

**CONTACT GUIDE
FOR
ALL PROVIDERS**

REFERENCE YEAR 2025

PROGRAMMERS: This document details the specifications for the **Contact Guide**. The contact guide is accessed through a POC tab in the CMS module on the MESP Desktop. New, unworked contact groups are initially loaded into the POC tab of the CMS module with one POC listed – the provider name and phone number from the authorization form. The system allows for the addition of POCs as they are identified through the capturing of POC name and contact information. The contact guide walks DCSs through the conversations with POCs, focusing on introduction of the study, eligibility questions, POC categorization, provider confirmation, sending AFs, confirming AFs, prompting for overdue records, collecting POC information (contact block), call dispositioning, and working Administrative Office (AO).

We have provided specifications for the overall Contact Guide screen design as well as question by question specifications.

POC LISTING SCREEN

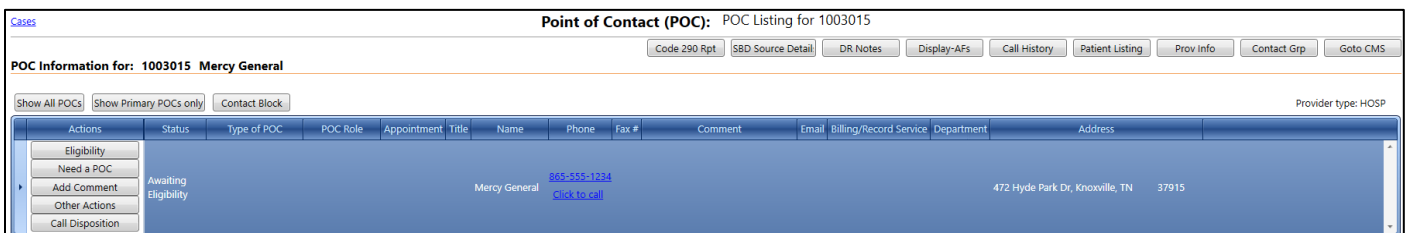
The POC listing screen for each contact group is structured as shown on the following screen shot. The screenshot shows one POC listed. POCs are added in new rows by accessing the contact guide via the buttons in the Actions column, gathering new POC information, and categorizing the POC (MR, PA, AO). The top button changes depending on the status of work with a particular POC, presenting the DCS with the routine next step for that POC. The typical progression for the top button with each POC is:

1. Eligibility – DCS needs to complete the introduction and provider eligibility sections with an initial POC. This typically also includes collecting POC contact information in the Contact Block. SBD and Pharmacy provider types skip this section.
2. POC Categorization – DCS needs to complete the POC Categorization section to determine the type of POC and the type of records they handle. Provider verification is also completed, which transitions directly into the Send AFs questions section. In the Send AFs section, information is gathered to prepare for sending authorization forms to the POC.
3. Confirm AFs – DCS needs to recontact the POC to complete the confirm AFs section. This also includes either collecting data or collecting an expected date that records will be received.
4. Prompt for Records – DCS needs to recontact a POC to prompt for overdue records. This button does not appear for POCs providing data via phone. This button appears for POCs who have not had records received by the expected date as provided during the Confirm AFs stage.
5. AO – DCS needs to complete the AO section with the AO POC. This is for Hospital and Institution providers, only.

The buttons listed above represent the typical progression of buttons in the Actions column. However, if the DCS breaks off from the Contact Guide at certain points, in the initial call with a POC, they may also see either of the following buttons when they return to the contact group:

6. Provider Disavowal – DCS needs to review the providers in the contact group with the POC to confirm the POC handles records for all providers. If the POC does not handle records for any, those providers (and associated pairs) are removed from the contact group. This is skipped when the contact group contains only one provider.
7. Send AFs – DCS needs to complete the process for sending the AF(s) to the POC.

These buttons, and buttons for other sections of the Contact Guide, can also be reached by clicking on the Other Actions button from the Actions column. Contact Guide section buttons available from the Other Actions screen include those listed above, as well as Intro and Contact Block.



NOTE 1: Each contact group has one POC loaded with sample release. The Name, Phone, and Address columns are populated for this initial POC with information from the authorization form associated with the primary provider for the contact group.

NOTE 2: Top left corner information – Contact group ID, primary provider name. Top right corner information – Provider type.

NOTE 3: Contact group level buttons available at top of screen.

- Show All POCs – Displays all POCs entered for a contact group
- Show Primary POCs only – Limits POC grid to only POCs designated as primary POCs
- Contact Block – Takes DCS directly to a blank Contact Block
- Code 290 Rpt – Shows a list of pairs requiring additional records to complete the records for each pair
- SBD Source Details – Displays details about each SBD in a group for SBD contact groups
- DR Notes – Displays the DR Notes feature that allows the collection of data retrieval information from POCs
- Display-AFs – Gives DCS access to all AFs associated with pairs in the contact group
- Call History – Displays contact group call history
- Patient Listing – Displays grid with information for each pair in the contact group [Name, Birthdate, Sex, Parent(s), Policy Holder, Spouse, Address, Wave, Group, Status (pair level)]
- Prov Info – Shows contact group information from the Provider Level Information screen in the CMS
- Contact Grp – Displays a grid with the name, phone number, and address of each provider in the contact group; allows DCS to change the master provider for the contact group
- Problem Report – Allows user to complete a problem report for the group/provider.
- NR Form – Allows user to complete a non-response form for the group/provider.
- Node Listing – Displays details about each node in the contact group for SBD cases.
- Prior POC – Displays information about the group's POCs from prior cycles.
- VM Log – Allows user to input information about voicemail received regarding the contact group.
- Billing Forms – Displays information about billing forms used to complete abstraction in the previous cycle.
- FAQ – An interactive list of common POC questions and suggested answers.
- SmartSearch – A tool allowing DCSs to query project resources to answer project procedure and system questions.

NOTE 4: For each POC in the grid, certain buttons are permanent in the Actions column

- Need a POC – Appears for only the initial POC; it allows the DCS to quickly access the introduction screens and Contact Block in order to add new POC information.
- Other Actions – Appears for all POCs. Allows access, via buttons, to each section of the Contact Guide: Intro, Eligibility, POC Categorization, Provider Disavowal, Send AFs, Confirm AFs, Prompt for Records, Contact Block, AO, AO-SBD. Also allows access to the Re-Send Email button for re-sending an electronic portal email to a POC.
- Call Disposition – Appears for all POCs; allows direct access to the disposition screen for the assignment of event codes at the contact group level.
- Edit POC – Appears for all except initial POC; allows direct access to the Contact Block containing information already collected for existing POCs (except initial POC, which cannot be edited).

NOTE 5: Multiple POCs can be marked as primary for the same contact group. This allows for Hospital and Institution contact groups to retain indicators of primary MR, PA, and AO POCs. A response of NO to item "Primary POC for this role (y/n)" in the Contact Guide will remove the Primary status from a POC. A POC subsequently collected for the same role (as indicated by response to POC_Role) becomes a Primary POC.

NOTE 6: For the POC loaded with the sample release (and only that POC), an additional button appears in the Actions column

- Add Comment – Appears only for initial POC; allows DCS to input a comment that appears in the Comments column of the POC grid.

CONTACT GUIDE OVERALL SCREEN DESIGN

EXAMPLE SCREEN:

Point of Contact (POC): Intro Questions (12504391)

Cases Patient Listing Call History

SBD Source Details Node

Point of Contact (POC) Case Management System (CMS)

A. Intro questions:

Gid: 12504391	Provider Name: University of CA, Santa Cruz Hospital	POC Name: University of CA, Santa Cruz Hospital	Phone Number: 831-555-1234	Extension:	Address: 1 University Blvd, Santa Cruz, CA 95060
	POC Type:		Fax:		Email:

DCS: IF YOU HAVE ALREADY READ THESE ITEMS TO THE POC DURING THIS CALL, CLICK CONTINUE WITHOUT READING THEM AGAIN.

A1. **Have I reached University of CA, Santa Cruz Hospital ?**
PHONE NUMBER: 831-555-1234?

YES
 NO, BUT CAN RECORD A NEW NUMBER
 NO, NEED TO TRACE THE CASE

A2. **I have an authorization form for the release of billing and payment/medical records and would like to speak to the person who can help me with that process.**

CONTINUE, THIS PERSON CAN HELP
 COLLECT CONTACT INFO FOR SOMEONE ELSE
 NO MEDICAL / BILLING RECORDS DEPARTMENT; UNCLEAR WHO HANDLES RECORDS

Continue
Return to POC Grid

Contact group and POC information is displayed at the top of each Contact Guide screen, along with the same quick-access buttons (not all are shown on screenshot; on right side of screen) and links available on the POC Listing screen, except the Show All POCs and Show Primary POCs only buttons.

Each screen also has a boxed header that includes:

- Section name – The Contact Guide section (e.g., Intro questions) is named immediately above the header box, on the left.
- Gid – The contact group's ID number.
- Provider Name – The contact group's primary provider name, as indicated for the master provider on the Contact Group screen in the CMS.
- POC Name – The selected POC's name. The POC name is pulled from either (a) the Contact Group screen in the CMS for the initial POC, which is identical to the Provider Name, or (b) the Contact Block for added POCs.
- POC Type – The POC type as indicated in Contact Block item POC_Role.
- Phone Number – The phone number associated with the selected POC. The phone number is pulled from either (a) the Contact Group screen in the CMS for the initial POC, or (b) the Contact Block for added POCs.
- Extension – The phone number extension from the Contact Block.
- Fax – The fax number from the Contact Block.
- Address – The address from the Contact Block.
- Email – The email address from the Contact Block.

Each Contact Guide screen also has navigation buttons at the bottom, under the questions. These buttons include:

- Return to POC Grid – Available from all screens. Goes directly to main POC Listing screen for the contact group.
- Continue – Available from all screens, except Send AFs questions, Confirm AF questions, Contact Block. Moves to the next screen or section of the Contact Guide.
- Go To Contact Block – Available at screens: Eligibility questions, POC Categorization questions, Send AFs questions, Confirm AF questions, and in AO section.
- Send AF event – Available at screen: Send AFs questions. Goes to disposition screen to allow posting of event code indicating AFs have been sent to a POC.
- Confirm AF event – Available at screen Confirm AF questions. Goes to disposition screen to allow posting of event code indicating AFs have been confirmed as received by a POC.
- Post Overdue Event – Available at screen Prompt for records questions. Goes to disposition screen to allow posting of event code indicating records are overdue from a POC.
- Save this POC – Available at screen: Contact Block. Saves newly entered or edited POC information. For new POC, goes to POC Confirmation screen. For edited POC, goes to POC Listing screen.
- Save and Continue – Available at screen Contact Block. For editing existing POC, only. Goes to POC Listing screen.
- Save Eligibility – Available at screen: Eligibility questions. Saves Eligibility answers and returns to POC Grid.
- Ask Eligibility – Available at screen Contact Block. Saves entered data and moves to Eligibility questions.

FILLS

Certain common fills throughout the instrument come from the database or other sources. The source for these common fills is not cited in each occurrence in the specs. This table serves as the specification for these common fills.

Fill Name	Fill Source	Where From in Code
FILL_YR	coded to mepsyear from source	MEPS.ApplicationState.Instance.Configuration.DataYear.ToString()
PROVIDER	from database	POCManager.Instance.SelectedGroup.ProviderName
POC NAME	from database	POCManager.Instance.SelectedPOCItem.ContactName
YOUR NAME	from the current session user info	MEPS.ApplicationState.Instance.PortalProfile.DisplayName

TEXT CONVENTIONS

Black text in bold is text to be read aloud.

(Black, bold text in parentheses) is optional text that can be read aloud when appropriate.

Blue, bold text is to be emphasized.

Green text indicates interviewer instructions, and is not to be read aloud.

TEXT IN ALL UPPERCASE LETTERS is not to be read aloud.

QUESTION BY QUESTION SPECIFICATIONS

The rest of this document contains the QxQ specifications, divided by Contact Guide section. The specifications include the screen layout and programmer notes.

NOTE 1: Brackets "[]" in question text (screen layouts) are related to programming, and indicate either a programming fill, or the need for a field to collect specific information.

NOTE 2: Parenthesis "()" in question text (screen layouts) do not apply to programming issues, and are only used to indicate optional text that DCS may read if needed.

NOTE 3: Section Titles are in **BLACK, UPPERCASE, BOLD FONT**

NOTE 4: **SCREEN LAYOUT** is in bold, blue font distinguishing it from the **PROGRAMMER NOTES** headers in orange.

INTRO QUESTIONS

SCREEN LAYOUT

A1. DCS: IF YOU HAVE ALREADY READ THESE ITEMS TO THE POC DURING THIS CALL, CLICK CONTINUE WITHOUT READING THEM AGAIN.

Have I reached [[PROVIDER] OR [POC_NAME]]?

PHONE NUMBER: [[PROVIDER TELEPHONE NUMBER] OR [POC TELEPHONE NUMBER]]

YES.....= 1
NO, BUT CAN RECORD A NEW NUMBER.....= 2
NO, NEED TO TRACE THE CASE.....= 3

PROGRAMMER NOTES

FOR DEFAULT POC, USE [PROVIDER] AND [PROVIDER TELEPHONE NUMBER] FILLS.

FOR ADDED POCs, [POC NAME] = "POC_FIRST NAME" AND "POC_LAST NAME" FIELDS FROM CONTACT BLOCK. THE [POC TELEPHONE NUMBER] FILL IS FROM THE "PHONE" FIELD IN THE CONTACT BLOCK. IF "POC_FIRST NAME" AND "POC_LAST NAME" FIELDS HAVE NO ENTRIES IN THE CONTACT BLOCK, USE THE "MEDICAL RECORDS/BILLING SERVICE NAME" FIELD. IF THERE IS NO POC NAME AND NO RECORDS/BILLING SERVICE NAME, FILL USING THE "GROUP/PRACTICE NAME" FIELD FROM THE CONTACT BLOCK.

