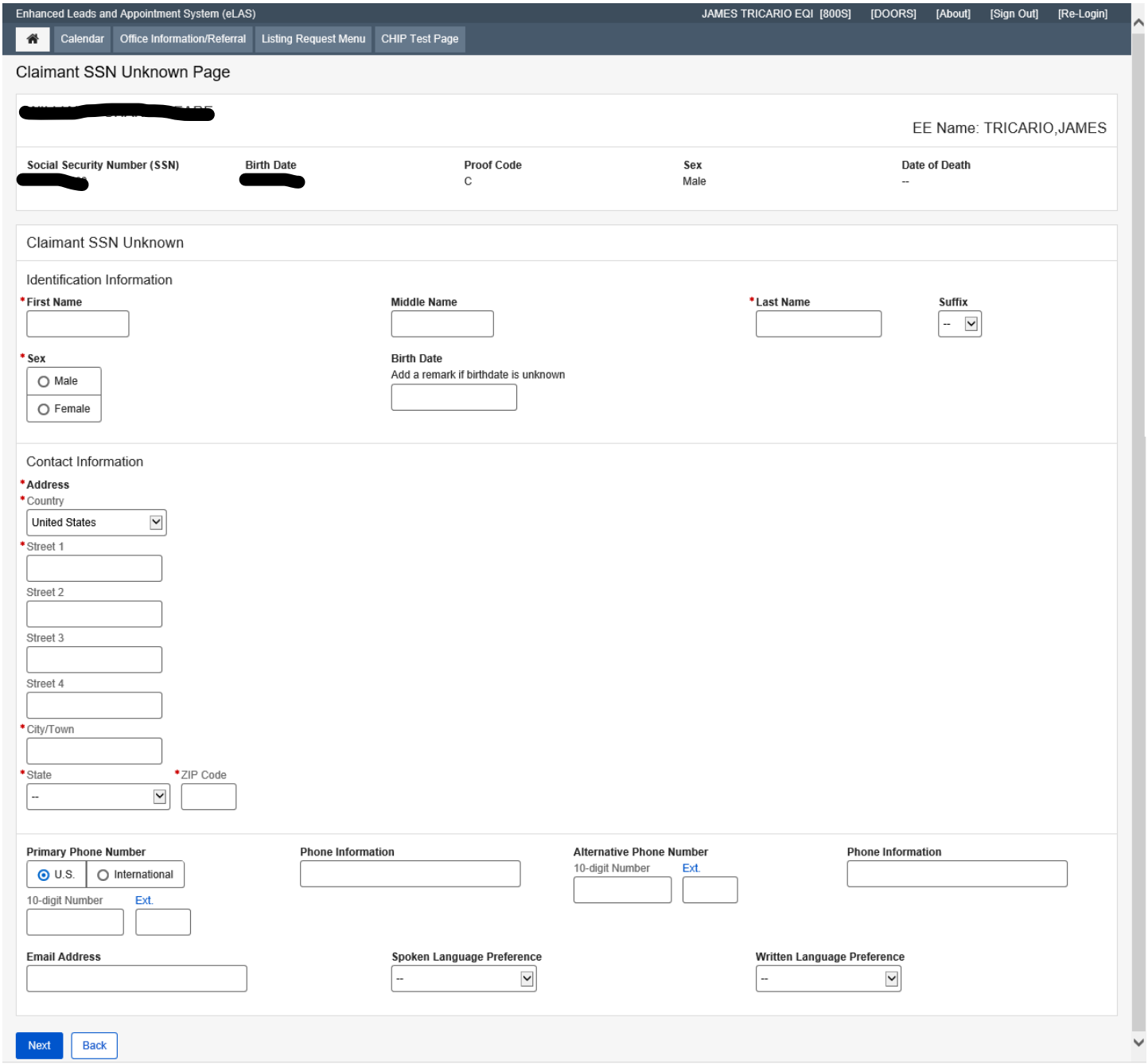
Profile Screen



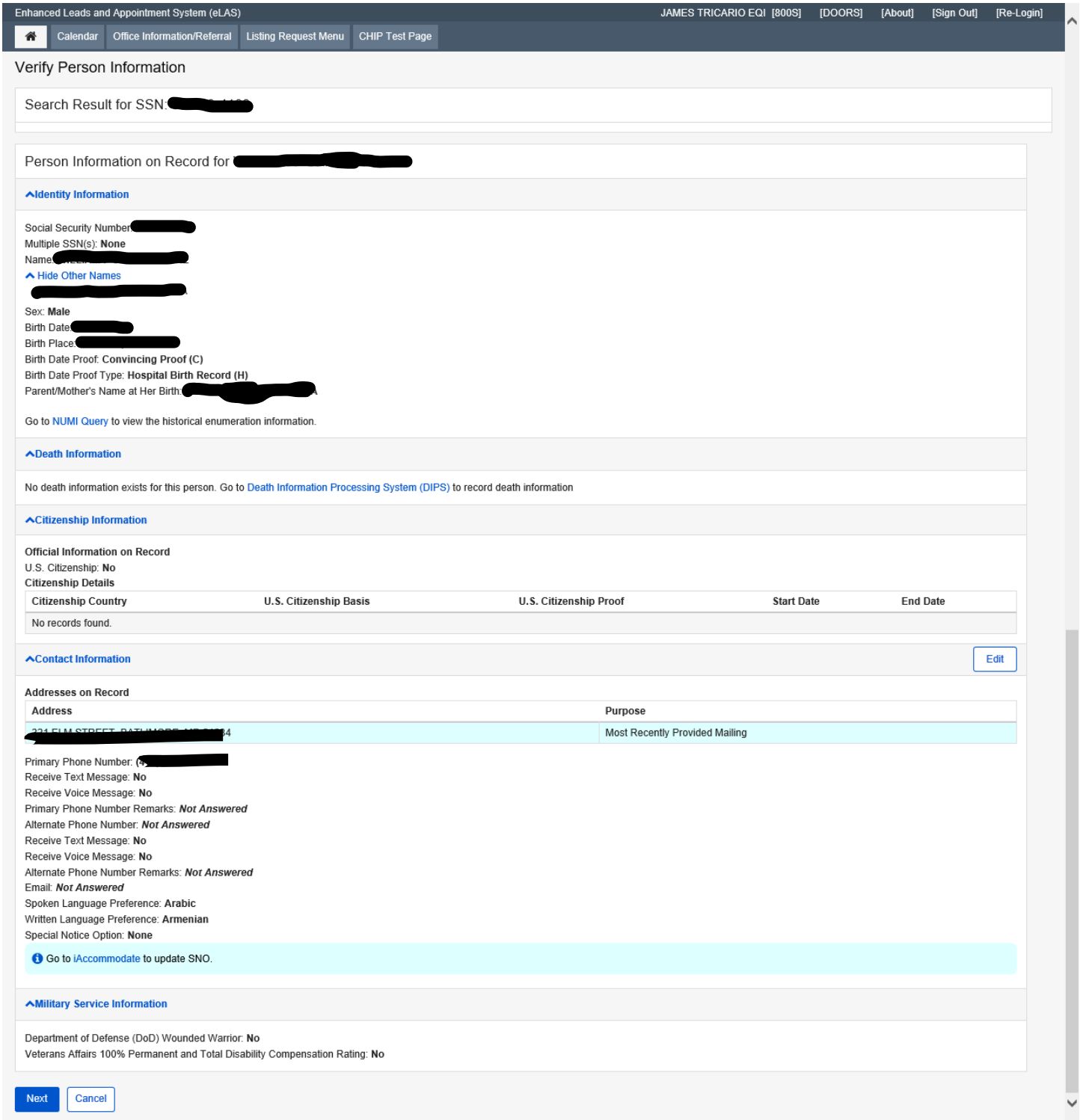
Profile Page – Extended View



Claimant Unknown Screen



Verify Person Information Screen



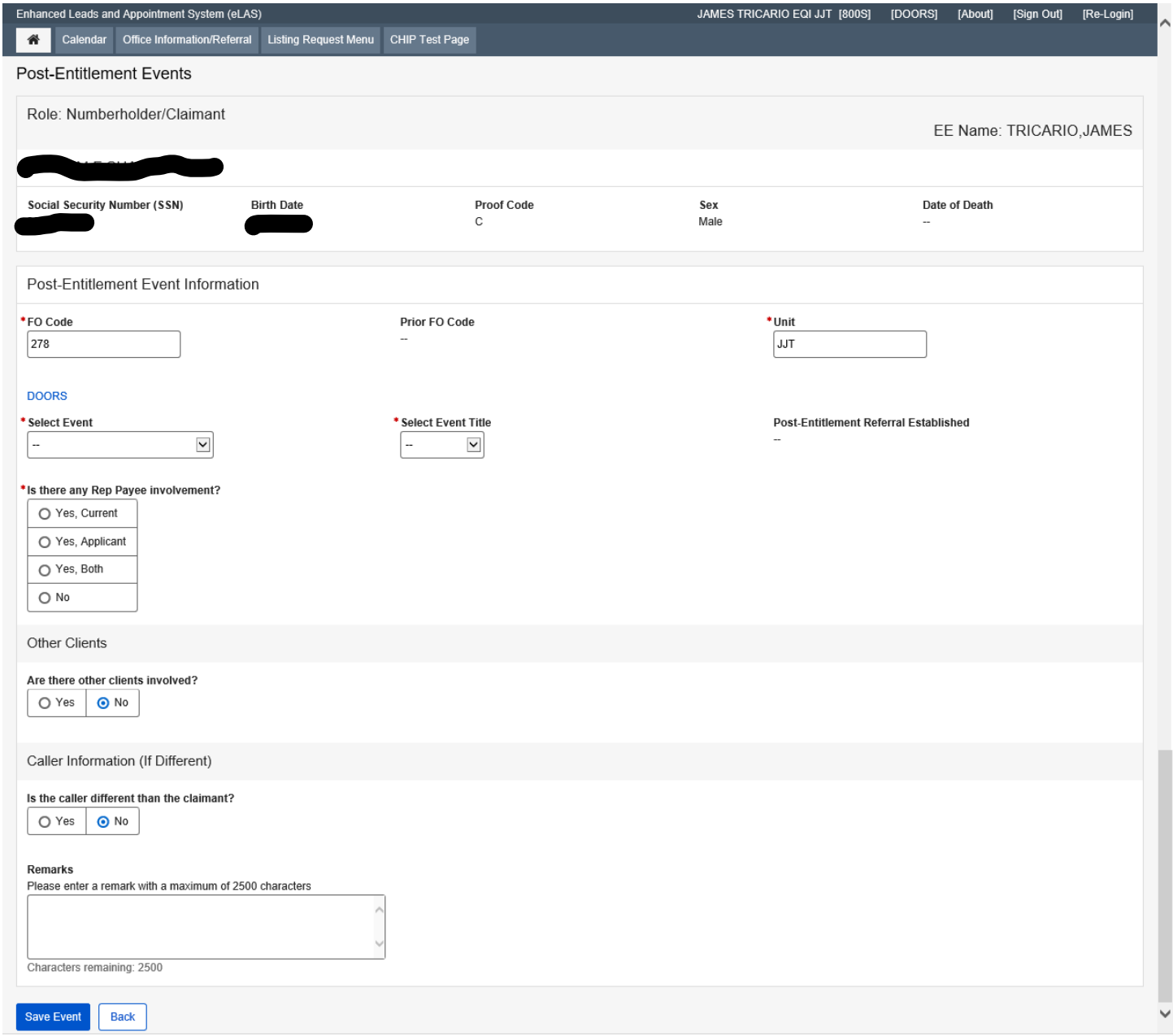
Post Entitlement Event Page

```
800#   EE NAME: MALLAIY,      PE IDENTIFICATION                    IDEN

NH:
BIRTHDATE:    PROOF CODE: B   SEX (M/F): M  DEATH (MMDDCCYY):

UNIT:  YM      FO: 224                                    PRIOR FO:
                                          PE REFERRAL ESTABLISHED:
CL:
BIRTHDATE:     PROOF CODE: B   SEX (M/F): M  DEATH (MMDDCCYY):
ADDRESS:       123

CITY:          ERGERGE          STATE: MD      ZIP:  21043
COUNTRY:                        POSTAL ZONE:
PHONE:                 EXT:     FOREIGN PHONE:
INFORMATION:

CALLER (IF DIFFERENT)
  NAME:
  RELATIONSHIP TO CLAIMANT:
  PHONE:               EXT:     FOREIGN PHONE:
INFORMATION:
```