[PROVIDER TELEPHONE NUMBER] SHOULD FILL WITH THE TELEPHONE NUMBER ASSOCIATED WITH THE PROVIDER IN THE [PROVIDER] FILL.

Above question for A1, display the following DCS instruction: DCS: IF YOU HAVE ALREADY READ THESE ITEMS TO THE POC DURING THIS CALL, CLICK CONTINUE WITHOUT READING THEM AGAIN.

[IF A1 = 1 GO TO A2,
IF A1 = 2 GO TO CONTACT BLOCK,
IF A1 = 3 GO TO Need_Sup_Review]

SCREEN LAYOUT

A2. [FILL_A2].

CONTINUE, THIS PERSON CAN HELP = 1
COLLECT CONTACT INFORMATION FOR SOMEONE ELSE = 2
NO MEDICAL / BILLING RECORDS DEPARTMENT; UNCLEAR WHO HANDLES RECORDS = 3

PROGRAMMER NOTES

[FILL_A2] VARIES BY PROVIDER TYPE. IF POC_Role IN POC CATEGORIZATION SECTION **HAS BEEN** ANSWERED, THE FOLLOWING FILLS ARE USED:

- IF HH OR HNH [FILL_A2] = **READ IF HOSPITAL: (Hello, have I reached the home care department?) I have an authorization form for the release of billing and payment records and would like to speak to the person who can help me with that process.**
- IF SBD [FILL_A2] = **I have an authorization form for [[PROVIDER]] for the release of professional billing records for services rendered at a Hospital or Institution and billed separately from that facility during [[FILL_YR]]. The professional billing records include charges, sometimes referred to as professional fees, for services provided to a patient in the hospital that were not included in the hospital bill. • READ**

IF NECESSARY: (By professional fees, I mean fees that cover services provided by the physician during the patient's hospital stay but are not part of the hospital bill.)

- IF OBD [FILL_A2] = I have an authorization form for the release of billing and payment information and would like to speak to the person who can help me with that process.
- IF PHAR [FILL_A2] = I have an authorization form for the release of patient records and would like to speak to the pharmacist.
- IF HOSP OR INST [FILL_A2] = I have an authorization form for the release of [[FILL_MED_BILL]] records and would like to speak to the person who can help me with that process.

[FILL_A2] VARIES BY PROVIDER TYPE. IF POC_Role IN POC CATEGORIZATION SECTION HAS **NOT** BEEN ANSWERED, THE FOLLOWING FILLS ARE USED:

- IF HH OR HNH [FILL_A2] = **READ IF HOSPITAL:** (Hello, have I reached the home care department?) I have an authorization form for the release of billing and payment records and would like to speak to the person who can help me with that process.
- IF SBD [FILL_A2] = I have an authorization form for [[PROVIDER]] for the release of professional billing records for services rendered at a Hospital or Institution and billed separately from that facility during [[FILL_YR]]. The professional billing records include charges, sometimes referred to as professional fees, for services provided to a patient in the hospital that were not included in the hospital bill. • **READ IF NECESSARY:** (By professional fees, I mean fees that cover services provided by the physician during the patient's hospital stay but are not part of the hospital bill.)
- IF OBD [FILL_A2] = I have an authorization form for the release of billing and payment information and would like to speak to the person who can help me with that process.
- IF PHAR [FILL_A2] = I have an authorization form for the release of patient records and would like to speak to the pharmacist.
- IF HOSP OR INST [FILL_A2] = I have an authorization form for the release of

(FOR MR:) medical records

(FOR PA:) billing and payment records

and would like to speak to the person who can help me with that process.

[FILL_MED_BILL]:

- If POC_Role=1 (but not 2, 3, or 4), fill "medical";
- If POC_Role=2, 3, and/or 4 (but not 1), fill "billing and payment";
- If POC_Role = 1 and POC_Role = 2, 3, and/or 4, fill "billing and payment/medical".

[IF A2= 1 GO TO B1,
IF A2=2 GO TO CONTACT BLOCK,
IF A2=3 GO TO Need_Sup_Review]

SCREEN LAYOUT

Need_Sup_Review. Let me confer with my supervisor, and if necessary, we will call you back. Thank you for your time.

DCS: PLEASE CHECK WITH YOUR SUPERVISOR AS TO HOW TO HANDLE THIS SITUATION. PLEASE RETURN TO THE POC GRID NOW.

PROGRAMMER NOTES

RETURN TO POC GRID BUTTON IS AVAILABLE TO ALLOW DCS TO RETURN TO POC GRID.

SCREEN LAYOUT

B1. My name is [YOUR NAME]. I am calling on behalf of the U.S. Department of Health and Human Services. We are conducting MEPS which is a study about how people in the United States use and pay for healthcare.

For quality assurance and training purposes, this call may be monitored.

POC: [POC NAME]

[FILL_B1]

IF THIS PERSON CANNOT HELP, COLLECT NEW POC PHONE NUMBER IN THE CONTACT BLOCK.

PROGRAMMER NOTES

[FILL_B1] VARIES BY PROVIDER TYPE:

- IF OBD, HH or HNH [FILL_B1]: **“READ IF NECESSARY: (I have an authorization form for the release of billing and payment records and would like to speak to the person that can help me with that process.)”**
- IF SBD [FILL_B1]: **“I have an authorization form for the release of physician billing and payment records. These are records that include charges, sometimes referred to as professional fees, for services provided to a patient in the hospital that were not included in the hospital bill. I would like to speak to the person that can help me with that process.”**
 - **READ IF NECESSARY: (By professional fees, I mean fees that cover services provided by the physician during the patient’s hospital stay but are not part of the hospital bill.)”**
- IF PHAR [FILL_B1]: **“• READ IF NECESSARY: (I have an authorization form for the release of patient records and would like to speak to the pharmacist.)”**
- IF HOSP or INST [FILL_B1]: **“I have an authorization form for the release of medical/billing and payment records and would like to speak to the person who can help me with that process.”**

GO TO ELIGIBILITY SECTION.

ELIGIBILITY QUESTIONS

SECTION NOTE 1: HOSP, OBD, HH, HNH, and INST go to B2. PHAR and SBD go to B4.

SECTION NOTE 2: This section is designed to be administered one time per contact group, with the first established POC. All provider types except PHAR and SBD get question B2. Based on response to B2 (if B2 indicates the provider may not be the expected provider type):

- If HOSP, get only Hosp_B3a.
- If INST, get only Inst_B3a.
- If OBD, get questions OBD_B3, OBD_B3_1, and OBD_B3a (and the internal skip logic within the questions applies).
- If HH or HNH, get questions HC_B2a through HC_B3b (and the internal skip logic within the questions applies); the designation of HH and HNH can change based on response to HC_B3a.

SECTION NOTE 3: Starting with 2021 cycle, the Eligibility button appears for all POCs until the section is completed once for the contact group. The section can be completed by any POC in the POC Listing screen, but completed Eligibility data are saved to the default POC.

SCREEN LAYOUT

B2. Thank you. First, can you confirm that this is [FILL_B2]?

THIS IS A PHYSICIAN'S OFFICE, PUBLICLY-FUNDED CLINIC, OR URGENT CARE CENTER.....	1
THIS IS A HOSPITAL, SATELLITE CLINIC, HOSPITAL OUTPATIENT DEPT, IMAGING CENTER, ENDOSCOPY CENTER, OR SURGI-CENTER.....	2
THIS IS A HOME CARE PROVIDER.....	3
THIS IS A LONG-TERM CARE FACILITY SUCH AS A NURSING HOME.....	4
THIS IS SOMETHING ELSE (SPECIFY).....	5

PROGRAMMER NOTES

[For HOSP provider type, IF B2=2 GO TO B4; IF B2 NE 2 GO TO hosp_b3a.

For INST provider type, IF B2=4 GO TO B4; IF B2 NE 4 GO TO inst_B3a.

For OBD provider type, IF B2=1 or 5 GO TO OBD_B3; IF B2=2 GO TO B4; IF B2=3 OR 4 GO TO Potentially_Ineligible.

For HH (or HNH) provider type, IF B2=3 GO TO B4; IF B2 NE 3 GO TO HC_B2a.

[FILL_B2]: If provider type = HOSP, fill “**a hospital, hospital outpatient department, hospital satellite clinic, surgi-center, or a skilled nursing facility?** (IF YES, SELECT OPTION 2 BELOW)”

[FILL_B2]: If provider type = OBD, fill “**a doctor’s office and not a hospital?** (IF YES, SELECT OPTION 1 BELOW)”

[FILL_B2]: If provider type = HH (or HNH), fill “**a home care organization?** (IF YES, SELECT OPTION 3 BELOW)”

[FILL_B2]: If provider type = INST, fill “**a long term care facility?** (IF YES, SELECT OPTION 4 BELOW)”

Specify text field allows up to 250 characters.

SCREEN LAYOUT

hosp_B3a. How would you describe this facility? Is this:

A doctor's office	1
A publicly-funded clinic	2
An urgent care center	3
A home care provider	4
A long term care facility, such as a nursing home, or	5
Something else? (SPECIFY:)	6

PROGRAMMER NOTES

[IF hosp_B3a NE 6 GO TO B4;

IF hosp_B3a=6 NEED A TEXT BOX (ALLOW UP TO 250 CHARACTERS) TO RECORD SPECIFIC TYPE OF FACILITY RESPONDENT REPORTS. THEN GO TO B4.]

Specify text field allows up to 250 characters.

SCREEN LAYOUT

inst_B3a. **How would you describe this facility? Is this:**

- A doctor's office.....1
- A publicly-funded clinic.....2
- An urgent care center.....3
- A home care provider.....4
- A Hospital – not a long term care facility, such as a Skilled Nursing Facility, or...5
- Something else? (SPECIFY).....6

PROGRAMMER NOTES

[IF inst_B3a NE 6 GO TO B4;
IF inst_B3a=6 NEED A TEXT BOX TO RECORD SPECIFIC TYPE OF FACILITY RESPONDENT REPORTS. THEN GO TO B4.]

Specify text field allows up to 250 characters.

SCREEN LAYOUT

OBD_B3. **And is there at least one physician in the practice who is a Medical Doctor or a Doctor of Osteopathy?**
ALL SPECIALTIES ARE CONSIDERED MD/DO EXCEPT FOR: DENTISTS, OPTOMETRISTS, CHIROPRACTORS AND PODIATRISTS.

- 1-YES
- 2-NO
- 3-GAVE SPECIALTY

PROGRAMMER NOTES

[IF OBD_B3=1 or 3 GO TO B4;
IF OBD_B3=2 GO TO OBD_B3_1]

SCREEN LAYOUT

OBD_B3_1. **Is this office under the supervision of an MD or a DO?**

- 1-YES
- 2-NO

PROGRAMMER NOTES

[IF OBD_B3_1=1 GO TO B4;
IF OBD_B3_1=2 GO TO OBD_B3a]

SCREEN LAYOUT

OBD_B3a. **WHAT KIND OF OFFICE IS THIS PROVIDER?**

- 1- PSYCHOLOGIST'S OFFICE;
- 2- DENTIST'S OFFICE;
- 3- CHIROPRACTOR'S OFFICE;
- 4- PODIATRISTS'S OFFICE;
- 5- OPTOMETRIST'S (EYE DOCTOR) OFFICE;
- 6- STAND-ALONE NURSE PRACTITIONER'S OFFICE (NP);
- 7- PHYSICAL THERAPIST'S OFFICE (PT);
- 8- OCCUPATIONAL THERAPIST'S OFFICE (OT);
- 9- OTHER (SPECIFY)_____

I'm sorry. The information I was hoping to collect today is specific to doctor's offices. Because this is not a medical doctor's office one of my colleagues will be calling back to collect the necessary information.

PROGRAMMER NOTES

[IF OBD_B3a=9, ENTER IN SPECIFY FIELD.]

OTHER (SPECIFY) field allows up to 250 characters.

RETURN TO POC GRID BUTTON ALLOWS DCS TO GO TO POC GRID. CONTINUE BUTTON AND GO TO CONTACT BLOCK BUTTON ARE UNAVAILABLE.

SCREEN LAYOUT

HC_B2a. **Does your organization include a home care unit or department?**

- 1-YES
- 2-NO

PROGRAMMER NOTES

[IF HC_B2a=1 GO TO B4;
IF HC_B2a=2 GO TO HC_B2b]

SCREEN LAYOUT

HC_B2b. **Does your organization ever make arrangements for other organizations or individuals to provide some kind of assistance to people in their homes?**

- 1-YES
- 2-NO

PROGRAMMER NOTES

[IF HC_B2b=1 GO TO B4;
IF HC_B2b=2 GO TO HC_B3]

SCREEN LAYOUT

HC_B3. **Does your organization provide any kind of assistance to people in their homes?**

- 1-YES
- 2-NO

PROGRAMMER NOTES

[IF HC_B3=1 GO TO HC_B3a;
IF HC_B3=2 GO TO Potentially_Ineligible]

SCREEN LAYOUT

HC_B3a. **Are your services provided to persons who need in-home assistance for health reasons?**

EXPLAIN IF NECESSARY: (Health reasons can include either physical or mental health conditions.)

- 1-YES
- 2-NO

PROGRAMMER NOTES

[IF HC_B3A = 1, GO TO B4;
IF HC_B3A = 2, GO TO HC_B3b]

***THIS IS WHERE HOME CARE HEALTH AND NON HEALTH SHOULD BE CREATED.

IF HC_B3a=1, THEN THE CASE SHOULD BE LABELED AS A HOME CARE HEALTH FOR EVENT FORM DATA COLLECTION. Post Eventypeid 1032.

IF HC_B3a=2, THE CASE SHOULD BE HOME CARE NON-HEALTH. Post eventypeid 1033.

SCREEN LAYOUT

HC_B3b. **What kind of services does your organization provide to people in their homes?**

- 1-CLEANING OR YARD WORK
- 2-TRANSPORTATION
- 3-SHOPPING
- 4-EMOTIONAL SUPPORT PERSON OR ONE-ON-ONE BUDDY
- 5-SUPPORT GROUPS
- 6-CHILD CARE
- 7-OTHER (RECORD:) _____

PROGRAMMER NOTES

[IF HC_B3b NE 7 GO TO B4;

IF HC_B3b=7 GO TO Potentially_Ineligible]

[IF HC_B3b=7, ENTER IN OTHER-RECORD FIELD.]

Item is select-all-that-apply.

OTHER (RECORD) field allows up to 250 characters.

SCREEN LAYOUT

Potentially_Ineligible. **It sounds like you may not be eligible for this study. Let me confer with my supervisor and if necessary, we will call you back. Thank you for your time.**

PLEASE RETURN TO THE POC GRID NOW. MARK PROVIDER AS NEEDS SUPERVISOR REVIEW AS POTENTIAL INELIGIBLE.

PROGRAMMER NOTES

RETURN TO POC GRID BUTTON IS AVAILABLE TO ALLOW DCS TO RETURN TO POC GRID. CONTINUE BUTTON AND GO TO CONTACT BLOCK BUTTONS ARE UNAVAILABLE.

SCREEN LAYOUT

DCS: STOP HERE IF ONLY ASKING ELIGIBILITY FROM GATEKEEPER.

B4. [FILL_B4]

Maintained in this office = 1

Need to contact [FILL_MED_BILL_SVC] = 2

PROGRAMMER NOTES

[FILL_B4] VARIES BY PROVIDER TYPE:

- IF OBD, HH or HNH [FILL_B4] = **At this time, [[NUM_PAIRS]] patient(s) identified [[PROVIDER]] as a source of healthcare during [[FILL_YR]]. The/Each patient signed an authorization form allowing us to contact you for information about the care they received from [[PROVIDER]] in [[FILL_YR]]. Much of the**

information we need is within the billing and payment records. Are the billing and payment records maintained in your office, or is an external billing service used?

- IF SBD [FILL_B4] = **Several patients identified [[PROVIDER]] as providing healthcare during [[FILL_YR]]. Each patient signed an authorization form allowing us to contact you for information about the healthcare services provided in [[FILL_YR]] at one or more hospitals or institutions. The information we need is included in the final billing records. Are the final billing records maintained in your office, or is an external billing service used?**
- IF PHAR [FILL_B4] = **At this time [[NUM_PAIRS]] of your customers signed an authorization form allowing us to contact you for information about prescribed medication for the year [[FILL_YR]]. Do you keep the records in house, or is this handled by another department or a corporate office?**
- IF HOSP or INST [FILL_B4] = **At this time, [[NUM_PAIRS]] patient(s) identified [[PROVIDER]] as a source of healthcare during [[FILL_YR]]. The/Each patient signed an authorization form allowing us to contact you for information about the care they received from [[PROVIDER]] in [[FILL_YR]]. Much of the information we need is within the medical/billing and payment records. Are the medical/billing and payment records maintained in your office, or is a [FILL_MED_BILL_SVC] used?**

[FILL_MED_BILL_SVC]:

If PHAR provider type, fill "OTHER DEPARTMENT/CORPORATE OFFICE";

If OBD, HH, HNH, or SBD provider type, fill "EXTERNAL BILLING SERVICE";

If HOSP or INST provider type, fill:

- If POC_Role = 2, 3, and/or 4 (but not 1), fill "EXTERNAL BILLING SERVICE";
- If POC_Role = 1 (but not 2, 3, and/or 4), fill "MEDICAL RECORDS SERVICE";
- If POC_Role = 1 and POC_Role = 2, 3, and/or 4, or if POC_Role is blank, fill "MEDICAL RECORDS OR EXTERNAL BILLING SERVICE".

[NUM_PAIRS] should fill with number from the sample file.

[IF B4 = 1 GO TO Contact Block Section,

IF B4 = 2 GO TO B4_1]

SCREEN LAYOUT

B4_1. **Are you the person who deals with the [FILL_MED_BILL_SVC]?**

YES.....= 1

NO.....= 2

PROGRAMMER NOTES

[FILL_MED_BILL_SVC]:

If PHAR provider type, fill "**OTHER DEPARTMENT/CORPORATE OFFICE**";

If OBD, HH, HNH, or SBD provider type, fill "**EXTERNAL BILLING SERVICE**";

If HOSP or INST provider type, fill:

- If POC_Role = 2, 3, and/or 4 (but not 1), fill "**EXTERNAL BILLING SERVICE**";
- If POC_Role = 1 (but not 2, 3, and/or 4), fill "**MEDICAL RECORDS SERVICE**";
- If POC_Role = 1 and POC_Role = 2, 3, and/or 4, or if POC_Role is blank, fill "**MEDICAL RECORDS OR EXTERNAL BILLING SERVICE**".

[IF YES, GO TO Contact Block Section;

IF NO, GO TO B4_2]

SCREEN LAYOUT

B4_2. **I'll need to collect the name and telephone number for the person in your office who deals with the [FILL_MED_BILL_SVC].**

PROGRAMMER NOTES

[FILL_MED_BILL_SVC]:

If PHAR provider type, fill "**OTHER DEPARTMENT/CORPORATE OFFICE**";

If OBD, HH, HNH, or SBD provider type, fill "**EXTERNAL BILLING SERVICE**";

If HOSP or INST provider type, fill:

- If POC_Role = 2, 3, and/or 4 (but not 1), fill **“EXTERNAL BILLING SERVICE”**;
- If POC_Role = 1 (but not 2, 3, and/or 4), fill **“MEDICAL RECORDS SERVICE”**;
- If POC_Role = 1 and POC_Role = 2, 3, and/or 4, or if POC_Role is blank, fill **“MEDICAL RECORDS OR EXTERNAL BILLING SERVICE”**.

Continue BUTTON TAKES USER TO THE CONTACT BLOCK

CONTACT BLOCK

SCREEN LAYOUT

GROUP/PRACTICE NAME

Show All Items

*ONLY FILL THIS OUT IF WORKING WITH INTERNAL CONTACT FOR EXTERNAL SERVICE

MEDICAL RECORDS/BILLING SERVICE NAME

TITLE

POC FIRST NAME

POC LAST NAME

TIME ZONE

PHONE

PHONE EXT

FAX

VERIFY FAX

Primary POC for this role?

YES

NO

POC_Role.

1. MEDICAL RECORDS
2. FACILITY BILLING
3. PROFESSIONAL BILLING
4. OTHER BILLING
5. ADMINISTRATIVE OFFICE

How do you want the AFs sent to you?

1 BY FAX

2 BY MAIL

4 BY ELECTRONIC PORTAL

5 BY EMAIL

3 N/A

E-MAIL

VERIFY E-MAIL

DEPARTMENT

ADDRESS

ADDRESS (LINE 2)

CITY

STATE

ZIP

Individual packets? **ARE INDIVIDUALIZED PACKETS NEEDED. (COMMONLY USED FOR VA CASES.)**

YES
NO

Is this a Military Provider? **(FOR PHARMACY PROVIDER TYPES ONLY)**

YES
NO

CB2.

- 1 PROVIDER LEVEL GATEKEEPER
- 2 HANDLES RELEASE OF IN-HOUSE RECORDS (PA)
- 3 DEALS WITH [[FILL_CB2]]
- 4 [[FILL_CB2]] GATEKEEPER
- 5 HANDLES RELEASE OF RECS FOR [[FILL_CB2]]
- 16 ON SITE - HANDLES RELEASE OF RECS FOR [[FILL_CB2]]
- 6 COURTESY PACKET RECIPIENT
- 7 PERMISSION PACKET RECIPIENT
- 8 NEW/UPDATED NAME FOR PROVIDER
- 9 DEALS WITH IN-HOUSE RECORDS FOR MR
- 10 DEALS WITH MEDICAL RECORDS SERVICE
- 11 MEDICAL RECORDS SERVICE GATEKEEPER
- 12 HANDLES RELEASE FOR MEDICAL RECORDS SERVICE
- 17 ON SITE - HANDLES RELEASE FOR MEDICAL RECORDS SERVICE
- 13 ADMINISTRATIVE OFFICE POC
- 14 HANDLES RELEASE OF IN-HOUSE/AO POC
- 15 POC FOR REMAINING PROVIDERS (SBDs)

COMMENTS

PROGRAMMER NOTES

The following are text fields allowing up to 250 characters: GROUP/PRACTICE NAME, MEDICAL RECORDS/BILLING SERVICE NAME, TITLE, POC FIRST NAME, POC LAST NAME, PHONE EXT, E-MAIL, VERIFY E-MAIL, DEPARTMENT, ADDRESS, ADDRESS (LINE 2), CITY, ZIP, COMMENTS.

An entry is required in POC FIRST NAME, POC LAST NAME, or both fields in order to save the POC.

The following fields allowing only numbers: PHONE, FAX, VERIFY FAX. Each requires 10 digits.

2025 UPDATE: PHONE FIELD IS REQUIRED. ADD A HARD CHECK IF USER ATTEMPTS TO SAVE A POC WITHOUT ADDING A VALID PHONE NUMBER. MESSAGE IS: "PHONE field required."

The FAX and VERIFY FAX fields must match exactly. If the VERIFY FAX number does not match the number entered in the FAX field, display a warning, "Fax numbers do not match" next to the VERIFY FAX field until the issue is corrected. Do not allow saving/committing the POC information until the numbers match.

TIME ZONE – Drop down menu with choices:

- Eastern (current time)
- Central (1 hour earlier)
- Mountain (2 hours earlier)
- Mountain without Daylight Savings (1 hour earlier during DST)
- Pacific (3 hours earlier)
- Alaskan (4 hours earlier)

- Hawaiian (5 hours earlier) (6 hours earlier)

2021 Cycle update: Screen is empty under VERIFY FAX field. The upper right corner of the screen has a checkbox with “CHECK TO DISPLAY ALL FIELDS” next to it. Checking the box will display all hidden Contact Block items listed in the specifications beneath the VERIFY FAX field.

2021 Cycle update: Clicking the “Save this POC” button at the bottom of the screen moves the user to the POC Categorization section for newly added POCs. When editing an existing POC, clicking the “Save this POC” button returns the user to the POC Listing screen.

Primary POC item defaults to YES.

POC Role item allows selecting all that apply.

POC_Role option 5 (ADMINISTRATIVE OFFICE) appears only for HOSP and INST provider types.

POC_Role “OTHER BILLING” option is pre-selected for PHAR provider type.

For the item “How do you want the AFs sent to you?” display option 5 (BY EMAIL) only for contact groups with 24 or fewer pairs.

STATE – Drop down menu with choices of 50 states plus the District of Columbia.

CB2 choices are restricted for certain provider types:

HOSP, INST – display all response options

OBD, HH (and HNH), SBD, PHAR – restrict to response options 1, 2, 3, 4, 5, 16, 6, 7, 8

CB2 [FILL_CB2]:

[IF PHAR, FILL_CB2 = “OTHER DEPARTMENT/CORPORATE OFFICE”;

IF HOSP, INST, OBD, HH (or HNH), SBD, FILL_CB2 = “EXTERNAL BILLING SERVICE”]

Individual packets question answer is set to NO as default.

POC CATEGORIZATION

SECTION NOTE: THIS SECTION IS SKIPPED FOR PHAR PROVIDER TYPE.

SCREEN LAYOUT

DCS: POC_ROLE AND CB2 FILL WITH ANSWERS FROM PREVIOUS QUESTIONS. CHANGE ANSWERS ONLY IF POC VOLUNTEERS UPDATED ANSWERS; OTHERWISE, ASK ITEM CB2b OR CB2c NEXT.

POC_Role

(CHECK ALL THAT APPLY.)

1. MEDICAL RECORDS
2. FACILITY BILLING
3. PROFESSIONAL BILLING
4. OTHER BILLING
5. ADMINISTRATIVE OFFICE

PROGRAMMER NOTES

This item allows selection of all responses that apply.

This item pre-fills in the POC Categorization section based on the answer(s) to this item from the Contact Block. The responses can be edited in the POC Categorization section, if necessary.

POC_Role option 5 (ADMINISTRATIVE OFFICE) appears only for HOSP and INST provider types.

SCREEN LAYOUT

CB2.

- 1 PROVIDER LEVEL GATEKEEPER
- 2 HANDLES RELEASE OF IN-HOUSE RECORDS (PA)
- 3 DEALS WITH [[FILL_CB2]]
- 4 [[FILL_CB2]] GATEKEEPER
- 5 HANDLES RELEASE OF RECS FOR [[FILL_CB2]]
- 16 ON SITE - HANDLES RELEASE OF RECS FOR [[FILL_CB2]]
- 6 COURTESY PACKET RECIPIENT
- 7 PERMISSION PACKET RECIPIENT
- 8 NEW/UPDATED NAME FOR PROVIDER
- 9 DEALS WITH IN-HOUSE RECORDS FOR MR
- 10 DEALS WITH MEDICAL RECORDS SERVICE
- 11 MEDICAL RECORDS SERVICE GATEKEEPER
- 12 HANDLES RELEASE FOR MEDICAL RECORDS SERVICE
- 17 ON SITE - HANDLES RELEASE FOR MEDICAL RECORDS SERVICE
- 13 ADMINISTRATIVE OFFICE POC
- 14 HANDLES RELEASE OF IN-HOUSE/AO POC
- 15 POC FOR REMAINING PROVIDERS (SBDs)

PROGRAMMER NOTES

This item pre-fills in the POC Categorization section based on the answer to this item from the Contact Block. The responses can be edited in the POC Categorization section, if necessary.

CB2 choices are restricted for certain provider types:

HOSP, INST – display all response options

OBD, HH (and HNH), SBD, PHAR – restrict to response options 1, 2, 3, 4, 5, 16, 6, 7, 8

CB2 [FILL_CB2]:

[IF PHAR, FILL_CB2 = "OTHER DEPARTMENT/CORPORATE OFFICE";

IF HOSP, INST, OBD, HH (or HNH), SBD, FILL_CB2 = "EXTERNAL BILLING SERVICE"]

[IF POC_Role=2, 3, AND/OR 4, GO TO CB2b;
IF POC_Role NE 2, 3, AND/OR 4, BUT POC_Role = 1, GO TO CB2c]

SCREEN LAYOUT

CB2b Does this office handle records for... (CHECK ALL THAT APPLY)

- Physician billing
- Outpatient billing
- Inpatient/ER billing
- All Facility billing
- Billing that includes all professional and facility fees for all types of services: inpatient, ER, outpatient, and office visits,
- Some other type of billing

PROGRAMMER NOTES

This item allows selection of all responses that apply.