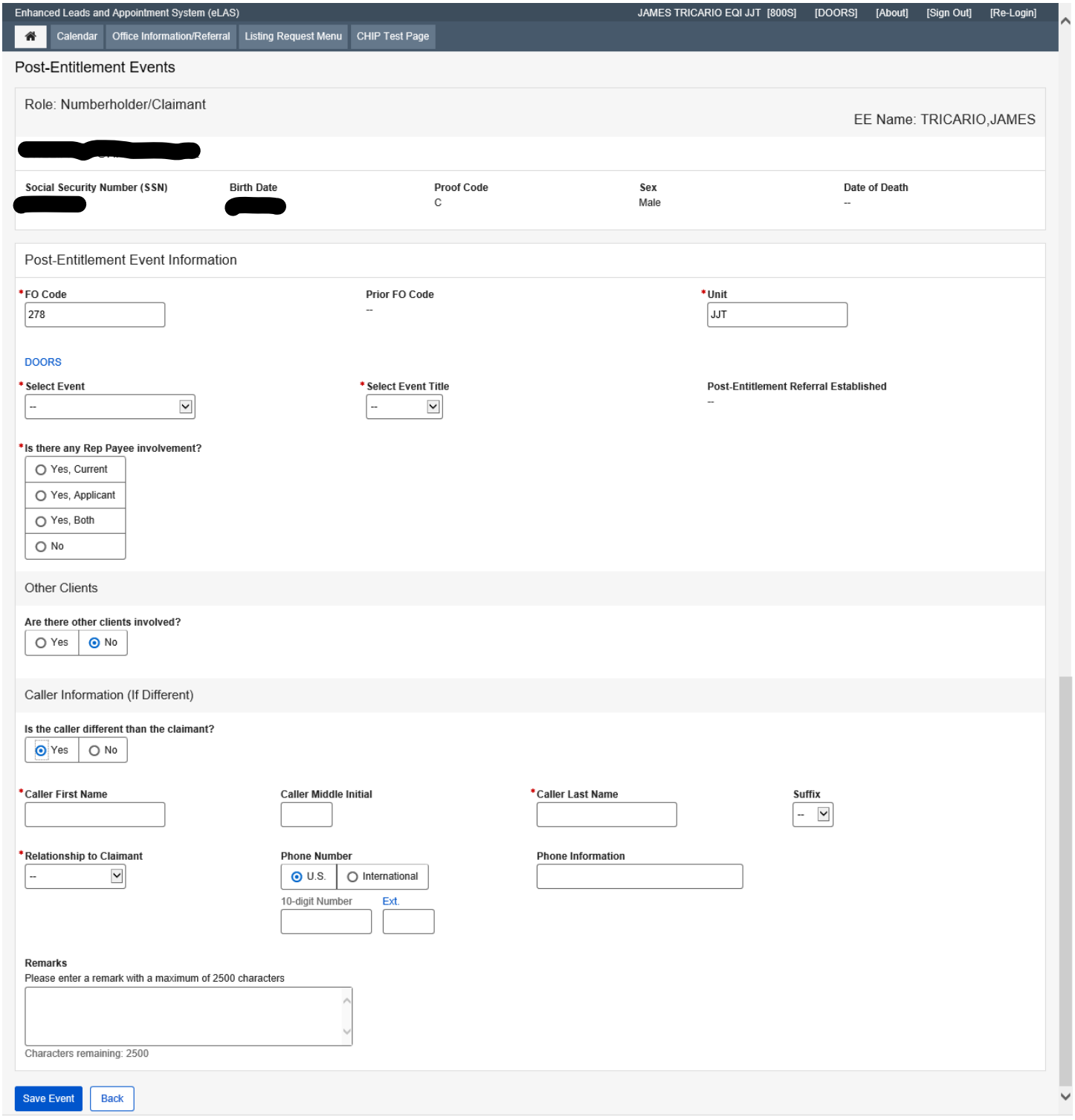
Post Entitlement Event Data Page

```
800#                          PE EVENT DATA                          EVNT

NH:
CL:

*SELECT EVENT: 1      1=SSI REDETERMINATIONS            6=REP PAYEE
                      2=SSI LIMITED ISSUES              7=OVERPAYMENT ISSUES
                      3=SSI LIVING ARRANGEMENT CHANGES  8=OTHER
                      4=WORK CDR                        9=MEDICARE ISSUES
                      5=MEDICAL CDR.

 IF EVENT IS OTHER (SPECIFY):

*SELECT EVENT TITLE: 1
              1=TITLE 2   2=TITLE 16   3=TITLE 2 & 16   4=OTHER   5=TITLE 18.

*LANGUAGE SPOKEN AND WRITTEN IS ENGLISH (Y/N): Y
ARE THERE OTHER CLIENTS INVOLVED (Y/N): y

IF THE EVENT IS REP PAYEE OR IF THERE IS ANY REP PAYEE INVOLVEMENT, ENTER
       CURRENT REP PAYEE     SSN:          OR   ORGANIZATION (Y/N): y
         APPLICANT PAYEE     SSN:          OR   ORGANIZATION (Y/N): N
```

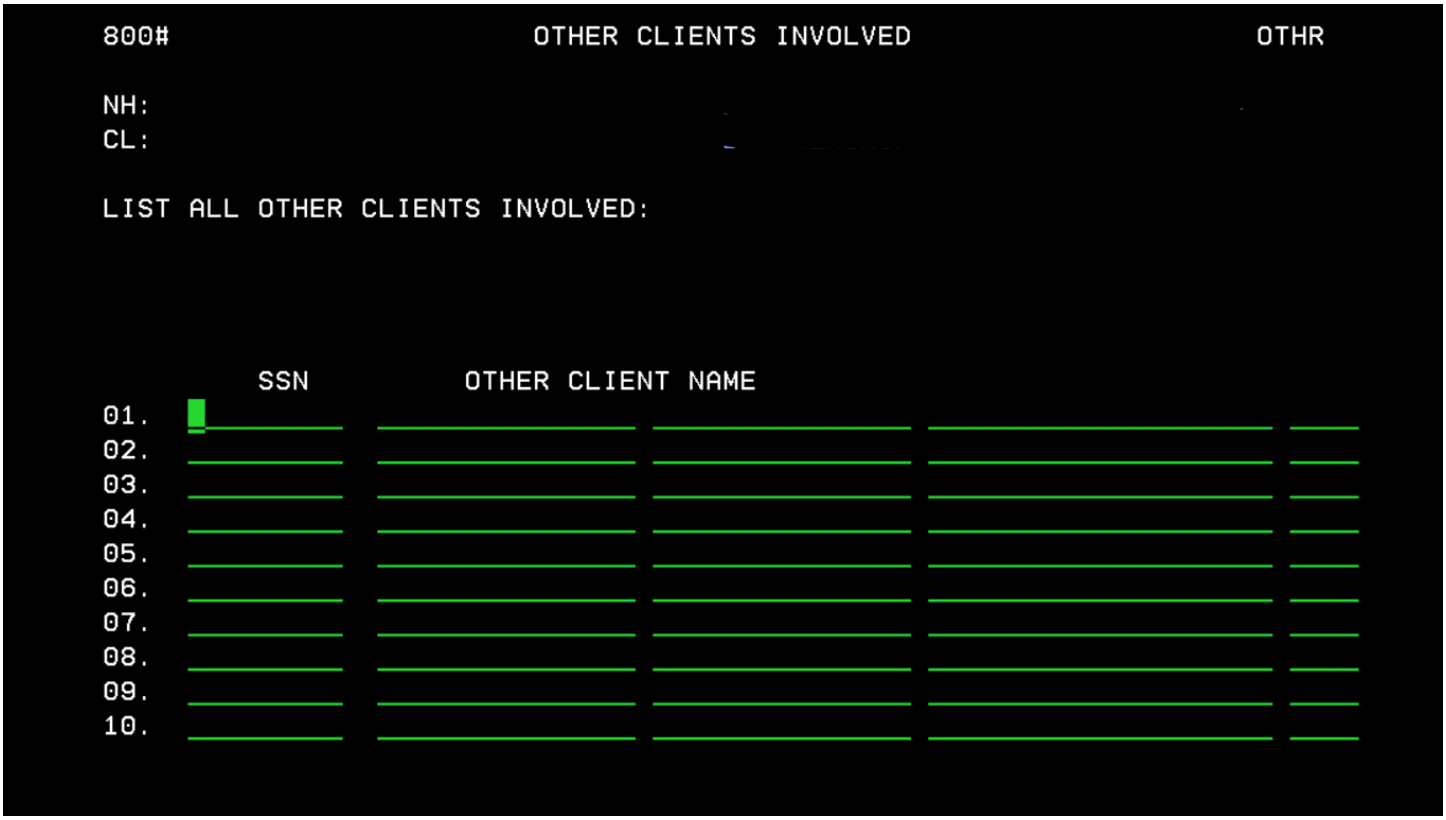
Post Entitlement Events Screen



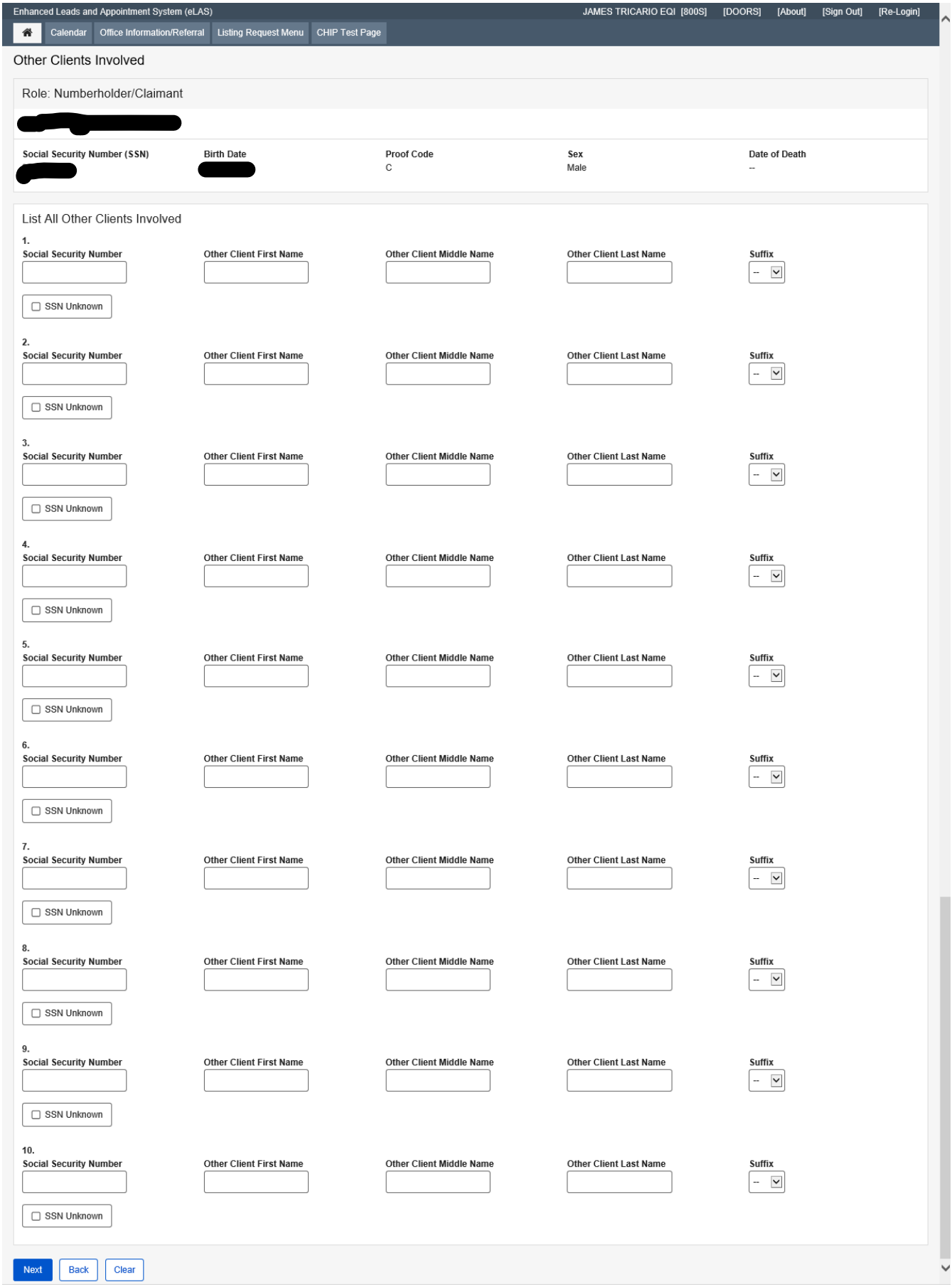
"Is Caller different than claimant" question by default will be "No" but if you select "Yes" then the caller container pops-up prompting information about the caller.



Other Clients Involved Page



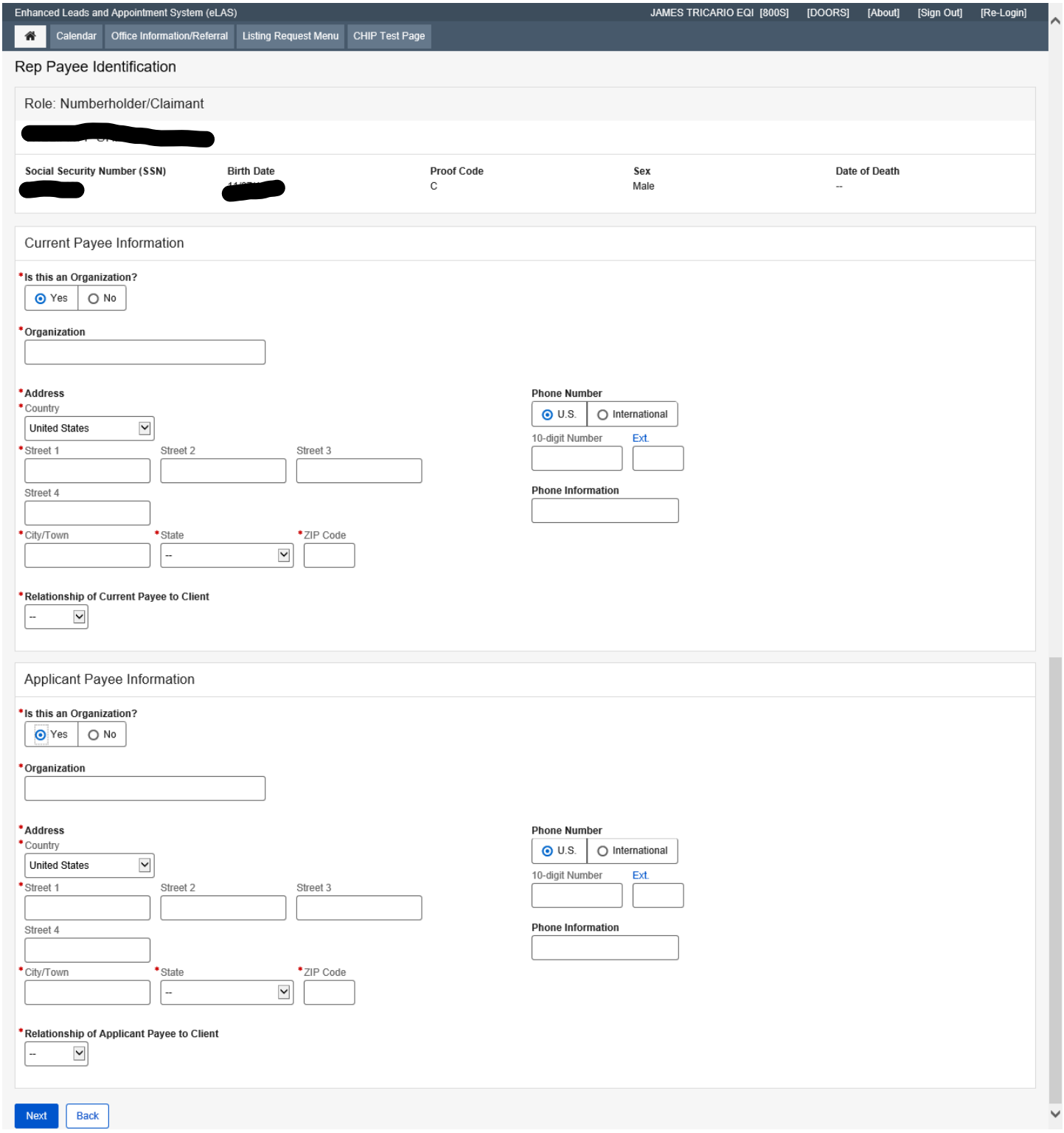
Other Clients Involved Screen



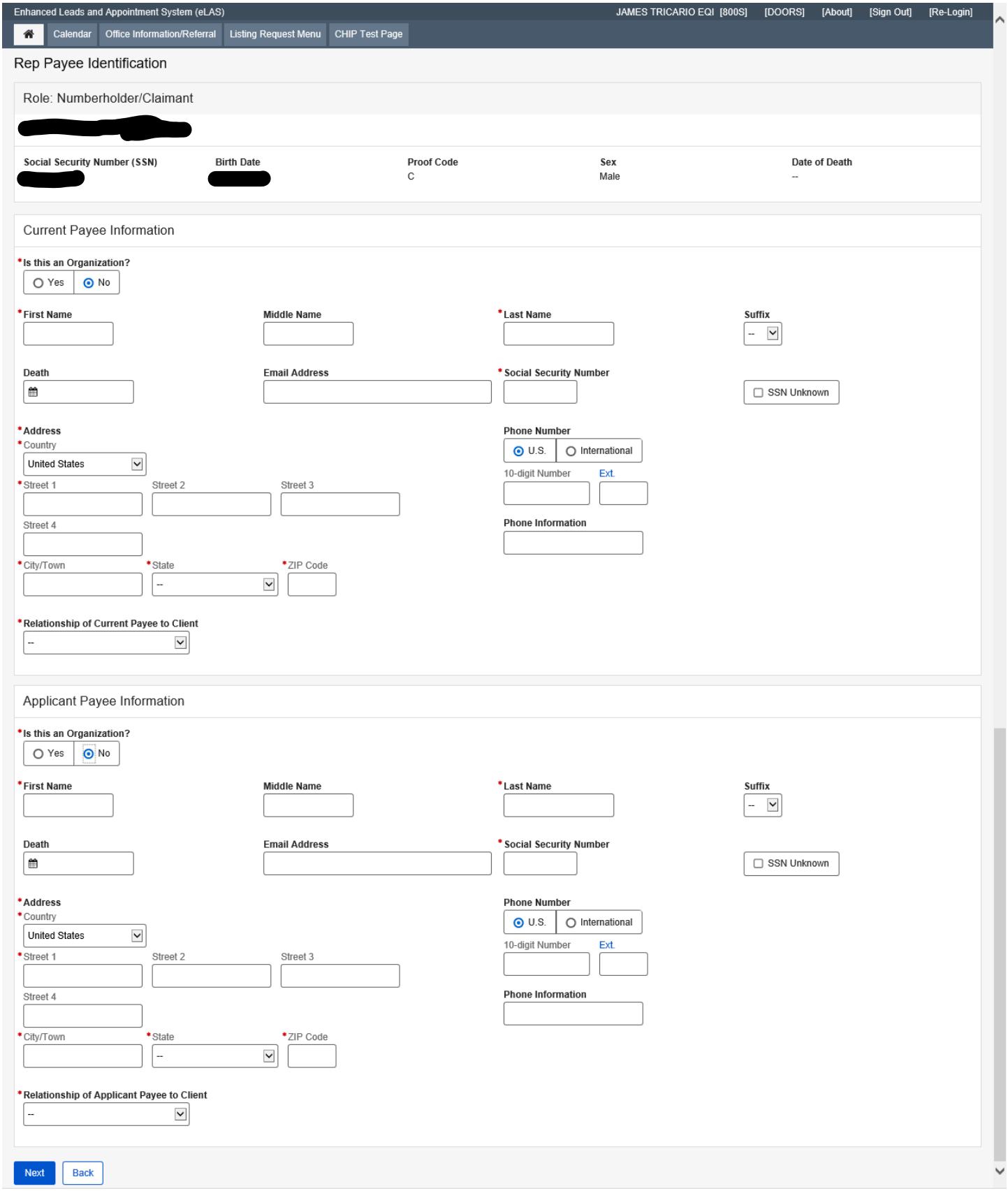
Rep Payee Identification Page

```
800#                    REP PAYEE IDENTIFICATION                    REP1

NH:
CL:

CURRENT PAYEE INFORMATION
NAME: _____ _____ _____ ____
ORGANIZATION: _____                                    DEATH: _____
ADDRESS:      _____ _____
              _____ _____

CITY:         _____ STATE: __   ZIP: _____
COUNTRY:      _____ POSTAL ZONE: _____
PHONE:        ___ ___ ____ EXT: _____ FOREIGN PHONE: _____
INFORMATION:  _____

RELATIONSHIP OF APPLICANT/PAYEE TO CLIENT: __
          01. SELF                                07. SPOUSE
          02. NATURAL OR ADOPTIVE FATHER          08. STEPFATHER
          03. NATURAL OR ADOPTIVE MOTHER          09. STEPMOTHER
          04. NATURAL OR ADOPTIVE CHILD/STEPCHILD 10. GRANDPARENT
          05. OTHER RELATIVE: _____               11. ESSENTIAL PERSON
          06. OTHER: _____                        12. INSTITUTION
```

Rep Payee Identification Screen – Organization(s)



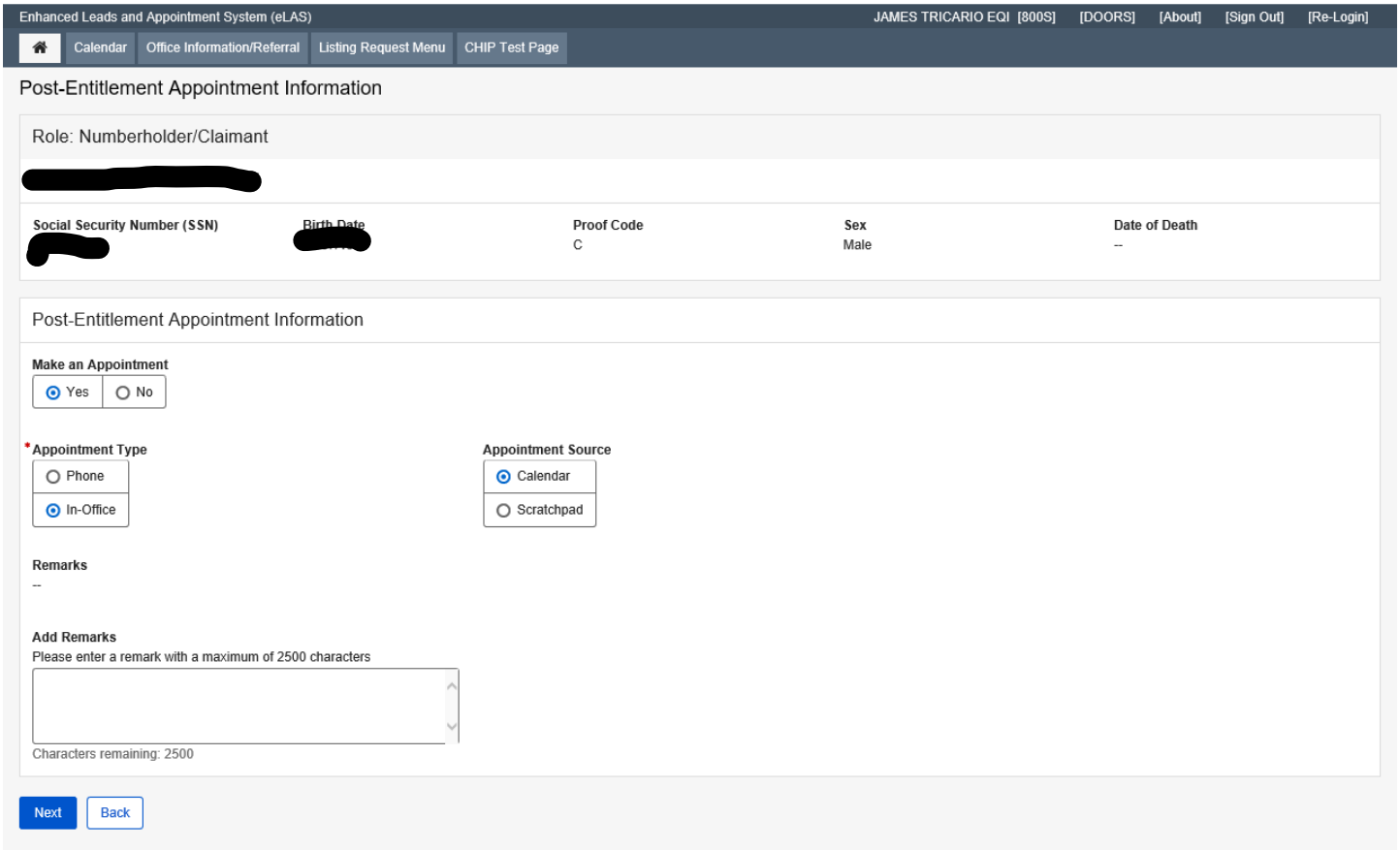
Rep Payee Identification Screen – Individual(s)



Post Entitlement Appointment Information Page

```
800#                    PE APPOINTMENT INFORMATION                      APPE

NH:
CL:

CURRENT APPOINTMENT            MISSED (Y/N):
   DATE:          TIME:                  TYPE:       SOURCE:
PRIOR APPOINTMENT              REASON APPOINTMENT CHANGED:
   DATE:          TIME:                              SOURCE:
APPOINTMENT CHANGED BY CLIENT:                 APPOINTMENT CHANGED BY SSA:

   APPOINTMENT: _    1. MAKE        2. RESCHEDULE  3. CANCEL
          TYPE: _    1. TELEPHONE   2. IN-OFFICE
        SOURCE: _    1. CALENDAR    2. FO-SCRATCHPAD
 APPOINTMENT CHANGE REQUESTED BY:     1. CLIENT  2. SSA


REMARKS:
 _____________________________________________________________________
 _____________________________________________________________________
PRINT REFERRAL (Y/N): Y                          MORE REMARKS (Y/N): N
  PRINT NOTICE (Y/N): Y                  ADD A NEW CLIENT (Y/N): _ _________
```