Item not asked for HH, HNH.

[IF POC_Role=1 IN ADDITION TO 2, 3, AND/OR 4, GO TO CB2c;
ELSE, GO TO PROVIDER VERIFICATION SECTION]

SCREEN LAYOUT

IF HOSP OR INST AND THEY HANDLE MEDICAL RECORDS, ASK THIS QUESTION.
IF FOR THE CURRENT POC WE DON'T HAVE THIS INFO AND THE POC HANDLES MEDICAL RECORDS, THEN ASK CB2c:

CB2c Does this office handle medical records for... (CHECK ALL THAT APPLY)

- Emergency Room
- Inpatient stays
- Outpatient care
- Clinic care
- All Medical Records (including ER, Inpatient and Outpatient care)
- Some other type of medical records

PROGRAMMER NOTES

This item allows selection of all responses that apply.

Item asked only for HOSP and INST.

[GO TO PROVIDER VERIFICATION SECTION]

PROVIDER CONFIRMATION

SCREEN LAYOUT

PROVIDER VERIFICATION.

Before we send you the form(s) I'll need to determine that you can provide [FILL_MED_BILL] records for all of the providers or locations I have listed as associated with this provider in [FILL_YR]. I'm going to read you a list of providers or locations; please tell me if you can provide [FILL_YR] [FILL_MED_BILL] records for each.

IF A PROVIDER IS NOT ASSOCIATED WITH THIS PRACTICE IN 2023, CHECK THE BOX NEXT TO THEIR NAME(S) AND CLICK "Remove selected provider(s)". IF NO PROVIDERS ARE TO BE REMOVED FROM THE LIST, CLICK "Continue".

THE LIST OF PROVIDERS ASSOCIATED WITH THIS GID:

PROGRAMMER NOTES

ABOVE HEADER BOX, DISPLAY: *These questions are posed if POC has not confirmed the providers yet.*

THIS SECTION IS ASKED ONCE PER EACH TYPE OF POC FOR POC_Role, EXCEPT POCs WHO ARE ONLY AO (OPTION 5) POCs, AND NOT ANY OTHER POC TYPE. THE SECTION ALSO GETS DISPLAYED AGAIN FOR EACH POC AT WAVE 2 AND AGAIN AT WAVE 3 IF THE GROUP HAS NEW PROVIDERS ADDED.

IN DISPLAY SECTION, LIST EACH OF THE CONTACT GROUP'S UNIQUE PROVIDER NAME, ADDRESS, CITY, STATE, AND ZIP CODE NEXT TO A CHECK BOX FOR EACH. THE WORD "at" APPEARS AFTER THE PROVIDER NAME AND BEFORE THE STREET NUMBER. IN PARENTHESES AND GREEN TEXT, ALSO LIST EACH PROVIDER'S PID, PROVIDER TYPE, AND WAVE. THIS DISPLAY AREA ALLOWS SELECTING ALL THAT APPLY. SELECTED PROVIDERS CAN BE REMOVED FROM THE CONTACT GROUP BY CLICKING ON A "Remove selected provider(s)" BUTTON AFTER SELECTION.

IF ONLY ONE PROVIDER IN A CONTACT GROUP, DISALLOW THE REMOVE PROVIDER PROCESS BY SKIPPING THIS SCREEN/ITEM.

[FILL_MED_BILL]:

- If POC_Role=1 (but not 2, 3, or 4), fill "**medical**";
- If POC_Role-2, 3, and/or 4 (but not 1), fill "**billing and payment**";
- If POC_Role = 1 and POC_Role = 2, 3, and/or 4, fill "**billing and payment/medical**".

IF PROVIDER TYPE = HOSP OR INST, USE FILL_MED_BILL INSTRUCTIONS IMMEDIATELY ABOVE. IF PROVIDER TYPE = OBD OR HOME HEALTH, ALWAYS FILL WITH "billing and payment". IF PROVIDER TYPE = PHAR, ALWAYS FILL WITH "prescription".

GO TO B4.

SEND AFs

B4.

SCREEN LAYOUT

[REFER TO ELIGIBILITY SECTION FOR SPECS ON ITEM B4.]

CONFIRM INFORMATION IF QUESTION BACKGROUND IS SHADED GRAY.

PROGRAMMER NOTES

IF B4 WAS ALREADY COMPLETED IN THE ELIGIBILITY SECTION, THE RESPONSE TO B4 WILL BE PREFILLED AND THE QUESTION/ITEM BACKGROUND WILL BE SHADED GRAY WHEN DISPLAYED IN THE SENDING AFs SECTION. OTHERWISE, THE ITEM PERFORMS ACCORDING TO SPECIFICATIONS AS SHOWN FOR B4 IN THE ELIGIBILITY SECTION, EXCEPT FOR:

- THE ONSCREEN INSTRUCTION (SHOWN ABOVE)
- THE FIRST RESPONSE OPTION INCLUDES A DCS INSTRUCTION IN PARENTHESES, SO THAT THE FULL FIRST RESPONSE OPTION IS: "Maintained in this office (OR POC IS RECORDS/BILLING SERVICE POC)"
- THE GO TO LOGIC (SHOWN BELOW).

[IF B4 = 1 GO TO B4b;

IF B4 = 2 GO TO B4_1]

SCREEN LAYOUT

B4_1. Are you the person who deals with the [[FILL_MED_BILL_SVC]]?

1 YES

2 NO

PROGRAMMER NOTES

[FILL_MED_BILL_SVC]:

If PHAR provider type, fill "OTHER DEPARTMENT/CORPORATE OFFICE";

If OBD, HH, HNH, SBD, fill "EXTERNAL BILLING SERVICE";

If HOSP or INST provider type:

- If POC_Role = 2, 3, and/or 4 (but not 1), fill "EXTERNAL BILLING SERVICE";
- If POC_Role = 1 (but not 2, 3, and/or 4), fill "MEDICAL RECORDS SERVICE";
- If POC_Role = 1 and POC_Role = 2, 3, and/or 4, or if POC_Role is blank, fill "MEDICAL RECORDS OR EXTERNAL BILLING SERVICE".

[IF YES, GO TO B4b;

IF NO, GO TO B4a.]

SCREEN LAYOUT

B4a. I'll need to collect the name and telephone number for the person in your office who deals with the [[FILL_MED_BILL_SVC]]. Do you know that person?

1 YES

2 NO (DCS: THIS WILL CHANGE POC PRIMARY STATUS)

PROGRAMMER NOTES

[FILL_MED_BILL_SVC]:

If PHAR provider type, fill "OTHER DEPARTMENT/CORPORATE OFFICE";

If OBD, HH, HNH, SBD, HOSP or INST provider type:

- If POC_Role = 2, 3, and/or 4 (but not 1), fill "EXTERNAL BILLING SERVICE";
- If POC_Role = 1 (but not 2, 3, and/or 4), fill "MEDICAL RECORDS SERVICE";

- If POC_Role = 1 and POC_Role = 2, 3, and/or 4, fill **“MEDICAL RECORDS OR EXTERNAL BILLING SERVICE”**.

[IF B4a = 1 (YES), GO TO CONTACT BLOCK;
 IF B4a = 2 (NO), RETURN TO POC GRID, MAKE THIS POC NOT PRIMARY, AND MAKE THEM INACTIVE. ALSO, DISPLAY: **“My supervisor or someone else may call back in the future to try to gather additional information. Thank you for your time.”** ALSO DISPLAY: **“PLEASE RETURN TO POC GRID NOW.”**]

SCREEN LAYOUT

B4b. **I would like to send the authorization form to you, along with additional information explaining the study. I need to be sure I have the correct information for the packet. Should I direct it to you?**

READ IF THE PERSON ON THE PHONE WOULD LIKE TO PROVIDE THE DATA PRIOR TO RECEIVING AUTHORIZATION FORMS: **(In order to remain HIPAA compliant, I need to send you the authorization form first. Once you have received the form, then we can arrange for the collection of the data.)**

YES.....= 1
 NO.....= 2

(IF THEY SAY NO, GO TO THE CONTACT BLOCK.)

PROGRAMMER NOTES

IF B4b = 1, GO TO B4b_1;
 IF B4b = 2, NO FURTHER ITEMS ARE DISPLAYED. DCS IS INSTRUCTED (VIA ONSCREEN INSTRUCTION) TO GO TO CONTACT BLOCK.

SCREEN LAYOUT

B4b_1. **Do you want me to send them to you by fax, mail, [FILL_EMAILPORTAL]?**

IF POC REQUESTS EMAIL, BUT IT IS NOT AVAILABLE: (For security reasons, emailing of authorization forms is offered only to providers with fewer than 25 patients in the sample.)

1 BY FAX
 2 BY MAIL
 4 BY ELECTRONIC PORTAL
 5 BY EMAIL

PROGRAMMER NOTES

- [FILL_EMAILPORTAL]:
 [FILL_EMAILPORTAL] VARIES BY CONTACT GROUP SIZE:
- IF NUMBER OF PAIRS IN CONTACT GROUP IS MORE THAN 24 [FILL_EMAILPORTAL] = **or send them electronically**
 - IF NUMBER OF PAIRS IN CONTACT GROUP IS LESS THAN 25 [FILL_EMAILPORTAL] = **secure email, or through our electronic portal**

OPTION 5 (BY EMAIL) IS DISPLAYED ONLY FOR CONTACT GROUPS WITH 24 OR FEWER PAIRS.

IF 1 (BY FAX) IS SELECTED, CHECK CONTACT BLOCK FIELD: FAX. IF NOT COMPLETED, DISPLAY TWO TEXT FIELDS UNDER THE RESONSE OPTIONS TO COLLECT AND VERIFY THE FAX NUMBER. ONSCREEN TEXT ABOVE THE TEXT FIELDS: **“You have selected to receive AFs by fax, however, I do not have a fax number on record. Can you provide your fax number so I can fax you the AFs?”** LABEL THE TOP FIELD “FAX” AND THE BOTTOM FIELD AS “VERIFY FAX”. REQUIRE 10 DIGITS IN EACH FIELD. ONCE AN ENTRY IS MADE IN THE FAX FIELD, DISPLAY A WARNING MESSAGE IN RED TEXT NEXT TO THE “VERIFY FAX” FIELD UNTIL BOTH FIELDS MATCH. THE WARNING MESSAGE SAYS: **“Fax entries do not match”**. ONCE BOTH FAX FIELDS MATCH, A “Save Fax” BUTTON ON SCREEN BECOMES ACTIVE.

IF 2 (BY MAIL) IS SELECTED, CHECK CONTACT BLOCK FIELDS: ADDRESS, CITY, STATE, ZIP. IF NOT COMPLETED, DISPLAY ADDRESS, ADDRESS (LINE 2), AND CITY TEXT FIELDS, A STATE DROP-DOWN MENU, AND A ZIP CODE FIELD UNDER THE RESPONSE OPTIONS TO COLLECT THE FULL ADDRESS. ONSCREEN TEXT ABOVE THE FIELDS: **"You have selected to receive AFs by mail, however, I do not have an address on record. Can you provide your mailing address so I can mail you the AFs?"** LABEL THE FIELDS (IN ORDER) ADDRESS, ADDRESS (LINE 2), CITY, STATE, ZIP. ONCE A STATE IS SELECTED, A "Save Address" BUTTON ON SCREEN BECOMES ACTIVE.

IF 4 (BY ELECTRONIC PORTAL) IS SELECTED, DISPLAY TWO TEXT FIELDS TO COLLECT THE POC E-MAIL ADDRESS AND TO VERIFY THE POC E-MAIL ADDRESS. ONSCREEN TEXT ABOVE THE TEXT FIELDS: **"You have selected to receive AFs by electronic portal, however, I do not have an email address on record. Can you provide your email address so I can send you the necessary information to retrieve the AFs?"** LABEL THE TOP TEXT FIELD AS "E-MAIL" AND THE BOTTOM FIELD AS "VERIFY E-MAIL". ALLOW UP TO 250 CHARACTERS IN EACH FIELD. ONCE AN ENTRY IS MADE IN THE E-MAIL FIELD, DISPLAY A WARNING MESSAGE IN RED TEXT NEXT TO THE "VERIFY E-MAIL" FIELD UNTIL BOTH FIELDS MATCH. THE WARNING MESSAGE SAYS: **"Email entries do not match"**. ONCE BOTH EMAIL FIELDS MATCH, A "Save Email" BUTTON ON SCREEN BECOMES ACTIVE.

IF 5 (BY EMAIL) IS SELECTED, DISPLAY TWO TEXT FIELDS TO COLLECT THE POC E-MAIL ADDRESS AND TO VERIFY THE POC E-MAIL ADDRESS. ONSCREEN TEXT ABOVE THE TEXT FIELDS: **"You have selected to receive AFs by email, however, I do not have an email address on record. Can you provide your email address so I can send you the AFs?"** LABEL THE TOP TEXT FIELD AS "E-MAIL" AND THE BOTTOM FIELD AS "VERIFY E-MAIL". ALLOW UP TO 250 CHARACTERS IN EACH FIELD. ONCE AN ENTRY IS MADE IN THE E-MAIL FIELD, DISPLAY A WARNING MESSAGE IN RED TEXT NEXT TO THE "VERIFY E-MAIL" FIELD UNTIL BOTH FIELDS MATCH. THE WARNING MESSAGE SAYS: **"Email entries do not match"**. ONCE BOTH EMAIL FIELDS MATCH, A "Save Email" BUTTON ON SCREEN BECOMES ACTIVE.