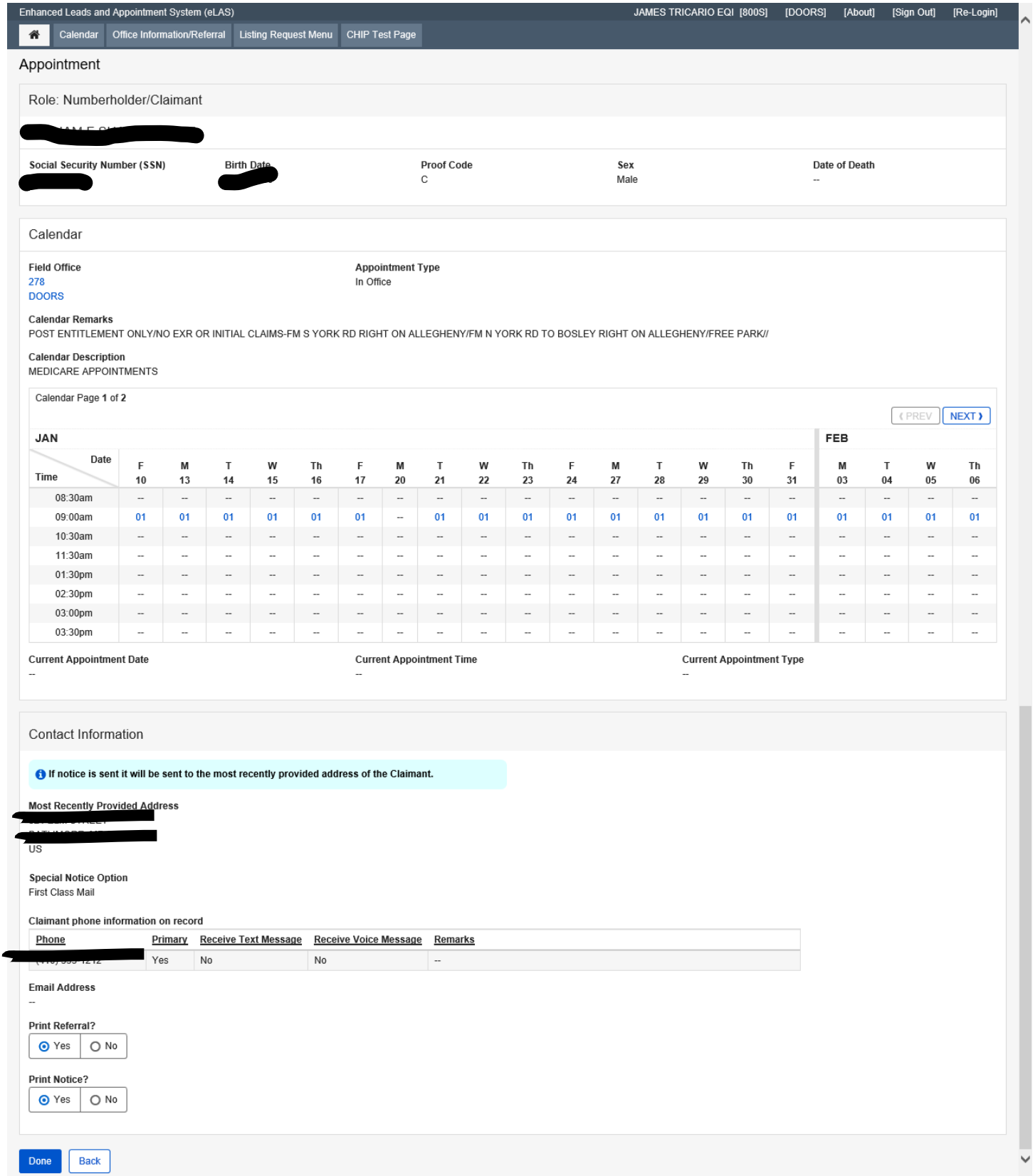
Post Entitlement Appointment Information Screen



Postentitlement Appointment Calendar Page

```
800#                PE APPOINTMENT CALENDAR FOR 224       PAGE 1 OF APPP1
                                                 TIME ZONE:
ADDRESS: SOCIAL SECURITY                      OFFICE HOURS MON:       -
         2-Q-16 OPNS BLDG                                 TUES:       -
         6401 SECURITY BLVD                               WED:       -
                                                          THURS:      -
         BALTIMORE                    MD 21235            FRI:       -

DIRECTIONS: EXIT 17 OFF THE BEAUTIFUL SCENIC BELTWAY - THIS IS NOT A REAL
            OFFICE - MAKE NO APPOINTMENTS **CENTRAL OFFICE TEST SITE**
           WE TH FR MO TU WE TH FR MO TU WE TH FR MO TU WE TH FR MO **  NORMAL
NOV/DEC    28 29 30 03 04 05 06 07 10 11 12 13 14 17 18 19 20 21 24 25  COUNT
TITLE 16 APPOINTMENTS
A  09:15  05 05 05 05 05 05 05 05 05 05 05 05 05 05 05 05 05 05 05 --    05
B  10:30  06 06 06 06 06 06 06 06 06 06 06 06 06 06 06 06 06 06 06 --    06
C  11:27  07 07 07 07 07 07 07 07 07 07 07 07 07 07 07 07 07 07 07 --    07
D  12:30  08 08 08 08 08 08 08 08 08 08 08 08 08 08 08 08 08 08 08 --    08
E  01:30  09 09 09 09 09 09 09 09 09 09 09 09 09 09 09 09 09 09 09 --    09
F  02:30  10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 --    10
G  03:30  20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 --    20
H  04:00  11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 --    11
APPOINTMENT DATE: __          APPOINTMENT TIME: _            NEXT PAGE (Y): Y
```

Postentitlement Appointment Calendar Screen



Enhanced Leads and Appointment System (eLAS) JAMES TRICARIO EQI [800S] [DOORS] [About] [Sign Out] [Re-Login]

Calendar | Office Information/Referral | Listing Request Menu | CHIP Test Page

Appointment

Role: Numberholder/Claimant

[redacted]

Social Security Number (SSN)	Birth Date	Proof Code	Sex	Date of Death
[redacted]	[redacted]	C	Male	--

Calendar

Field Office
278
DOORS

Appointment Type
In Office

Calendar Remarks
POST ENTITLEMENT ONLY/NO EXR OR INITIAL CLAIMS-FM S YORK RD RIGHT ON ALLEGHENY/FM N YORK RD TO BOSLEY RIGHT ON ALLEGHENY/FREE PARK//

Calendar Description
MEDICARE APPOINTMENTS

Calendar Page **1** of **2**

‹ PREV NEXT ›

JAN																	FEB			
Time \ Date	F 10	M 13	T 14	W 15	Th 16	F 17	M 20	T 21	W 22	Th 23	F 24	M 27	T 28	W 29	Th 30	F 31	M 03	T 04	W 05	Th 06
08:30am	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
09:00am	01	01	01	01	01	01	--	01	01	01	01	01	01	01	01	01	01	01	01	01
10:30am	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
11:30am	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
01:30pm	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
02:30pm	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
03:00pm	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
03:30pm	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Current Appointment Date
--

Current Appointment Time
--

Current Appointment Type
--

Contact Information

If notice is sent it will be sent to the most recently provided address of the Claimant.

Most Recently Provided Address
[redacted]
US

Special Notice Option
First Class Mail

Claimant phone information on record

Phone	Primary	Receive Text Message	Receive Voice Message	Remarks
[redacted]	Yes	No	No	--

Email Address
--

Print Referral?
(•) Yes ( ) No

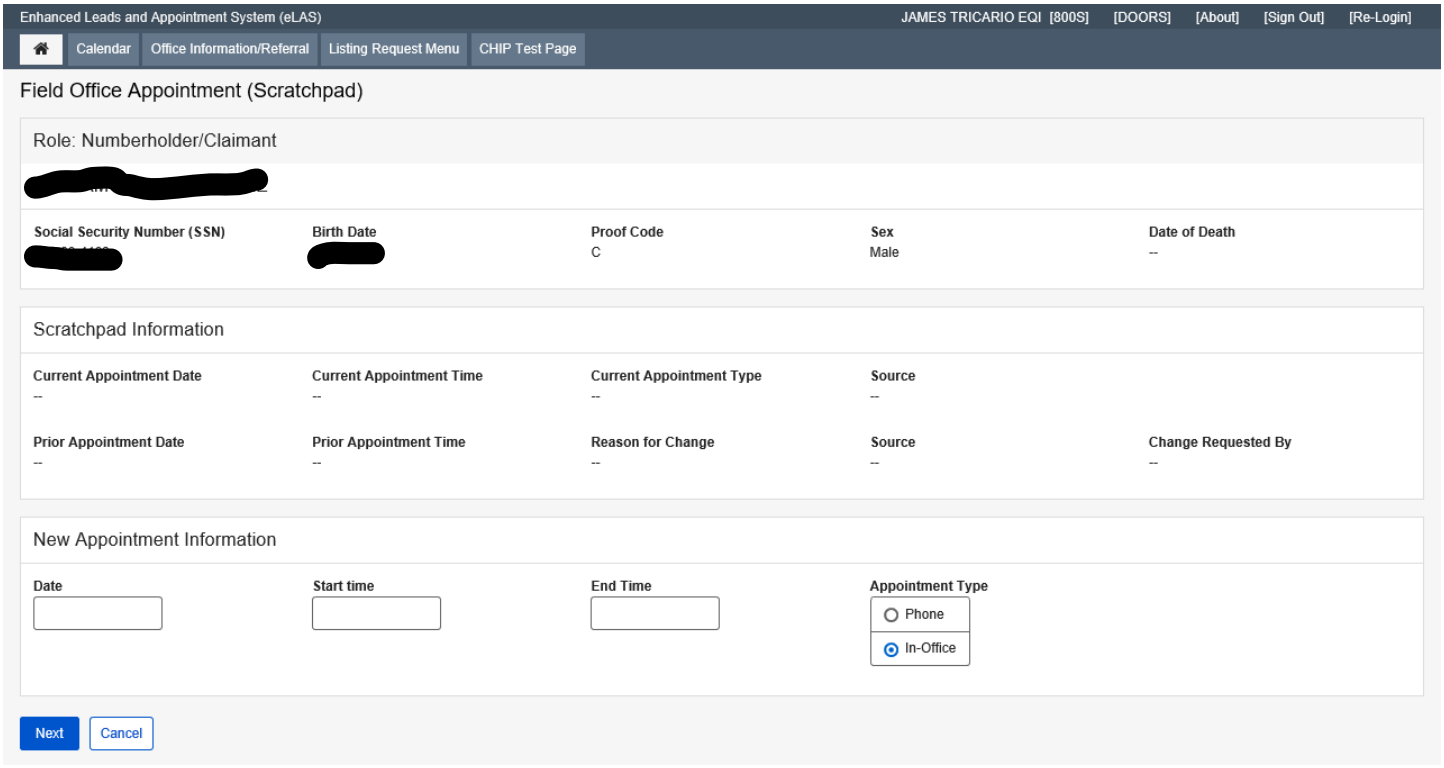
Print Notice?
(•) Yes ( ) No

Done | Back

Field Office Appointment (Scratchpad) Page

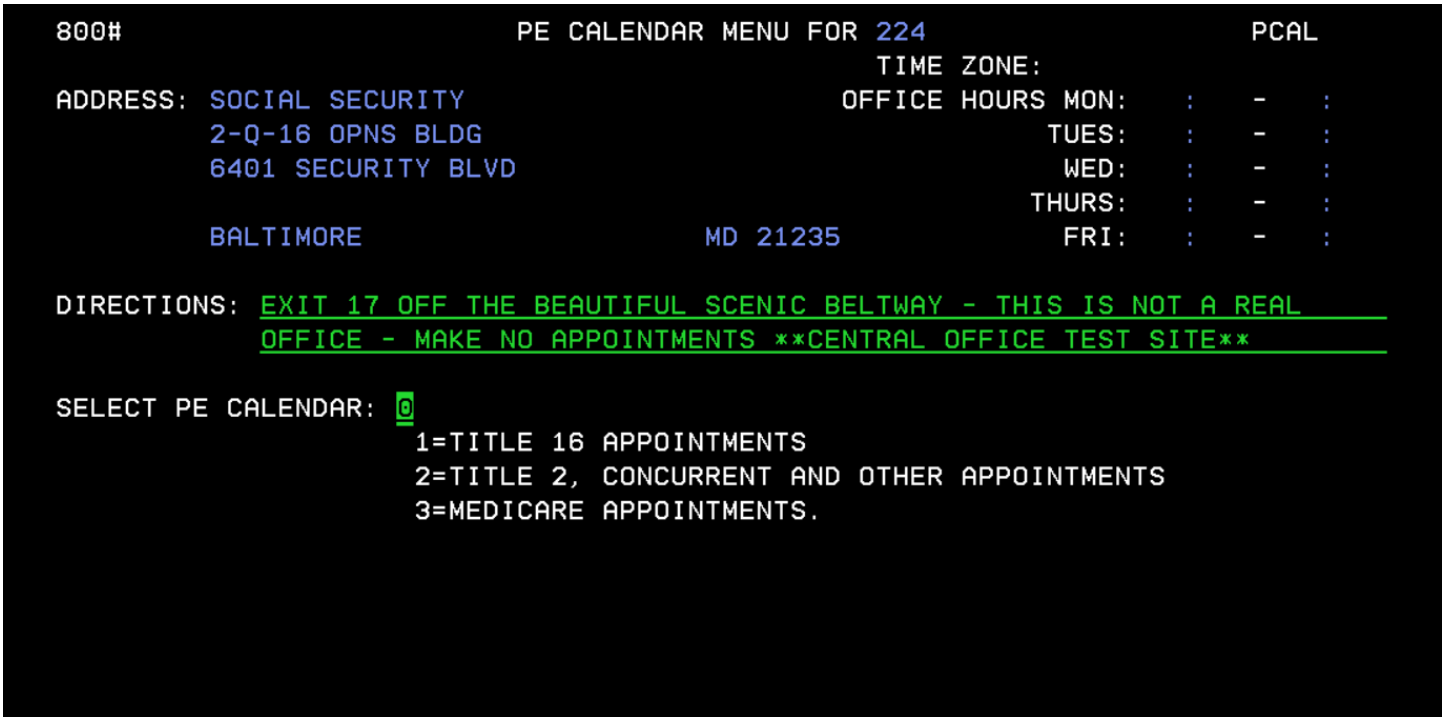
```
800#                          FO APPOINTMENT                          FOAP

NH:
CL:

CURRENT APPOINTMENT
   DATE:          TIME:                  TYPE:      SOURCE:
PRIOR APPOINTMENT              REASON APPOINTMENT CHANGED:
   DATE:          TIME:                             SOURCE:
APPOINTMENT CHANGED BY CLIENT:                APPOINTMENT CHANGED BY SSA:

NEW APPOINTMENT INFORMATION
        DATE (MMDDYY): _____
   START TIME (HH MM): __ __      END TIME (HH MM): __ __
                TYPE: 2           1. TELEPHONE     2. IN-OFFICE

   APPOINTMENT CHANGE REQUESTED BY:    1. CLIENT  2. SSA
```