IN A BOX UNDER THE RESPONSE OPTIONS AND UNDER ANY DISPLAYED TEXT FIELDS FOR COLLECTING MISSING FAX, ADDRESS, OR EMAIL INFORMATION, DISPLAY THE POC NAME, PHONE NUMBER, AND PHONE EXTENSION. LABEL THE BOX: "POC DETAILS FOR REFERENCE:" ALSO, IF B4b_1 = BY FAX, DISPLAY THE FAX NUMBER FROM CONTACT BLOCK. IF B4b_1 = BY MAIL, DISPLAY THE FULL ADDRESS (ADDRESS, ADDRESS (LINE 2), CITY, STATE, ZIP) FROM CONTACT BLOCK. IF B4b_1 = BY ELECTRONIC PORTAL OR BY EMAIL, DISPLAY THE EMAIL ADDRESS FROM CONTACT BLOCK. AFTER THE DISPLAYED INFORMATION, PROVIDE AN "EDIT POC" BUTTON, WITH THE FOLLOWING DCS INSTRUCTION ABOVE THE BUTTON: **"IF EDITS ARE NEEDED, PLEASE CLICK EDIT BUTTON TO OPEN THE CONTACT BLOCK."**

IF B4b_1 = 5 (BY EMAIL) AND ACCOUNT FOR EMAILING AFS NOT ALREADY ASSOCIATED WITH USER EMAIL ADDRESS, GO TO B4b_2. IF USER EMAIL ADDRESS ALREADY HAS ACCOUNT FOR EMAILING AFS, GO TO B4b_3. ELSE, GO TO F1.

SCREEN LAYOUT

B4b_2. **You will receive an email from noreplyMEPS@RTI.org containing a file with the authorization forms. The file will be encrypted using a password that you choose. The password must be at least 8 characters, and must contain a mix of letters and numbers. Special characters can also be used.**

This password will be used any time we email Authorization Forms to this email address. What password would you like to use for the file?

PASSWORD IS CASE SENSITIVE

_____ PASSWORD

_____ VERIFY PASSWORD

PROGRAMMER NOTES

DISPLAY TWO TEXT FIELDS TO COLLECT THE SUGGESTED POC PASSWORD AND TO VERIFY THE POC PASSWORD. ONSCREEN TEXT ABOVE THE TEXT FIELDS: LABEL THE TOP TEXT FIELD AS "PASSWORD" AND THE BOTTOM FIELD AS "VERIFY PASSWORD". ALLOW UP TO 25 CHARACTERS IN EACH FIELD. ONCE AN ENTRY IS MADE IN THE PASSWORD FIELD, DISPLAY A WARNING MESSAGE IN RED TEXT NEXT TO THE "VERIFY PASSWORD" FIELD UNTIL BOTH FIELDS MATCH. THE WARNING MESSAGE SAYS: **"Password entries do not match"**. IF PASSWORDS IN BOTH FIELDS MATCH, BUT DO NOT MEET ALL REQUIREMENTS, DISPLAY

MESSAGE IN RED NEXT TO THE PASSWORD FIELD THAT SAYS: “Password must be at least 8 characters, and contain letters and numbers.” ONCE BOTH PASSWORD FIELDS MATCH AND MEET ALL REQUIREMENTS, A “Save Password” BUTTON ON SCREEN BECOMES ACTIVE.

GO TO F1.

SCREEN LAYOUT

B4b_3. You already have an account for receiving authorization forms by email to that address. You will receive an email from noreplyMEPS@RTI.org containing a file with the authorization forms. The file that is emailed to you will be encrypted. You will use the same password to open this file as you have used with previous emailed files.

IF POC NEEDS TO RESET PASSWORD, CLICK THE “Reset Password” BUTTON AND ENTER NEW PASSWORD. AFTER ENTERING NEW PASSWORD, TELL POC: (Your password has been updated. The password you provided will be used to open the encrypted file you receive by email.)

PROGRAMMER NOTES

UNDER DCS NOTE, “IF POC NEEDS TO RESET PASSWORD...” THERE IS A BUTTON LABELED “Reset Password”. CLICKING THIS BUTTON DISPLAYS TWO TEXT FIELDS TO COLLECT THE NEW SUGGESTED POC PASSWORD AND TO VERIFY THE POC PASSWORD. ONSCREEN TEXT ABOVE THE TEXT FIELDS: LABEL THE TOP TEXT FIELD AS “PASSWORD” AND THE BOTTOM FIELD AS “VERIFY PASSWORD”. ALLOW UP TO 25 CHARACTERS IN EACH FIELD. ONCE AN ENTRY IS MADE IN THE PASSWORD FIELD, DISPLAY A WARNING MESSAGE IN RED TEXT NEXT TO THE “VERIFY PASSWORD” FIELD UNTIL BOTH FIELDS MATCH. THE WARNING MESSAGE SAYS: “Password entries do not match”. IF PASSWORDS IN BOTH FIELDS MATCH, BUT DO NOT MEET ALL REQUIREMENTS, DISPLAY MESSAGE IN RED NEXT TO THE PASSWORD FIELD THAT SAYS: “Password must be at least 8 characters, and contain letters and numbers.” ONCE BOTH PASSWORD FIELDS MATCH AND MEET ALL REQUIREMENTS, A “Save Password” BUTTON ON SCREEN BECOMES ACTIVE.

GO TO F1.

EXPLAIN NEXT STEPS (part of SEND AFs)

SCREEN LAYOUT

F1. [FILL_F1]
 [FILL_F1_MR]
 [FILL_F1_PA]

AS NEEDED, PROBE: (Once you have received the authorization form packet, is there a delay before you're able to view it? **IF YES:** How long is that?)

PROVIDER WILL RESPOND:

BY PHONE.....	1
BY FAX.....	2
BY MAIL.....	3
BY ELECTRONIC PORTAL.....	4
BY EMAIL.....	5

PROGRAMMER NOTES

[FILL_F1] VARIES BY PROVIDER TYPE AND BY CONTRACT GROUP SIZE FOR OBD AND SBD:

- IF OBD [FILL_F1] = **Within the next [FILL_FAXMAILTIME] we will [FILL_FAXMAIL] the authorization forms and include instructions for providing the information we need. I will call you back to confirm receipt [FILL_HOW_RESPOND] We may call again if other patients identify your practice as a source of medical services.**
- IF SBD [FILL_F1] = **Within the next [FILL_FAXMAILTIME] we will [FILL_FAXMAIL] the authorization forms and include instructions for providing the information we need. I will call you back to confirm receipt [FILL_HOW_RESPOND] We may call again if other patients identify your practice as a source of medical services.**
- IF HH OR HHN [FILL_F1] = **Within the next [FILL_FAXMAILTIME] we will [FILL_FAXMAIL] the authorization forms and include instructions for providing the information we need. I will call you back to confirm receipt, and collect the information over the phone. For each date of service in [[FILL_YR]], I will need to collect the **charges, payments, diagnoses, and services.** We may call again if other patients identify your practice as a source of medical services.**
- IF PHAR [FILL_F1] = **Within the next [FILL_FAXMAILTIME] we will [FILL_FAXMAIL] the authorization forms and include instructions for providing the information we need. I will call you back to confirm receipt. Once you have received the authorization form(s) you can send us the prescription records by fax, mail, our electronic portal, or email, or I can collect the data over the phone. Remember that we are only asking for prescriptions or supplies that were sold and picked up by your customer in [[FILL_YR]]. The information we need includes **date filled, NDC, quantity, days supplied, patient payment, and third party payment and type.** We may call again if other patients identify this pharmacy as a source of prescribed medication.**
- IF HOSP [FILL_F1] = **Within the next [FILL_FAXMAILTIME] we will [FILL_FAXMAIL] the authorization forms and include instructions for providing the information we need. I will call you back to confirm receipt. Once you have received the authorization form(s) you can send us the [[FILL_MED_BILL]] records by fax, mail, our electronic portal, or email. We may call again if other patients identify your practice as a source of medical services.**
- IF INST [FILL_F1] = **Within the next [FILL_FAXMAILTIME] we will [FILL_FAXMAIL] the authorization forms and include instructions for providing the information we need. I will call you back to confirm receipt. Once you have received the authorization form(s) you can send us the [[FILL_MED_BILL]] records by fax, mail, our electronic portal, or email, or we can call back to collect the data over the phone. We may call again if other patients identify your practice as a source of medical services.**

[FILL_HOW_RESPOND]:

- IF OBD, AND # OF PAIRS IS < OR = 25 AND B2 = 1, [FILL_HOW_RESPOND]: , **and collect the information over the phone. For each date of service in [[FILL_YR]], I will need to collect the **charges, payments, and services.****

- IF OBD, AND # OF PAIRS IS > 25 AND/OR B2 DOES NOT = 1, [FILL_HOW_RESPOND]: . **Once you have received the authorization form(s) you can send us the billing and payment records by fax, mail, our electronic portal, or email. For each date of service in [[FILL_YR]], we are requesting information about charges, payments, and services provided in [[FILL_YR]].**
- IF SBD, AND # OF PAIRS IS < OR = 25, [FILL_HOW_RESPOND]: , **and collect the information over the phone. For each date of service in [[FILL_YR]], I will need to collect the charges, payments, and services.**
- IF SBD, AND # OF PAIRS IS > 25, [FILL_HOW_RESPOND]: . **Once you have received the authorization form(s) you can send us the billing and payment records by fax, mail, our electronic portal, or email. For each date of service in [[FILL_YR]], we are requesting information about charges, payments, and services provided in [[FILL_YR]].**

[FILL_FAXMAILTIME]:

- IF B4b_1 = 1 (BY FAX), [FILL_FAXMAILTIME]: **30 minutes**
- IF B4b_1 = 2 (BY MAIL) or 4 (BY ELECTRONIC PORTAL) or 5 (BY EMAIL), [FILL_FAXMAILTIME]: **24 hours**

[FILL_FAXMAIL]:

- IF B4b_1 = 1 (BY FAX), [FILL_FAXMAIL]: **fax**
- IF B4b_1 = 2 (BY MAIL), [FILL_FAXMAIL]: **mail**
- IF B4b_1 = 4 (BY ELECTRONIC PORTAL), [FILL_FAXMAIL]: **electronically upload**
- IF B4b_1 = 5 (BY EMAIL), [FILL_FAXMAIL]: **email**

[FILL_MED_BILL]:

- If POC_Role=1 (but not 2, 3, or 4), fill **“medical”**;
- If POC_Role-2, 3, and/or 4 (but not 1), fill **“billing and payment”**;
- If POC_Role = 1 and POC_Role = 2, 3, and/or 4, fill **“billing and payment/medical”**.

FILL_F1_MR and FILL_F1_PA are populated for only HOSP and INST provider types. Otherwise, they are blank.

IF POC_Role = 1, [FILL_F1_MR]: **“For each date of service in [[FILL_YR]], we are requesting information about the diagnoses and services, and the names of the physicians who treated each patient in [[FILL_YR]].”**

IF POC_Role NE 1, [FILL_F1_MR]: “ “

IF POC_Role = 2, 3, and/or 4, [FILL_F1_PA]: **“For each date of service in [[FILL_YR]], we are collecting the amounts charged for services before any adjustments or discounts, and the sources and amounts of payment.”**

IF POC_Role NE 2, 3, and/or 4, [FILL_F1_PA]: “ “

If POC_Role includes both 1 as well as 2, 3, and/or 4, populate both [FILL_F1_MR] and [FILL_F1_PA].

OPTION 1 (BY PHONE) DOES NOT APPEAR FOR HOSP PROVIDER TYPE. FOR OBD PROVIDER TYPE, IF ITEM B2 = 2, F1 OPTION 1 (BY PHONE) DOES NOT APPEAR. 2025 UPDATE: IF PROVIDER TYPE IS OBD, AND ANSWER TO B2 IN ELIGIBILITY SECTION IS 5 (THIS IS SOMETHING ELSE), DO NOT DISPLAY OPTION 1 (BY PHONE) FOR F1. 2025 UPDATE: IF PROVIDER TYPE IS OBD, AND ELIGIBILITY SECTION IS INCOMPLETE, DO NOT DISPLAY OPTION 1 (BY PHONE). SPECIFICALLY, THIS (NOT DISPLAYING OPTION 1 AT F1) APPLIES IN ANY OF THE FOLLOWING CIRCUMSTANCES:

- Provider type is OBD, and B2 has no answer. Or,
- Provider type is OBD, and answer to B2 is 1 or 5, and OBD_B3 has no answer. Or,
- Provider type is OBD, and answer to B2 is 1 or 5, and answer to OBD_B3 is 1 or 3, and OBD_B3_1 has no answer. Or,
- Provider type is OBD, and answer to B2 is 1 or 5, and answer to OBD_B3 is 1 or 3, and answer to OBD_B3_1 is 2, and OBD_B3a has no answer.

SAVE TEXT WORDS RATHER THAN CODES FOR THIS ITEM.

IF 4 (BY ELECTRONIC PORTAL) IS SELECTED, AND AN EMAIL ADDRESS HAS NOT ALREADY BEEN COLLECTED IN CONTACT BLOCK OR AT B4b_1, DISPLAY TWO TEXT FIELDS TO COLLECT THE POC E-MAIL ADDRESS AND TO VERIFY THE POC E-MAIL ADDRESS. ONSCREEN TEXT ABOVE THE TEXT FIELDS: **“You have selected to send**

us records by electronic portal, however, I do not have an email address on record. Can you provide your email address so I can send you the necessary information to send the records?"

LABEL THE TOP TEXT FIELD AS "E-MAIL" AND THE BOTTOM FIELD AS "VERIFY E-MAIL". ALLOW UP TO 250 CHARACTERS IN EACH FIELD. ONCE AN ENTRY IS MADE IN THE E-MAIL FIELD, DISPLAY A WARNING MESSAGE IN RED TEXT NEXT TO THE "VERIFY E-MAIL" FIELD UNTIL BOTH FIELDS MATCH. THE WARNING MESSAGE SAYS: "Email entries do not match". ONCE BOTH EMAIL FIELDS MATCH, A "Save Email" BUTTON ON SCREEN BECOMES ACTIVE.