Field Office Appointment (Scratchpad) Screen

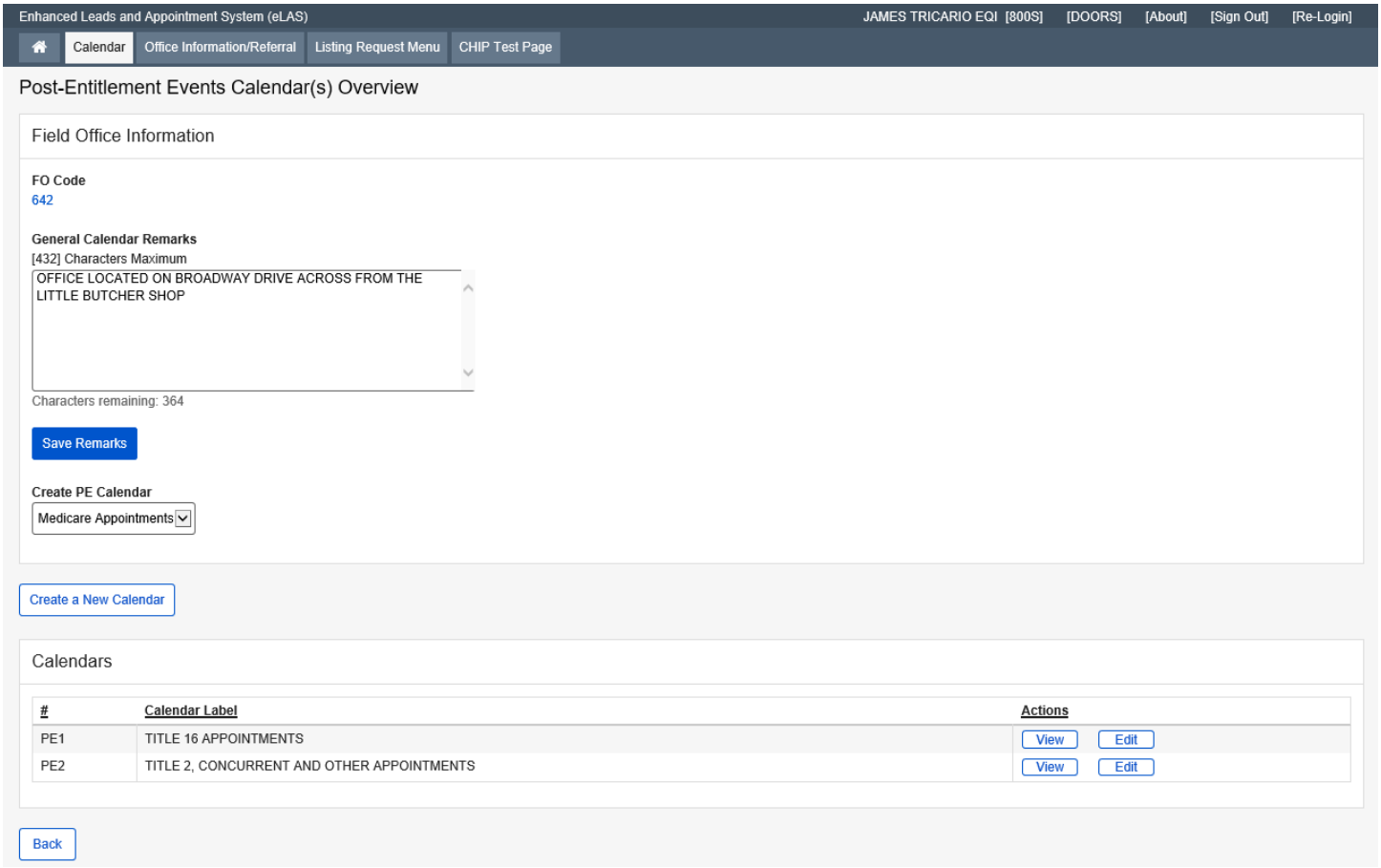


Appointment Calendar Menu Screen

Postentitlement Calendar Menu Page



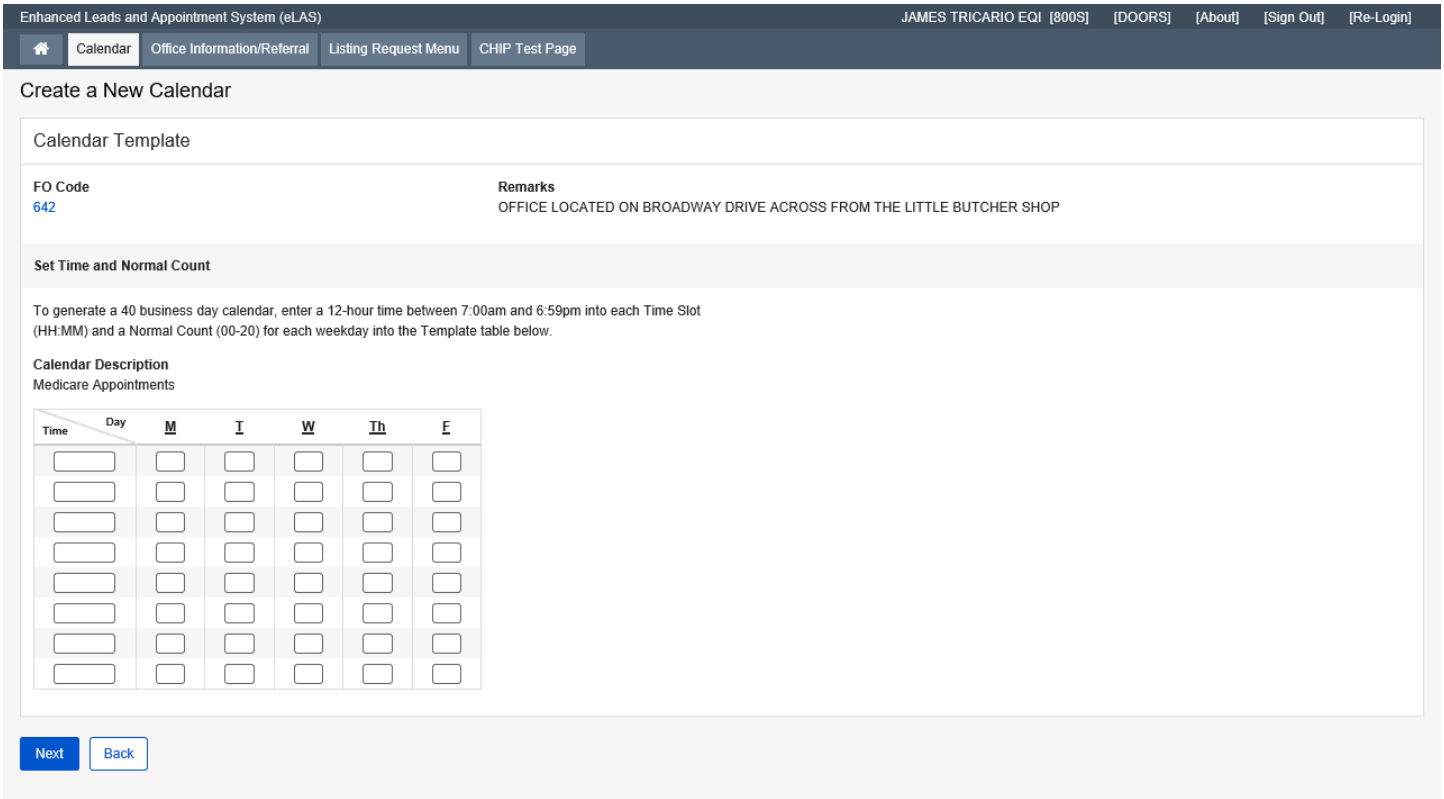
Claims Leads/Protective Filing Calendar(s) Overview Screen



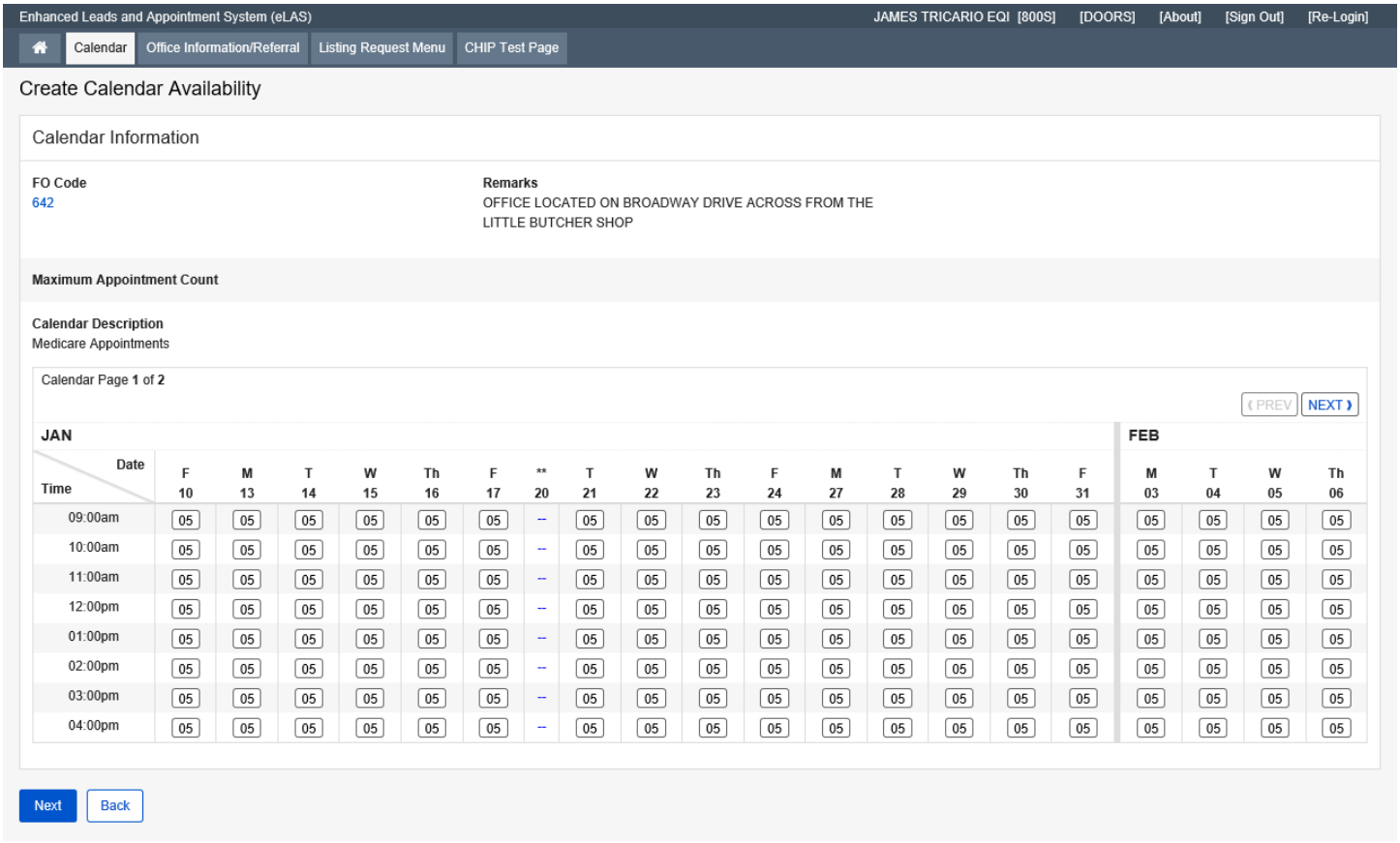
Manager Create New Calendar Page

```
800#                PE APPOINTMENT CALENDAR FOR 224        PAGE 1 OF APPP1
                                                  TIME ZONE:
ADDRESS: SOCIAL SECURITY                    OFFICE HOURS MON:    :    -    :
         2-Q-16 OPNS BLDG                              TUES:    :    -    :
         6401 SECURITY BLVD                             WED:    :    -    :
                                                       THURS:    :    -    :
         BALTIMORE                  MD 21235            FRI:    :    -    :

DIRECTIONS: EXIT 17 OFF THE BEAUTIFUL SCENIC BELTWAY - THIS IS NOT A REAL
            OFFICE - MAKE NO APPOINTMENTS **CENTRAL OFFICE TEST SITE**
          WE TH FR MO TU WE TH FR MO TU WE TH FR MO TU WE TH FR MO **  NORMAL
NOV/DEC   28 29 30 03 04 05 06 07 10 11 12 13 14 17 18 19 20 21 24 25  COUNT
TITLE 16 APPOINTMENTS
A  09:15  05 05 05 05 05 05 05 05 05 05 05 05 05 05 05 05 05 04 05 --    05
B  10:30  06 06 06 06 06 06 06 06 06 06 06 06 06 06 06 06 06 06 06 --    06
C  11:27  07 07 07 07 07 07 07 07 07 07 07 07 07 07 07 07 07 07 07 --    07
D  12:30  08 08 08 08 08 08 08 08 08 08 08 08 08 08 08 08 08 08 08 --    08
E  01:30  09 09 09 09 09 09 09 09 09 09 09 09 09 09 09 09 09 09 09 --    09
F  02:30  10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 --    10
G  03:30  20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 --    20
H  04:00  11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11 --    11
                                                   NEXT PAGE (Y): Y
```