IF EMAIL ADDRESS WAS ALREADY CAPTURED IN CONTACT BLOCK OR AT B4b_1, DO NOT DISPLAY EMAIL FIELDS IN THIS ITEM. THAT SAME EMAIL ADDRESS FROM CONTACT BLOCK OR B4b_1 WILL BE USED FOR ALLOWING POC TO POST RECORDS TO PORTAL.

2022 CYCLE UPDATE: Items F1 and F2 combined into item F1.
USE TABLE BELOW TO DETERMINE GO TO RULES AFTER ITEM F1.

B4b_1 response	F1 response	GO TO
EQUAL 4 (BY ELECTRONIC PORTAL)	EQUAL 1, 2, OR 3	F3
NE 4 (BY ELECTRONIC PORTAL)	EQUAL 1, 2, OR 3	ALLOW ONLY NAVIGATION THREE BUTTON OPTIONS: "Send AF event", "Return to POC Grid", AND "Go to Contact Block".
ANY	EQUAL 4 (BY ELECTRONIC PORTAL)	F3
ANY	EQUAL 5 (BY EMAIL)	F1b

When the Send AF event button is pressed, display a Send AF Event Selection pop-up screen. That screen allows the user to access and apply the applicable events. The applicable events are filtered based on Providertype, medical/billing categorization, and AFMethod (fax/mail/web). The filters are specified in the excel file:

file:///Rtints27/MEPS/0215974/400_Systems_Maintenance/ContactGuideReDesign/SendAFEvents.xlsx

In addition, there should be a checkbox (Show All Events) which allows the user to get the whole list of events (meaning, does not filter by providertype, medical/billing or afmethod). This is to allow them to select any event they want for unforeseen situations.

Allow comments in a "GENERAL EVENT COMMENT" field. Button options are: "Post Event" and "Cancel".

The Send AF Event Selection screen also allows the DCS to input cover sheet comments for the AF packet, and it has check boxes to indicate whether individual packets are needed, whether the packet is a military packet, and whether it's a partial packet. If THIS IS A PARTIAL PACKET is checked, a grid is made available with check boxes to indicate which AFs get included in the packet.

SCREEN LAYOUT

F1b. Great. When you email the records, I need you to encrypt the records but not the email. We are only able to accept records by email that are properly encrypted.

Please encrypt the records using WinZip or 7-Zip before emailing them, and use the following password to encrypt them: [FILL_ENCRYPT]

Email the encrypted records to: [FILL_ENCEMAIL]

Please do not encrypt the entire email – just the file(s) containing the records. And, do not include any patient names or identifiers in the email or file name.

DCS: IF POC CANNOT USE WINZIP OR 7-ZIP TO ENCRYPT THE FILE, OR INSISTS ON ENCRYPTING THE ENTIRE EMAIL, PLEASE HAVE THEM CHOOSE ANOTHER METHOD FOR RETURNING RECORDS/PROVIDING DATA AT ITEM F1.

PROGRAMMER NOTES

2024 CYCLE UPDATE: ITEM F1b ADDED.

[FILL_ENCEMAIL]: EMAIL ADDRESS FOR SENDING RECORDS TO THE MPC.

[FILL_ENCRYPT]: ENCRYPTION PASSWORD.

IF B4b_1 = 4 (BY ELECTRONIC PORTAL) GO TO F3. ELSE, ALLOW ONLY NAVIGATION THREE BUTTON OPTIONS: "Send AF event", "Return to POC Grid", AND "Go to Contact Block".

SCREEN LAYOUT

F3. [FILL_F3]

PROGRAMMER NOTES

[FILL_F3]:

- IF B4B_1 = BY ELECTRONIC PORTAL, AND IF EMAIL ADDRESS COLLECTED IN CONTACT BLOCK OR B4b_1 ALREADY HAS PORTAL ACCOUNT: **When the authorization form packet is ready, you will receive an email from noreplyMEPS@rti.org notifying you that the packet is ready. Use the link in the email to access the electronic portal. Once logged in, please go to the Download Authorization Form Packets page.**

You will have 30 calendar days to download the authorization form packet from the electronic portal. The authorization form packet link will disappear after 30 days. It is very important that you download the packet to a different place so you can access it at a later time. It will no longer be available after 30 calendar days from the date it is posted.

IN THE SCENARIO IMMEDIATELY ABOVE, POC IS SENT VERSION A PORTAL EMAIL (EXISTING USER RECEIVING AFs).

- IF B4B_1 = BY ELECTRONIC PORTAL, AND IF EMAIL ADDRESS COLLECTED IN CONTACT BLOCK OR B4b_1 IS CREATING A NEW PORTAL ACCOUNT: **When the authorization form packet is ready, you will receive an email from noreplyMEPS@rti.org notifying you that the packet is ready and inviting you to create an account. A personalized link in that email will take you to a registration form for setting up a username, password, and a security question and answer. You must complete this setup process within 30 days of receiving the email. Once you have registered, you can access the electronic portal using the new username and password you create. You can use the login over the course of the project.**

You will have 30 calendar days to download the authorization form packet from the electronic portal. The authorization form packet link will disappear after 30 days. It is very important that you download the packet to a different place so you can access it at a later time. It will no longer be available after 30 calendar days from the date it is posted.

IN THE SCENARIO IMMEDIATELY ABOVE, POC IS SENT VERSION B PORTAL EMAIL (NEW USER RECEIVING AFs).

- IF B4B_1 = BY FAX OR BY MAIL OR BY EMAIL AND F1 = BY ELECTRONIC PORTAL, AND IF EMAIL ADDRESS COLLECTED IN CONTACT BLOCK OR B4b_1 ALREADY HAS PORTAL ACCOUNT: **You will receive an email from noreplyMEPS@rti.org with a link to the MEPS electronic portal. Use your existing username and password that you created to log in. Once you have logged in, use the portal's "Upload Patient Records" page to send records to us.**

IN THE SCENARIO IMMEDIATELY ABOVE, POC IS SENT VERSION C PORTAL EMAIL (EXISTING USER NOT RECEIVING AFs).

- IF B4B_1 = BY FAX OR BY MAIL OR BY EMAIL AND F1 = BY ELECTRONIC PORTAL, AND IF EMAIL ADDRESS COLLECTED IN CONTACT BLOCK OR B4b_1 IS CREATING A NEW PORTAL ACCOUNT (I.E., USER DOES NOT ALREADY HAVE A PORTAL ACCOUNT): **You will receive an email from noreplyMEPS@rti.org inviting you to create an account. A personalized link in that email will take you to a registration form for setting up a username, password, and a security question and answer. You must**

complete this setup process within 30 days of receiving the email. Once you have registered, you can access the electronic portal using the new username and password you create. You can use the login over the course of the project.

Use the portal's "Upload Patient Records" page to send records to us.

IN THE SCENARIO IMMEDIATELY ABOVE, POC IS SENT VERSION D PORTAL EMAIL (NEW USER NOT RECEIVING AFs).

ALLOW ONLY NAVIGATION TWO BUTTON OPTIONS: "Send AF event" and "Return to POC Grid".

When the Send AF event button is pressed, display a Send AF Event Selection pop-up screen. That screen allows the user to access and apply the applicable events. The applicable events are filtered based on Providertype, medical/billing categorization, and AFMethod (fax/mail/web/email). The filters are specified in the excel file:

file:///Rtints27/MEPS/0215974/400_Systems_Maintenance/ContactGuideReDesign/SendAFEvents.xlsx

In addition, there should be a checkbox (Show All Events) which allows the user to get the whole list of events (meaning, does not filter by providertype, medical/billing or afmethod). This is to allow them to select any event they want for unforeseen situations.

2021 Cycle update: At the AF Event Selection screen for OBD only, the 401, 411, or 4810 code (depending on method of sending the packet a POC prefers) will be the default/pre-selected code at the AF Event Selection screen. The 401, 411, or 4810 code get selected by default by the system, but the DCS can still change the code before clicking the Post Event button.

Allow comments in a "GENERAL EVENT COMMENT" field. Button options are: "Post Event" and "Cancel".

The Send AF Event Selection screen also allows the DCS to input cover sheet comments for the AF packet, and it has check boxes to indicate whether individual packets are needed, whether the packet is a military packet, and whether it's a partial packet. If THIS IS A PARTIAL PACKET is checked, a grid is made available with check boxes to indicate which AFs get included in the packet.

2025 Cycle update:

At the top of the Send AFs screen, display a warning if the Eligibility section of the Contact Guide has not been completed for an OBD case. This applies only to OBD provider types. The warning message is:

Warning: Complete Eligibility Section before sending AFs.

This message is displayed only under one of the following circumstances:

- Provider type is OBD, and B2 has no answer. Or,
- Provider type is OBD, and answer to B2 is 1 or 5, and OBD_B3 has no answer. Or,
- Provider type is OBD, and answer to B2 is 1 or 5, and answer to OBD_B3 is 1 or 3, and OBD_B3_1 has no answer. Or,
- Provider type is OBD, and answer to B2 is 1 or 5, and answer to OBD_B3 is 1 or 3, and answer to OBD_B3_1 is 2, and OBD_B3a has no answer.

2023 Cycle update: Under item F3, add information showing a POC's portal username, if they already have a portal account. If they do not have a portal account already, this section would not show. FILL_PORTAL_USERNAME is the portal username attached to the POC's email address captured in the Contact Block. Text to add is:

DCS: IF POC HAS FORGOTTEN THEIR PORTAL USERNAME, READ THIS:

(Your MEPS Portal username is [FILL_PORTAL_USERNAME].)

CONFIRM AFs

SCREEN LAYOUT

G1. DCS: CONFIRM YOU ARE SPEAKING WITH [POC_NAME].

Hello, my name is [YOUR NAME]. I am calling on behalf of the U.S. Department of Health and Human Services. For quality assurance and training purposes, this call may be monitored. We previously spoke about the MEPS study.

Did you receive the authorization form[s] we sent to you?

YES = 1
NO = 2

IF POC DID NOT RECEIVE AFs: CLICK NO, AND GO TO THE CONTACT BLOCK TO VERIFY/UPDATE POC CONTACT INFORMATION.

PROGRAMMER NOTES

UNDER DCS NOTE, "IF POC DID NOT RECEIVE AFs..." THERE IS A BUTTON LABELED "UPDATE HOW POC RESPONDS (F1)". CLICKING THIS BUTTON DISPLAYS A BOX THAT ALLOWS THE DCS TO CHANGE THE POC RESPONSE TO ITEM F1, INDICATING HOW THEY WILL RESPOND TO PROVIDE DATA. TEXT IN THE BOX INCLUDES: "PROVIDER WILL RESPOND:" ALONG WITH RESPONSE CATEGORIES: "BY PHONE," "BY FAX," "BY MAIL," "BY ELECTRONIC PORTAL" AND "BY EMAIL". TWO BUTTONS ARE DISPLAYED AT THE BOTTOM OF THE BOX: "SAVE F1" AND "CANCEL." CLICKING SAVE F1 UPDATES THE RESPONSE CATEGORY FOR ITEM F1, IF CHANGES WERE MADE. 2023 UPDATE: IF THE PROVIDER TYPE IS OBD, AND THE ANSWER TO B2 IS 2 ("THIS IS A HOSPITAL..."), REMOVE THE "BY PHONE" OPTION FROM THE "PROVIDER WILL RESPOND" OPTIONS IN THE "UPDATE HOW POC RESPONDS" BUTTON ASSOCIATED WITH ITEM G1. 2024 UPDATE: REMOVE "BY PHONE" OPTION FOR HOSPITAL CONTACT GROUPS.

IF PROVIDER TYPE IS HOSPITAL OR INSTITUTION, AND G1 = 1, DISPLAY THE FOLLOWING INSTRUCTIONAL TEXT UNDER THE RESPONSE OPTIONS BUT ABOVE THE "UPDATE HOW POC RESPONDS BUTTON": "DCS: AS NEEDED, ASK POC TO SEND A KEY TO DATA IN RECORDS THEY WILL BE SENDING."

IF G1=2, DCS IS TO FOLLOW ONSCREEN INSTRUCTION AND USE "Go to Contact Block" BUTTON TO UPDATE POC INFORMATION.

IF G1=1: [IF F1=1, GO TO G4_PH; ELSE, GO TO G4]

SCREEN LAYOUT

G4_PH. If it is convenient for you, we can just go ahead and complete the data forms together over the phone right now. I'd be happy to hold on while you get the information you need from your records.

1. WILL COMPLETE BY PHONE NOW. DCS: PLEASE POST CONFIRM AF EVENT, THEN GO TO CMS.
2. WILL COMPLETE BY PHONE IN THE FUTURE.
3. WILL NOT COMPLETE BY PHONE / WILL SEND IN RECORDS. DCS: UPDATE ANSWER TO F1 TO CONTINUE

PROGRAMMER NOTES

[IF 1, DCS WILL USE Confirm AF event BUTTON THEN "Go To CMS" BUTTON;

IF 2, GO TO G4_PH_B

IF 3, DCS WILL USE Confirm AF event BUTTON]

2022 CYCLE UPDATE (this update is repeated at item G4): The "Confirm AF event" button will be disabled on this screen until either a date and time are captured in item G4 (if records are being sent) or until G4_PH is fully answered by selecting the first option (completing phone data collection now) or selecting the second option (completing by phone in the future

and setting an appointment). Once a full answer to either G4 or G4_PH is entered, the “Confirm AF event” button becomes active and the DCS can move forward with assigning an event code.

SEE ITEM G4_1 PROGRAMMER NOTES FOR DESCRIPTION OF AF Event Selection SCREEN FUNCTION.

SCREEN LAYOUT

G4_PH_B. **I understand. What would be the best date and time to call you back to complete the data forms?**

[DISPLAY CALENDAR TO COLLECT DATE AND TIME]

PROGRAMMER NOTES

CALENDAR ALLOWS FOR SELECTION OF CALLBACK DATE, AND TIME.

DATE, TIME, AM/PM, AND TIME ZONE ARE COLLECTED AND USED IN FILL FOR G4_PH_C.

FOR SOFT APPOINTMENTS, LINKS ABOVE THE CALENDAR ARE DISPLAYED ALLOWING DCS TO SELECT CALLBACK OPTIONS WHEN AN EXACT TIME IS NOT SPECIFIED:

EARLY MORNING = 9AM
LATE MORNING = 11AM
EARLY AFTERNOON = 2PM
LATE AFTERNOON = 4PM

A “Save Appointment” BUTTON SAVES THE APPOINTMENT INFORMATION.

GO TO G4_PH_C.

SCREEN LAYOUT

G4_PH_C. **Thank you for your time. I will call you back on [FILL_APPT_DATE_TIME]**

PROGRAMMER NOTES

[FILL_APPT_DATE_TIME]: FILL DATE, TIME, AM/PM AND, TIME ZONE FROM G4_PH_B.

NAVIGATION BUTTONS AVAILABLE ARE: Confirm AF event, Return to POC Grid, and Go to Contact Block.

SCREEN LAYOUT

G4.

Our records indicate that you will [FILL_FAX_MAIL_UPLOAD_EMAIL] the records to us.

[FILL_G4]

[FILL_G4_MR]

[FILL_G4_PA]

IF THE POC MENTIONS UB04 OR CMS 1500, SAY: (We need a final itemized statement that includes payments and adjustments so that we do not have to call back to obtain this information, but we can use UB04/CMS 1500 forms to accompany these final itemized statements.)

IF POC MENTIONS A SUMMARY REPORT, SAY: (We need something like a tax statement that includes patient payment and third party payment, and type.)

When will you send us these records?

[DISPLAY CALENDAR]

PROGRAMMER NOTES

IF F1=1, DO NOT DISPLAY G4, G4_1, OR G6. IF F1 NE 1, DISPLAY G4.

[FILL_FAX_MAIL_UPLOAD_EMAIL]:

- IF F1 = 2, [FILL_FAX_MAIL_UPLOAD_EMAIL]: “**fax**”;
- IF F1 = 3, [FILL_FAX_MAIL_UPLOAD_EMAIL]: “**mail**”;
- IF F1 = 4, [FILL_FAX_MAIL_UPLOAD_EMAIL]: “**electronically upload**”;
- IF F1 = 5, [FILL_FAX_MAIL_UPLOAD_EMAIL]: “**email**”

[FILL_G4] VARIES BY PROVIDER TYPE:

- IF OBD, HH or HNH [FILL_G4] = **Please send in the final billing records for all [[FILL_YR]] dates of service for each patient listed. The information we are attempting to collect from these records includes diagnosis, services, charges, payments, and adjustments for each date of service.**
- IF SBD (FILL G4) = **Please send in the final billing records for all [[FILL_YR]] dates of service for each patient listed. The information we are attempting to collect from these records includes services, charges, payments, and adjustments for each date of service.**
- IF PHAR [FILL_G4] = **Please send in the complete [[FILL_YR]] records for each customer listed. The information we are attempting to collect from these records includes NDC, drug name, date filled, quantity dispensed, days supplied, and payments for each prescription.**
- IF HOSP or INST [FILL_G4] = **Please send in the complete [[FILL_MED_BILL]] records for all [[FILL_YR]] dates of service for each patient listed.**

FILL_G4_MR and FILL_G4_PA are populated for only HOSP and INST provider types. Otherwise, they are blank.

IF POC_Role = 1, [FILL_G4_MR]: “**The information we are attempting to collect from these records includes diagnosis and the names of providers who may have billed the patient separately from the hospital.**”

IF POC_Role NE 1, [FILL_G4_MR]: “ “

IF POC_Role = 2, 3, and/or 4, [FILL_G4_PA]: “**The information we are attempting to collect for billing includes, charges, payments, and adjustments for each date of service.**”

IF POC_Role NE 2, 3 and/or 4, [FILL_G4_PA]: “ “

If POC_Role includes both 1 as well as 2, 3, and/or 4, populate both [FILL_G4_MR] and [FILL_G4_PA].

[FILL_MED_BILL] for HOSP and INST provider types:

- If POC_Role=1 (but not 2, 3, or 4), fill “**medical**”;
- If POC_Role-2, 3, and/or 4 (but not 1), fill “**billing and payment**”;
- If POC_Role = 1 and POC_Role = 2, 3, and/or 4, fill “**billing and payment/medical**”.
- Note that for OBD, HH, and SBD, FILL_MED_BILL should always be “**billing and payment**”. PHAR should always be “**prescription**”.

[DISPLAY CALENDAR]: DATE IS CAPTURED VIA AN ONSCREEN CALENDAR. THE DATE SELECTED POPULATES IN A FILL FOR G4_1.

Program “UB04 and CMS 1500” DCS instruction to fill only for nonPharmacy provider types. Program “tax statement” DCS instruction to fill only for Pharmacy provider types.

If “BY ELECTRONIC PORTAL” is selected as the method of response by changing the selection from the Confirm AF questions section by use of the “UPDATE HOW POC RESPONDS (F1)” button,, display one of the following paragraph above the “IF THE POC MENTIONS UB04 OR CMS 1500” DCS instruction:

IF POC EMAIL ADDRESS IS ALREADY LINKED TO A PORTAL ACCOUNT: **You will receive an email from noreplyMEPS@rti.org with a link to the MEPS electronic portal. Use your existing username and password that you created to log in. Once you have logged in, use the portal’s “Upload Patient Records” page to send records to us.**

IN THE SCENARIO IMMEDIATELY ABOVE, POC IS SENT VERSION C PORTAL EMAIL (EXISTING USER NOT RECEIVING AFs).

IF POC EMAIL IS CREATING A NEW PORTAL ACCOUNT (I.E., USER DOES NOT ALREADY HAVE A PORTAL ACCOUNT): **You will receive an email from noreplyMEPS@rti.org inviting you to create an account. A personalized link in that email will take you to a registration form for setting up a username, password, and a security question and answer. You must complete this setup process within 30 days of receiving the email. Once you have registered, you can access the electronic portal using the new username and password you create. You can use the login over the course of the project.**

Use the portal's "Upload Patient Records" page to send records to us.

IN THE SCENARIO IMMEDIATELY ABOVE, POC IS SENT VERSION D PORTAL EMAIL (NEW USER NOT RECEIVING AFs).

DCS: IF NEEDED, USE "Re-Send Email" BUTTON ON OTHER ACTIONS SCREEN TO RE-SEND EMAIL TO POC.

If "BY EMAIL" is selected as the method of response at F1 within the Send AF questions section, and **not** updated through use of the "UPDATE HOW POC RESPONDS (F1)" button in the Confirm AF questions section, display the following DCS instruction above the "IF THE POC MENTIONS UB04 OR CMS 1500" DCS instruction:

IF POC NEEDS REMINDER(S) ABOUT PROCEDURES FOR EMAILING RECORDS:

- EMAIL ADDRESS: [FILL_ENCEMAIL]
- ENCRYPTION PASSWORD: [FILL_ENCRYPT]
- USE WINZIP OR 7-ZIP TO ENCRYPT FILE(S)

If "BY EMAIL" is selected as the method of response by changing the selection from the Confirm AF questions section by use of the "UPDATE HOW POC RESPONDS (F1)" button, display the following paragraph above the "IF THE POC MENTIONS UB04 OR CMS 1500" DCS instruction:

We cannot accept unencrypted records by email. Please encrypt the records using WinZip or 7-Zip before emailing them, and use the following password to encrypt them: [FILL_ENCRYPT]. Email the encrypted records to: [FILL_ENCEMAIL].

Please do not encrypt the entire email – just the file(s) containing the records.

DCS: IF POC CANNOT USE WINZIP OR 7-ZIP TO ENCRYPT THE FILE(S), OR INSISTS ON ENCRYPTING THE ENTIRE EMAIL, PLEASE HAVE THEM CHOOSE ANOTHER METHOD FOR RETURNING RECORDS/PROVIDING DATA AT ITEM F1.

[FILL_ENCEMAIL]: EMAIL ADDRESS FOR SENDING RECORDS TO THE MPC.

[FILL_ENCRYPT]: ENCRYPTION PASSWORD.

2022 CYCLE UPDATE (this update is repeated at item G4_PH): The "Confirm AF event" button will be disabled on this screen until either a date and time are captured in item G4 (if records are being sent) or until G4_PH is fully answered by selecting the first option (completing phone data collection now) or selecting the second option (completing by phone in the future and setting an appointment). Once a full answer to either G4 or G4_PH is entered, the "Confirm AF event" button becomes active and the DCS can move forward with assigning an event code.

GO TO G4_1

SCREEN LAYOUT

G4_1: **Thank you. We will call you back if we do not receive the records by [FILL G4 DAY, DATE].**

PROGRAMMER NOTES

[FILL G4 DAY, DATE]: DAY, DATE SHOULD BE USED FROM ENTRY IN G4 CALENDAR.

ALLOW ONLY NAVIGATION THREE BUTTON OPTIONS: "Confirm AF event", "Return to POC Grid", and "Go to Contact Block".

When the Confirm AF event button is pressed, display a pop-up screen: Confirm AF Event Selection screen. That screen allows the user to access and apply the applicable events. The applicable events are the events are provided by calling the stored procedure CMS_GetEventsByGroupName with the parameter 'Auth Form Sending and Verification'.

In addition, there should be a checkbox (Show All Events) which allows the user to get the whole list of events (meaning, does not filter by providertype or medical/billing). This is to allow them to select any event they want for unforeseen situations.

Allow comments in a "AF EVENT COMMENT" field. Button options are: "Post Event" and "Cancel".

PROMPT FOR RECORDS

SCREEN LAYOUT

G4_2:

DCS: PLEASE CONFIRM YOU ARE SPEAKING WITH [POC_NAME]. POC INDICATED THEY WILL [FILL_FAX_MAIL_UPLOAD] RECORDS.

Hello, my name is [YOUR NAME]. I am calling on behalf of the U.S. Department of Health and Human Services. For quality assurance and training purposes, this call may be monitored. We previously spoke about the MEPS study.

We were anticipating receiving [FILL_MED_BILL] records from you by [FILL G4 DATE], but my records show we have not received them. Have you sent the records to us?

YES.....1
NO.....2

PROGRAMMER NOTES

[FILL_MED_BILL]:

- If POC_Role=1 (but not 2, 3, or 4), fill "medical";
• If POC_Role=2, 3, and/or 4 (but not 1), fill "billing and payment";
• If POC_Role = 1 and POC_Role = 2, 3, and/or 4, fill "billing and payment/medical".

IF PROVIDER TYPE = HOSP OR INST, USE FILL_MED_BILL INSTRUCTIONS IMMEDIATELY ABOVE. IF PROVIDER TYPE = OBD OR HOME HEALTH, ALWAYS FILL WITH "billing and payment". IF PROVIDER TYPE = PHAR, ALWAYS FILL WITH "prescription".

[FILL G4 DATE]: DATE SHOULD BE USED FROM ENTRY IN G4 CALENDAR.

IF G4_2 = 1, GO TO G4_3;

IF G4_2 = 2 GO TO G4_5

[FILL_FAX_MAIL_UPLOAD]:

- IF F1 = 2, [FILL_FAX_MAIL_UPLOAD]: "fax";
IF F1 = 3, [FILL_FAX_MAIL_UPLOAD]: "mail";
IF F1 = 4, [FILL_FAX_MAIL_UPLOAD]: "electronically upload"

SCREEN LAYOUT

G4_3: How did you send the records? Did you fax, mail hardcopies via express or regular mail, mail CDs via express or regular mail, use a record service's portal, or email?

BY FAX.....1
BY EXPRESS MAIL.....2
BY REGULAR MAIL.....3
ON CDs BY EXPRESS MAIL.....4
ON CDs BY REGULAR MAIL.....5
THROUGH RECORDS SERVICE PORTAL.....6
UPLOADED TO MEPS (RTI) PORTAL.....7
BY EMAIL.....8
OTHER (SPECIFY: _____).....99

IF POC IS SENDING CD: (Was the password provided or did you send it separately? Can you tell me the password used to encrypt the file please?)

IF POC IS SENDING BY EMAIL AND DID NOT USE THE PROVIDED ENCRYPTION PASSWORD OF [FILL_ENCRYPT]: (What password did you use to encrypt the emailed records?)

PASSWORD: _____

PROGRAMMER NOTES

OTHER/SPECIFY TEXT FIELD ALLOWS UP TO 40 CHARACTERS.

ENCRYPTED PASSWORD TEXT FIELD ALLOWS UP TO 40 CHARACTERS.

IF DCS SELECTS OPTIONS 2 OR 4, DISPLAY A FIELD ON THE RIGHT SIDE OF THE SCREEN FOR CAPTURING TRACKING NUMBERS, WITH HEADER, "ENTER TRACKING NUMBER(S)". IF DCS SELECTS OPTION 6, DISPLAY A FIELD ON THE RIGHT SIDE OF THE SCREEN FOR CAPTURING INVOICE/ACCOUNT NUMBERS, WITH A HEADER, "CAPTURE INVOICE/ACCOUNT NUMBER(S)".

GO TO G4_4

SCREEN LAYOUT

G4_4: **What date did you send them?**

[DISPLAY CALENDAR]

Thank you for sending them. The records are received in a separate department and it can take a few days to upload the documents into our system. We will investigate and call you back if we have further questions. We apologize for any inconvenience.

PROGRAMMER NOTES

[DISPLAY CALENDAR]: DATE IS CAPTURED VIA AN ONSCREEN CALENDAR.

IF USER SELECTS A DATE IN THE FUTURE, DISPLAY ERROR MESSAGE IN RED TEXT BELOW CALENDAR: "ERROR: Sent date can't be a future date. Please select a past date."

ALLOW ONLY NAVIGATION TWO BUTTON OPTIONS: "Post Overdue Event" and "Return to POC Grid".