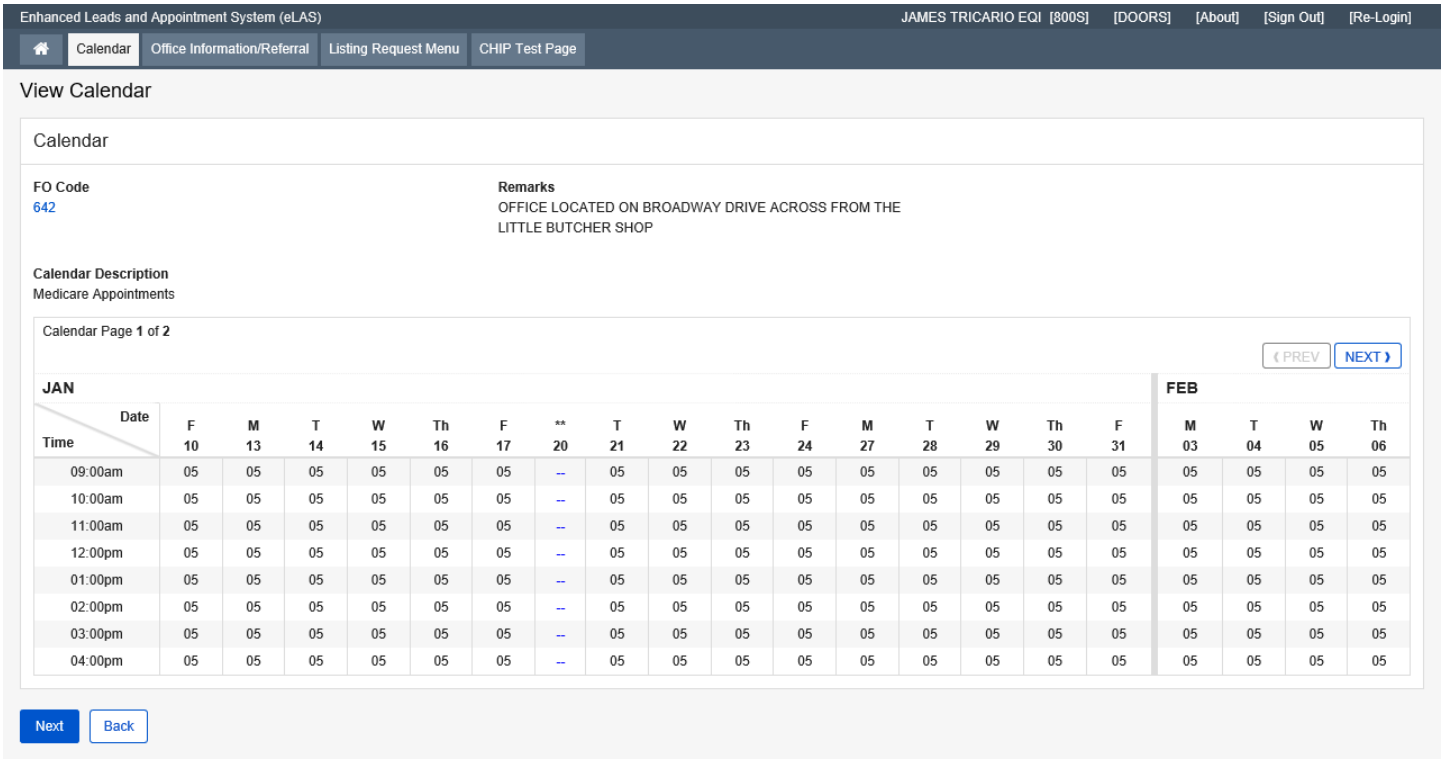
Manager Create New Calendar Screen



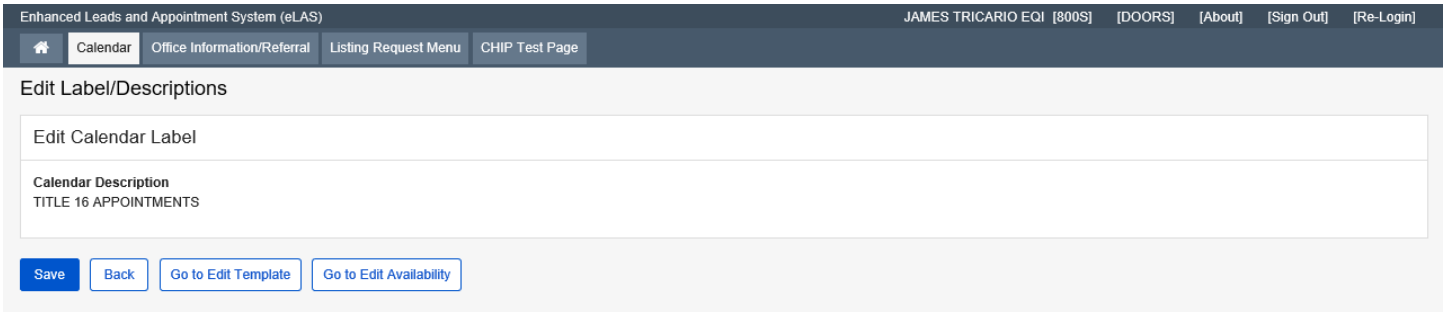
Manager Create New Calendar Screen – Availability



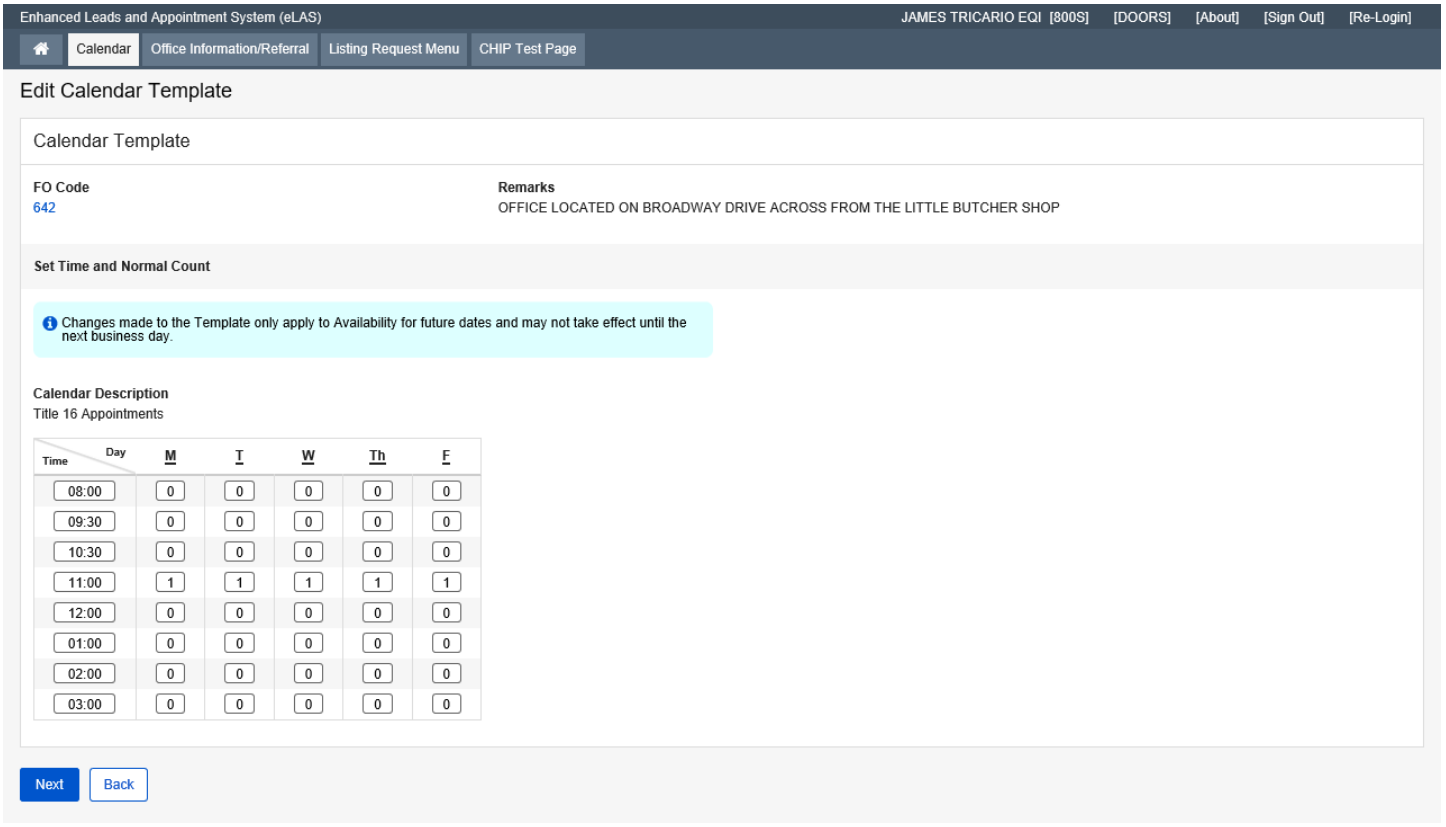
View Calendar Screen



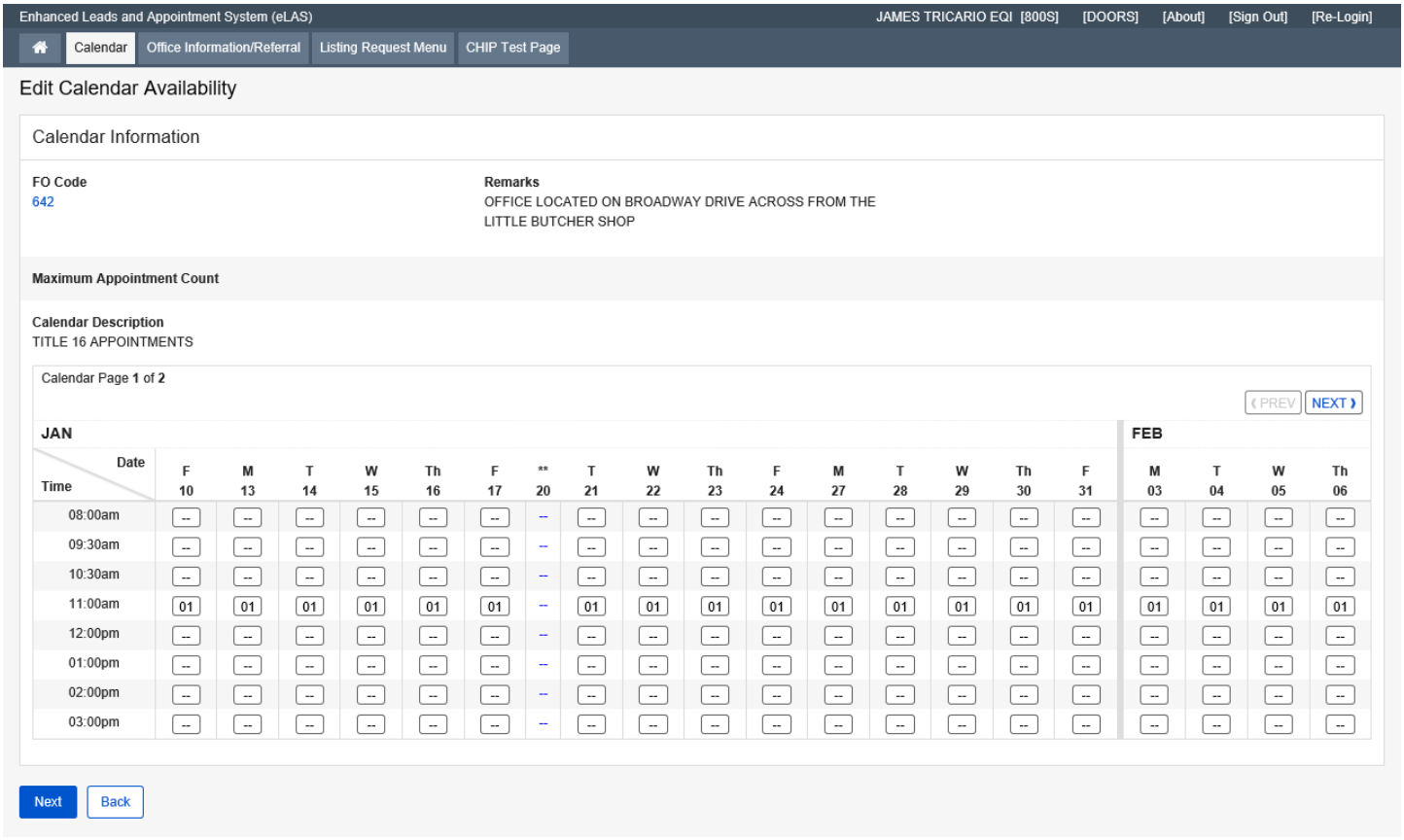
Edit Label/Descriptions Screen



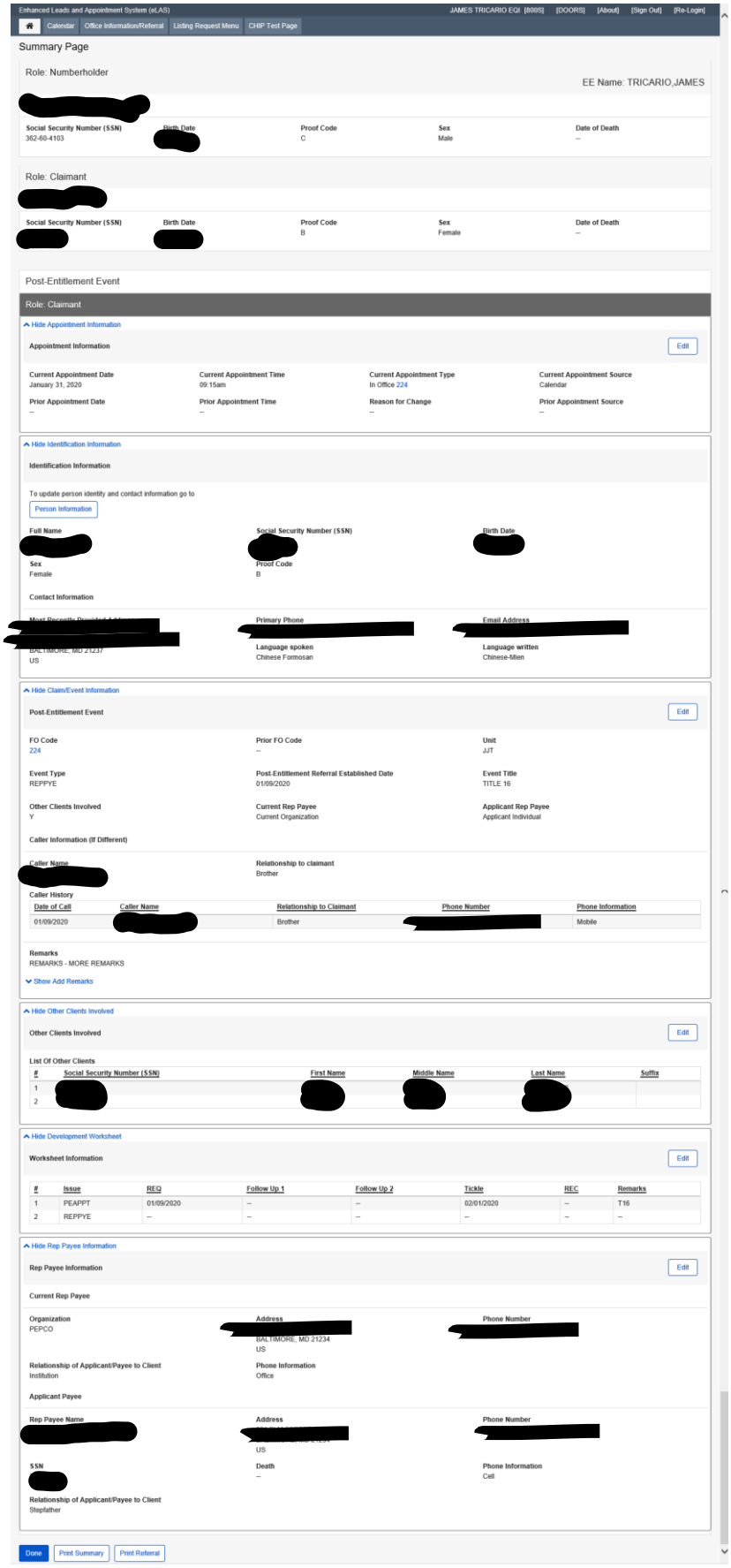
Edit Calendar Template Screen



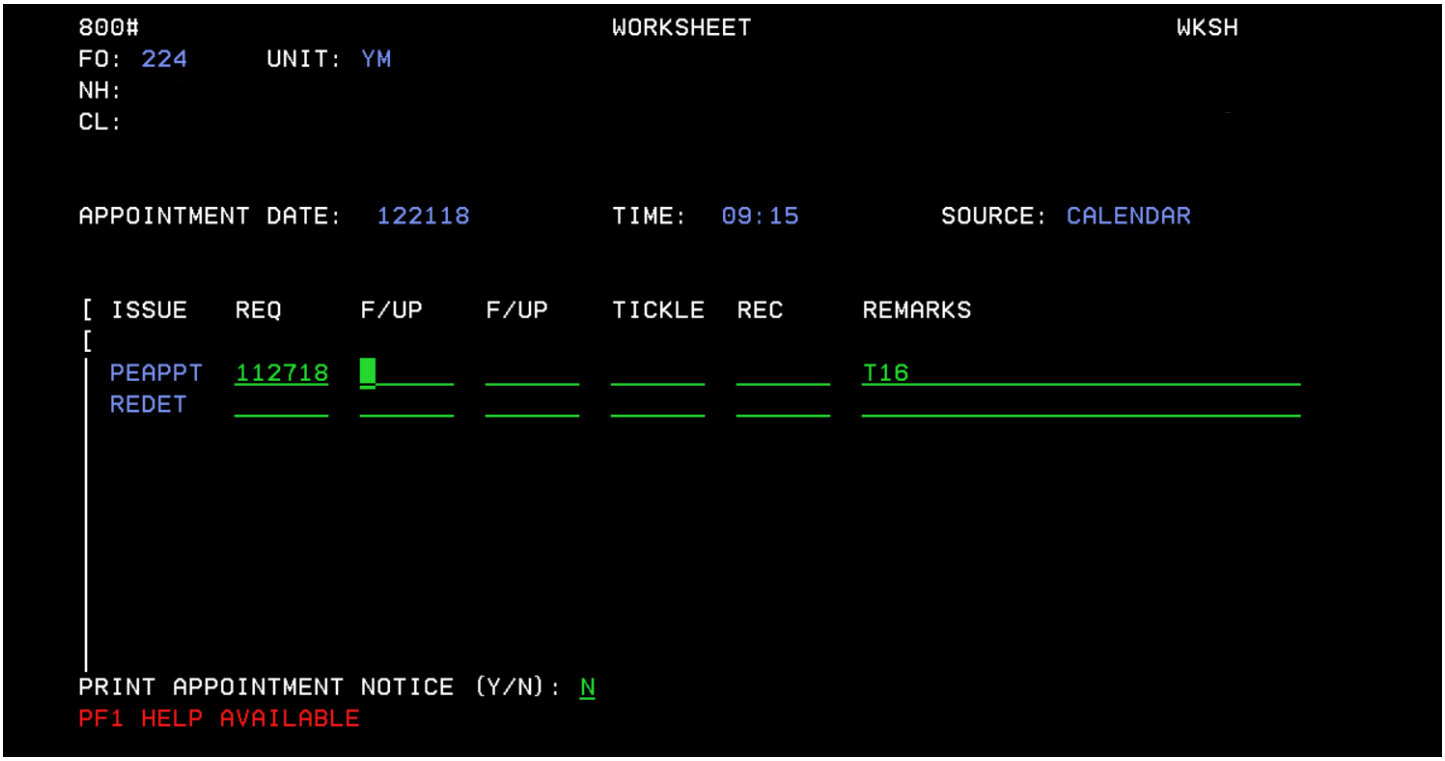
Edit Calendar Availability Screen



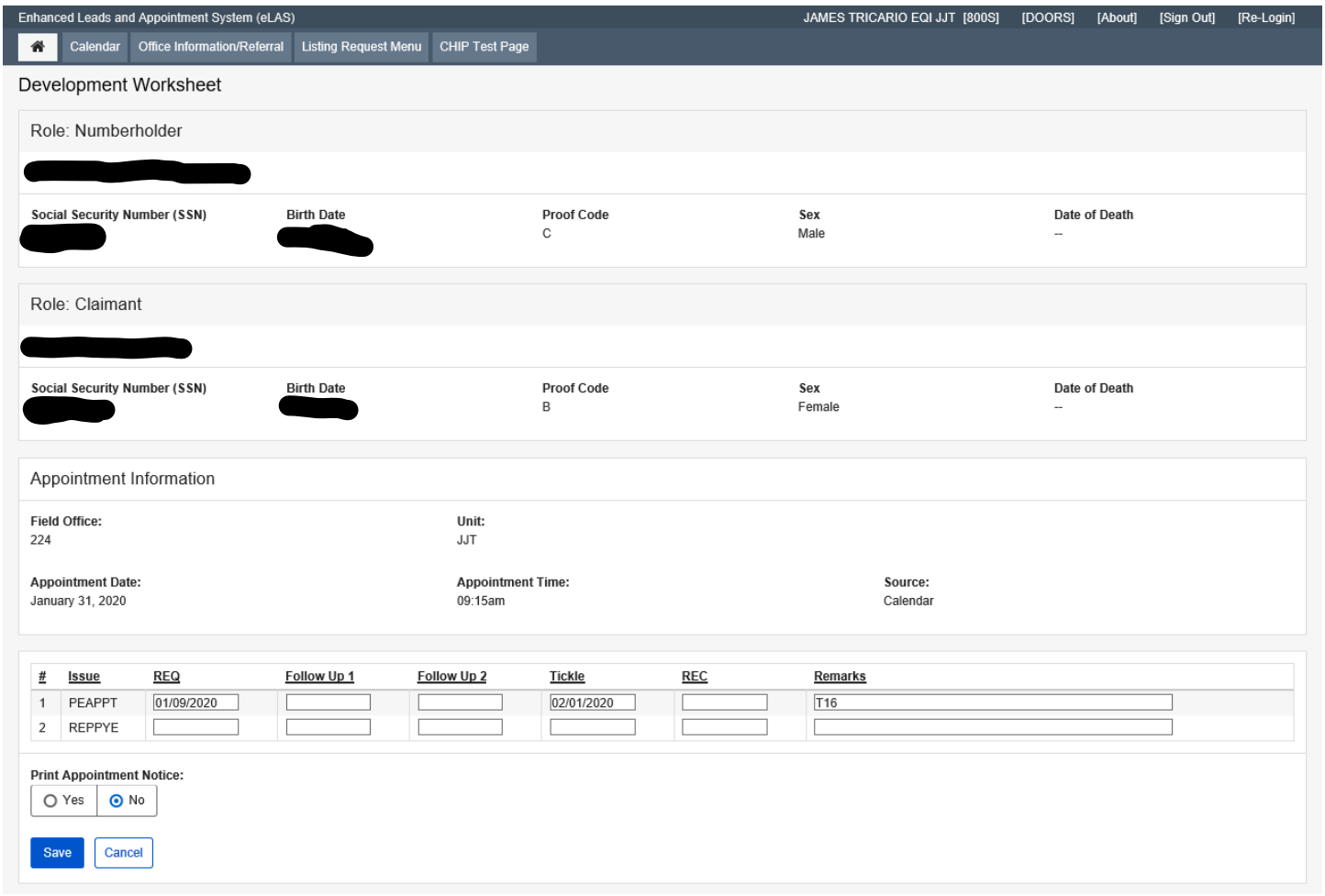
Summary Page Screen



Worksheet Page



Worksheet Screen



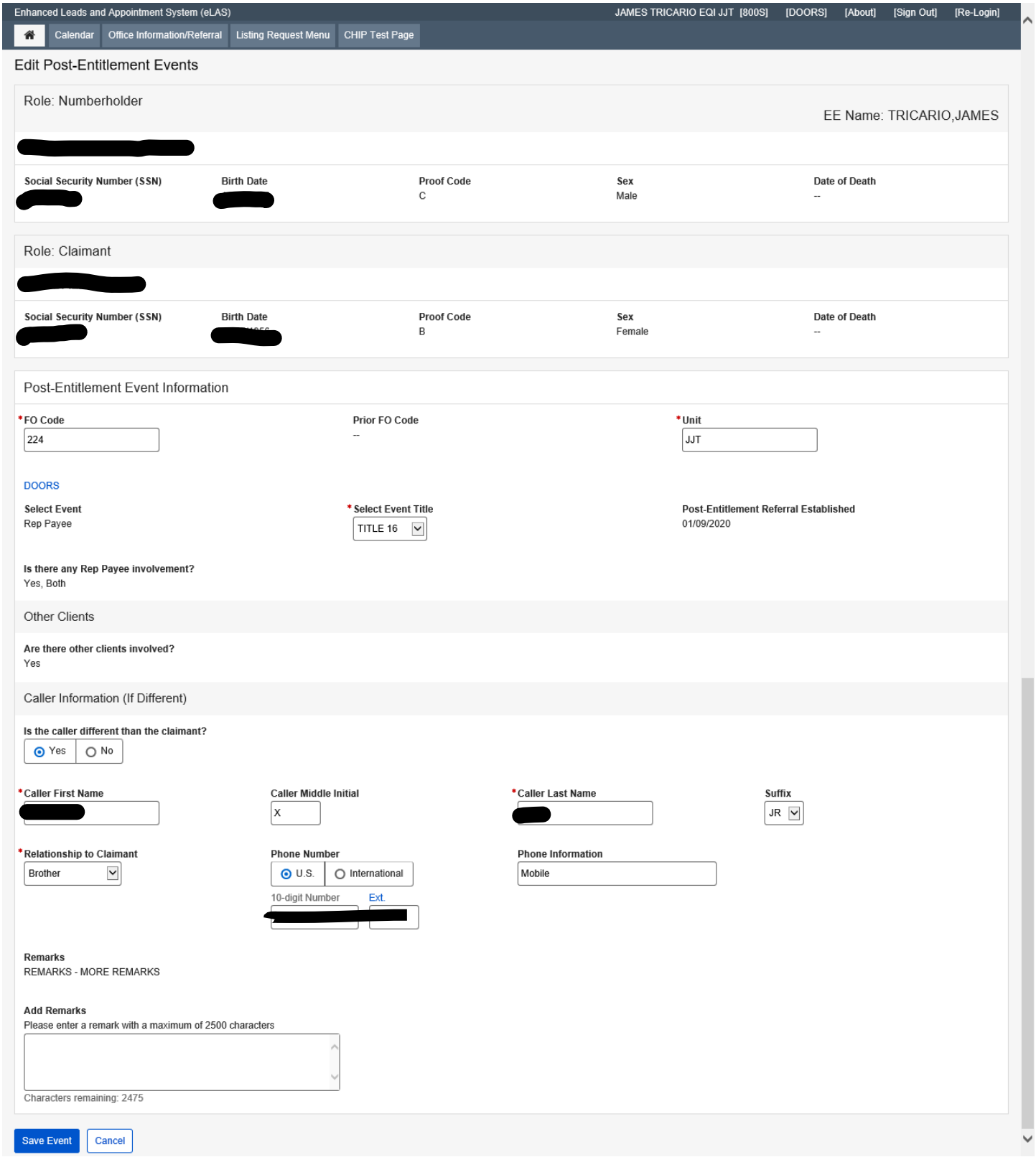
Edit Post Entitlement Page

```
800#    EE NAME: MALLAIY,       PE IDENTIFICATION                    IDEN

NH:
BIRTHDATE:          PROOF CODE: B    SEX (M/F): M   DEATH (MMDDCCYY):

UNIT:  YM          FO: 224                                    PRIOR FO:
                                                PE REFERRAL ESTABLISHED: 112718
CL:
BIRTHDATE:          PROOF CODE: B    SEX (M/F): M   DEATH (MMDDCCYY):
ADDRESS:        123

CITY:           ERGERGE                  STATE: MD       ZIP:  21043
COUNTRY:                                 POSTAL ZONE:
PHONE:                    EXT:                   FOREIGN PHONE:
INFORMATION:

CALLER (IF DIFFERENT)
  NAME:
  RELATIONSHIP TO CLAIMANT:
  PHONE:                  EXT:                   FOREIGN PHONE:
INFORMATION:
APPOINTMENT DATE: 122118         TIME: 09:15
```

Edit Post Entitlement Event Page

```
800#                          PE EVENT DATA                          EVNT

NH:
CL:

*SELECT EVENT: 1      1=SSI REDETERMINATIONS              6=REP PAYEE
                      2=SSI LIMITED ISSUES                7=OVERPAYMENT ISSUES
                      3=SSI LIVING ARRANGEMENT CHANGES    8=OTHER
                      4=WORK CDR                          9=MEDICARE ISSUES
                      5=MEDICAL CDR.

 IF EVENT IS OTHER (SPECIFY):

*SELECT EVENT TITLE: 2
              1=TITLE 2   2=TITLE 16   3=TITLE 2 & 16   4=OTHER   5=TITLE 18.

*LANGUAGE SPOKEN AND WRITTEN IS ENGLISH (Y/N): Y
ARE THERE OTHER CLIENTS INVOLVED (Y/N): N

IF THE EVENT IS REP PAYEE OR IF THERE IS ANY REP PAYEE INVOLVEMENT, ENTER
       CURRENT REP PAYEE     SSN:          OR   ORGANIZATION (Y/N): Y
         APPLICANT PAYEE     SSN:          OR   ORGANIZATION (Y/N): N
```

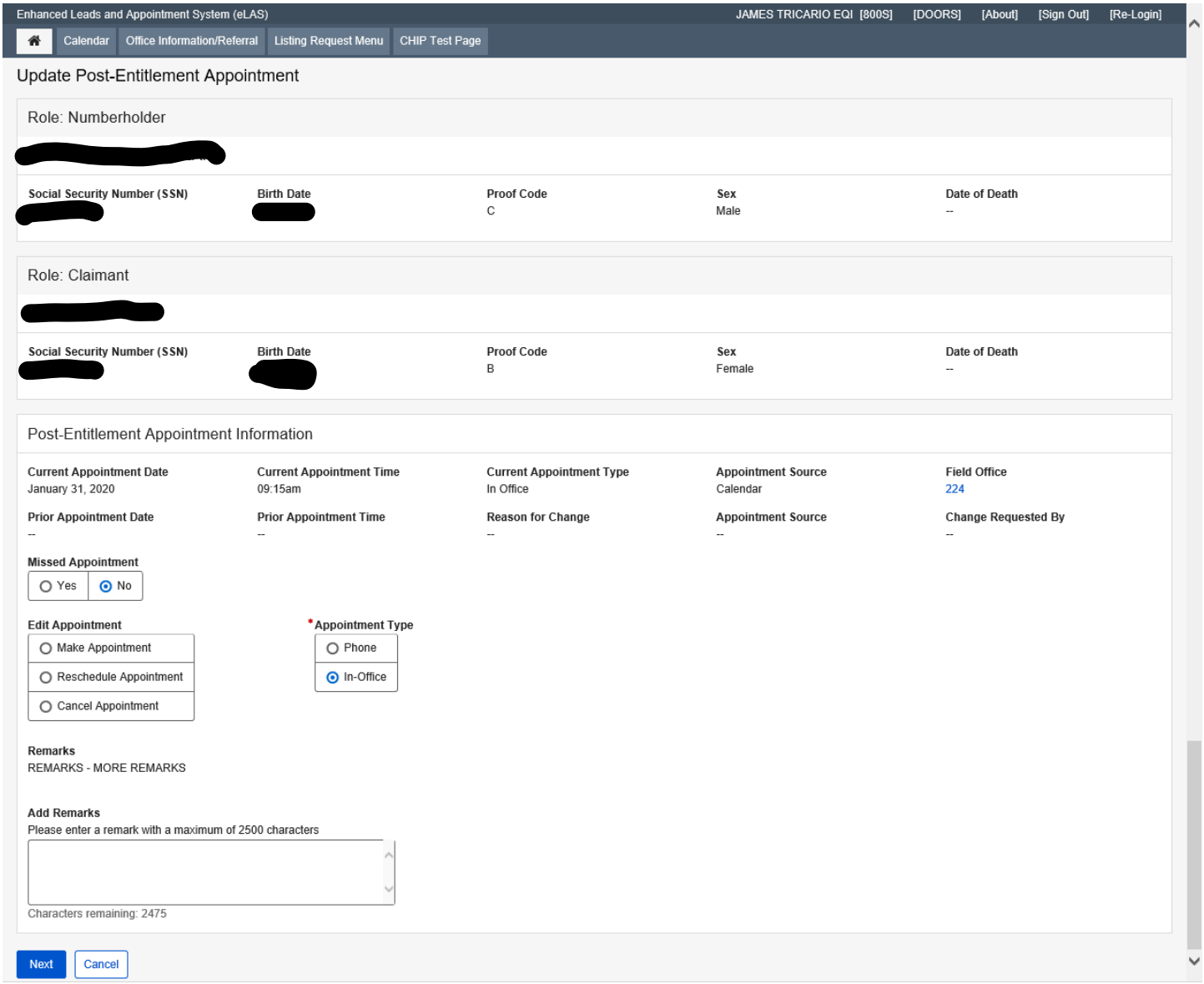
Edit Post Entitlement Events Screen



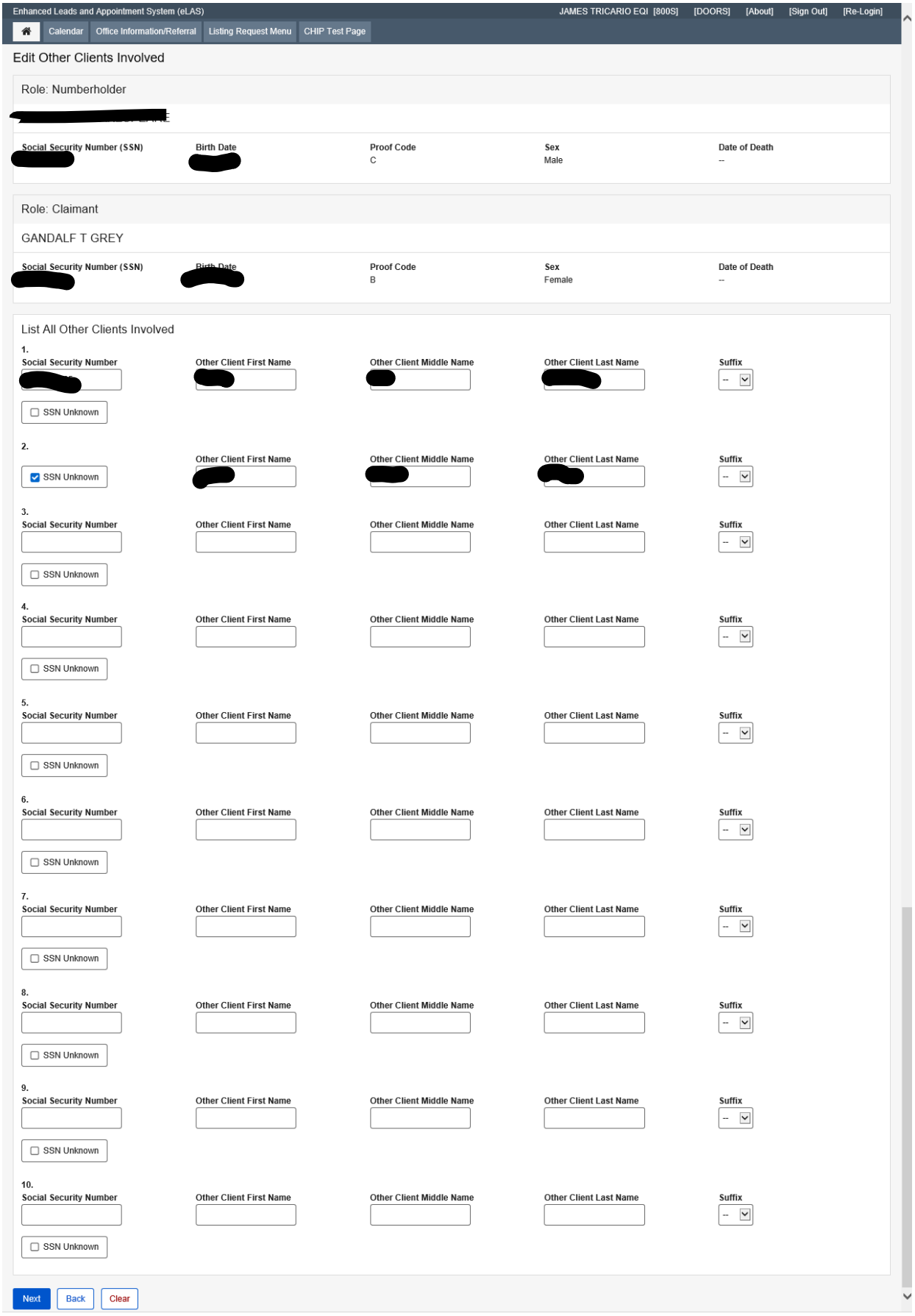
Update Appointment Page

```
800#                  PE APPOINTMENT INFORMATION                    APPE

NH:
CL:

CURRENT APPOINTMENT           MISSED (Y/N): _
   DATE: 122118  TIME: 09:15          TYPE: OFF  SOURCE: CALENDAR
PRIOR APPOINTMENT             REASON APPOINTMENT CHANGED:
   DATE:         TIME:                              SOURCE:
APPOINTMENT CHANGED BY CLIENT:                APPOINTMENT CHANGED BY SSA:

   APPOINTMENT: _    1. MAKE       2. RESCHEDULE  3. CANCEL
          TYPE: _    1. TELEPHONE  2. IN-OFFICE
        SOURCE: _    1. CALENDAR   2. FO-SCRATCHPAD
 APPOINTMENT CHANGE REQUESTED BY: _    1. CLIENT  2. SSA


REMARKS:
  ____________________________________________________________________
  ____________________________________________________________________
PRINT REFERRAL (Y/N): Y                          MORE REMARKS (Y/N): N
  PRINT NOTICE (Y/N): Y                ADD A NEW CLIENT (Y/N): _ _________
```

Update Postentitlement Appointment Screen



Edit Other Clients Involved Screen



Edit Rep Payee Screen