When the Post Overdue Event button is pressed, display a pop-up screen: Overdue Records Event Selection. That screen allows the user to access and apply the applicable events. The applicable events are events indicating records have been sent but not yet received.

The events include: "Prompted for MR", "Prompted for PA", and "Prompted for MR and PA" and indicate the provider already sent.

When the Post Overdue Event button is pressed, we should have a pop-up screen that lists one of these events automatically selected based on medical records and/or billing records.

In addition, there should be a checkbox (Show All Events) which allows the user to get the whole list of events (meaning, does not filter by providertype or medical/billing). This is to allow them to select any event they want for unforeseen situations.

Allow comments in a "AF EVENT COMMENT" field. Button options are: "Post Event" and "Cancel".

SCREEN LAYOUT

G4_5:

We need to obtain these records for the study as soon as possible. Is there something that can be done to speed up (or expedite) the process?

INTERVIEWER: LISTEN TO POC TO DETERMINE IF THERE IS ANYTHING WE CAN DO TO HELP FACILITATE THEM SENDING IN RECORDS. OFFER:

- ELECTRONIC PORTAL
- A FEDEX PICKUP FOR CASES THAT ARE ABOVE 15 PAIRS

IF POC IS SENDING BY EMAIL, PROVIDE EMAIL ADDRESS AND ENCRYPTION PASSWORD, AS NEEDED.

- EMAIL ADDRESS FOR SENDING RECORDS: [FILL_ENCEMAIL]
- ENCRYPTION PASSWORD FOR EMAILING RECORDS: [FILL_ENCRYPT]
- INSTRUCT THEM TO USE WINZIP OR 7-ZIP TO ENCRYPT THE RECORDS FILE(S).

PROGRAMMER NOTES

GO TO G4_5_1

SCREEN LAYOUT

G4_5_1: **When will you send us these records?**

[DISPLAY CALENDAR]

PROGRAMMER NOTES

[DISPLAY CALENDAR]: DATE IS CAPTURED VIA AN ONSCREEN CALENDAR. THE DATE SELECTED POPULATES IN [FILL G4_6 DAY, DATE] FILL FOR G4_6.

IF USER SELECTS A DATE IN THE PAST, DISPLAY ERROR MESSAGE IN RED TEXT BELOW CALENDAR: "ERROR: Send date can't be a past date. Please select a future date."

GO TO G4_6

SCREEN LAYOUT

G4_6: **Thank you. We will call you back if we do not receive the records by [FILL G4_6 DAY, DATE].**

PROGRAMMER NOTES

[FILL G4_6 DAY, DATE]: DAY, DATE SHOULD BE USED FROM ENTRY IN G4_6 CALENDAR.

ALLOW ONLY NAVIGATION TWO BUTTON OPTIONS: "Post Overdue event" and "Return to POC Grid".

When the Post Overdue Event button is pressed, display a pop-up screen: Overdue Records Event Selection. That screen allows the user to access and apply the applicable events. The applicable events are events indicating records have been sent but not yet received.

The events include "Prompted for MR", "Prompted for PA", and "Prompted for MR and PA" and indicate the provider will send.

When the Post Overdue event button is pressed, we should have a pop-up screen that posts one of these events automatically selected based on medical records and/or billing records.

In addition, there should be a checkbox (Show All Events) which allows the user to get the whole list of events (meaning, does not filter by providertype or medical/billing). This is to allow them to select any event they want for unforeseen situations.

Allow comments in a "AF EVENT COMMENT" field. Button options are: "Post Event" and "Cancel".

PROVIDER / AO CONTACT

We need an AO Contact button to show up in the Action column of the POC grid for every POC that has been tagged as Administrative Office in their POC_Role. This button will not show up for the first entry. This button should show up in other issues.

SCREEN LAYOUT

AO_A2.

IF AO POC WAS PROVIDED BY MEDICAL RECORDS OR PATIENT ACCOUNTS:

May I please speak to [POC NAME]?

IF NO AO POC PROVIDED BY MEDICAL RECORDS OR PATIENT ACCOUNTS:

Can I please speak to someone in your Medical Staffing department, Credentialing department, or whichever department handles contact information for doctors who provide services at your hospital?

IF THE PERSON YOU NEED TO TALK TO IS UNAVAILABLE ATTEMPT TO GET THEIR CONTACT INFORMATION VIA THE CONTACT BLOCK AND SET AN APPOINTMENT IF POSSIBLE.

CONTINUE, THIS PERSON CAN HELP = 1

COLLECT CONTACT INFORMATION FOR SOMEONE ELSE = 2 ([LINK TO Contact Block](#))

UNCLEAR WHO TO SPEAK TO = 3 (**DCS WILL EXIT CONTACT GUIDE**)

PROGRAMMER NOTES

IF DCS SELECTS 3 (UNCLEAR WHO TO SPEAK TO), DISPLAY UNDER RESPONSE OPTIONS: "THANK YOU: Thank you for your time. PLEASE RETURN TO THE POC GRID NOW."

[POC NAME] SHOULD FILL WITH THE POC MARKED AS PRIMARY AO POC

[IF AO_A2= 1 GO TO AO_A3,

IF AO_A2=2, GO TO CONTACT BLOCK,

IF AO_A2=3 GO TO POC GRID]

SCREEN LAYOUT

AO_A3. Hello, my name is [YOUR NAME].

I am calling on behalf of the U.S. Department of Health and Human Services.

We are conducting MEPS which is a study about how people in the United States use and pay for healthcare.

Earlier, your medical records department gave us information about the care that some of our study participants received at your facility and the names of the providers of that care. Now we need locating information for those providers and whether the charges for their services would be included in the facility's bill or billed separately by the provider. Can you provide this information?

POC: [POC NAME]

IF THIS PERSON CANNOT HELP, ASK TO BE TRANSFERRED TO SOMEONE WHO CAN.

CONTINUE, THIS PERSON CAN HELP.....= 1

COLLECT CONTACT INFORMATION FOR SOMEONE ELSE.....= 2

PROGRAMMER NOTES

[POC NAME] should fill with the name flagged as primary AO POC

[IF AO_A3=1, GO TO AO_A4,

IF AO_A3=2, GO TO CONTACT BLOCK;]

SCREEN LAYOUT

AO_A4. For quality assurance and training purposes, this call may be monitored. If it is convenient for you, I can collect this locating information over the phone right now. I'd be happy to hold on while you get the information you need from your records.

WILL COMPLETE BY PHONE NOW = 1
WILL COMPLETE BY PHONE IN THE FUTURE = 2

PROGRAMMER NOTES

[IF AO_A4=1 GO TO AO_A5;
IF AO_A4=2 GO TO AO_A4a]

SCREEN LAYOUT

AO_4a. I understand. What would be the best day and time to call you back to collect this information?

ASK WHICH DAY OF THE WEEK IS BEST.

ASK WHICH SECTIONS OF A DAY (MORNING, AFTERNOON) ARE BEST AND USE THE FOLLOWING GUIDELINES FOR SCHEDULING:

EARLY MORNING = 9AM
LATE MORNING = 11AM
EARLY AFTERNOON = 2PM
LATE AFTERNOON = 4 PM

[DISPLAY CALENDAR TO COLLECT DATE, TIME, AM/PM, AND TIMEZONE]

You have selected: [FILL DAY AND DATE FROM CALENDAR SELECTION]

PROGRAMMER NOTES

CALENDAR ALLOWS FOR SELECTION OF CALLBACK DATE AND TIME.

THE "EARLY MORNING," "LATE MORNING," ETC., OPTIONS ONSCREEN ARE LINKS. CLICKING ONE WILL FILL THE ASSOCIATED TIME INTO THE "Time" FIELDS FOR THIS ITEM.

Response options for TIME ZONE to:

Eastern (current time)
Central (1 hour earlier)
Mountain (2 hour earlier)
Mountain without Daylight Savings (1 hour earlier during DST)
Pacific Time Zone (3 hours earlier)
Alaskan (4 hours earlier)
Hawaiian (5 hours earlier)

ERROR MESSAGE FOR SETTING AN APPOINTMENT FOR A PAST DATE SHOULD NOT ALLOW THE USER TO ADVANCE BY PRESSING CONTINUE. THIS NEEDS TO BE A HARD CHECK SO THAT THEY GO BACK AND CORRECT IT.

IF COMPLETE, GO TO EXIT SCREEN

SCREEN LAYOUT

AO_A5.

PROGRAMMER NOTES

PULL UP THE LIST OF PROVIDERS THAT WAS COLLECTED IN MR SECTION OF EVENT FORMS WITHIN THE CONTACT GROUP

SBD SUB ROUTINE

SBD CUSTOM FORM

PROGRAMMER NOTES FOR SBD CUSTOM FORM FOR CONTACT GUIDES

THIS WEB FORM IS ACCESSED WHILE THE DCS/ABTRACTOR IS IN THE ADMINISTRATIVE OFFICE SECTION OF THE CONTACT GUIDE FOR HOSPITAL AND INSTITUTION PROVIDER TYPES. AT AO_A5 IN THE CONTACT GUIDE, THE SYSTEM PULLS UP AN SBD FORM FOR EACH OF THE SBDS LISTED IN THE SBD DATABASE FOR THE GIVEN PROVIDER. THE DCS COLLECTS THE CONTACT INFORMATION FOR EACH SBD AND ENTERS IT INTO THE SBD FORM. FOR SBDS ASSOCIATED WITH MULTIPLE SBD FORMS, SYSTEM POPULATES THE CONTACT INFORMATION WITHIN EACH SBD FORM ASSOCIATED WITH THAT SBD.

SCREEN LAYOUT

Point of Contact (POC):

[Cases](#)

PROVIDER/AO CONTACT SEPARATELY BILLING DOCTORS Call History Patient Listing

These questions are about Separately Billing Doctors.

Gid: 12183133	Provider Name: New York General	POC Name: Ally C	Phone Number: 654-564-5465	Extension:	Address:	Provider type:
	POC Type:		Fax: 333-333-3333		Email:	

COLLECT INFORMATION FOR SBDS BY CLICKING "SELECT" NEXT TO EACH SBD

NOTE: You must finalize each SBD after you are done collecting contact information. To do this, click "Finalize" in the table and answer TRACE1.

SBDS currently listed:

Edit	Updated	Name	ProviderPhone	Address	Specialty	Finalize	BillEx
Select		Joe Smith		,	Anesthesiology - Critical Care Medicine	Finalize()	
Select		Billy Turner		,	Anesthesiology - General	Finalize()	
Select		Ali Khan		,	Radiology - Diagnostic	Finalize()	
Select		Dr. Kareem Mitchell		,	Pathology - Clinical	Finalize()	
Select		Sally Miller		,	Surgery - General	Finalize()	
Select		Jun Park		,	General Practice	Finalize()	
Select		DK DK		,	Internal Medicine	Finalize()	

Return to POC Grid

SBD_CGINTRO. I want to ask about [PHYSICIAN NAME], whose specialty is [SPECIALTY]. This doctor was reported as someone who bills separately for services.

PROGRAMMER NOTE

[PHYSICIAN NAME] – should fill with NODE.SBDDOC from SBD_EF1; [SPECIALTY] should fill with NODE.SBDSPEC
 PHYSICIAN NAME should be in blue.

SCREEN LAYOUT

COLLECT INFORMATION FOR SBDs BY CLICKING "SELECT" NEXT TO EACH SBD

NOTE: You must finalize each SBD after you are done collecting contact information. To do this, click "Finalize" in the table and answer TRACE1.

SBDs currently listed:

Edit	Updated	Name	ProviderPhone	Address	Specialty	Finalize	BillEx
Select		Joe Smith		,	Anesthesiology - Critical Care Medicine	Finalize()	
Select		Billy Turner		,	Anesthesiology - General	Finalize()	
Select		Ali Khan		,	Radiology - Diagnostic	Finalize()	
Select		Dr. Kareem Mitchell		,	Pathology - Clinical	Finalize()	
Select		Sally Miller		,	Surgery - General	Finalize()	
Select		Jun Park		,	General Practice	Finalize()	
Select		DK DK		,	Internal Medicine	Finalize()	

YOU ARE EDITING A PREVIOUSLY ENTERED SBD RECORD

Update this SBD

Cancel Edit

SBD_CGINTRO.

I want to ask about Joe Smith, whose specialty is Anesthesiology - Critical Care Medicine. This doctor was reported as someone who bills separately for services.

SBD_CG8a.

Can you tell whether this physician bills separately or has charges included in your facility's bill?

-Select One-

REQUIRED

SBD_CG8a. Can you tell whether this physician bills separately or has charges included in your facility's bill?

BILLS SEPARATELY = 1

CHARGES INCLUDED IN FACILITY BILL = 2

BILLING ARRANGEMENT VARIES (SPECIFY) = 3

DON'T KNOW = 4

PROGRAMMER NOTE

Response to this question populates the column r_billlex.

This needs to be a "required" field

If answer is "CHARGES INCLUDED IN FACILITY BILL" (2), allow remaining fields to be blank.

If answer is "BILLS SEPARATELY = 1," "BILLING ARRANGEMENT VARIES (SPECIFY) = 3," or "DON'T KNOW = 4," present soft check after clicking Update this SBD button if (a) PHONE: field is incomplete and/or SBD_CG8b is unanswered.

IF SBD_CG8a=3, NEED AN "OTHER SPECIFY" TEXT BOX TO RECORD DETAILS OF HOW THE PHYSICIAN'S BILLING PRACTICES VARY. ALLOW UP TO 250 CHARACTERS.

SCREEN LAYOUT

SBD_CG7.
 What is the business practice phone number and location for William Kruller?

Name of Group Practice (If applicable):

PHONE: Format: xxx-xxx-xxxx

PHONE EXTENSION:

NATIONAL PROVIDER ID:

GROUP NPI:

STREET:

CITY:

STATE:

ZIP: Format: xxxxx or xxxxx-xxxx

SBD_CG7. What is the business practice phone number and location for [FILL_PHYSICIAN_NAME]?

NAME OF GROUP PRACTICE (IF APPLICABLE):
 PHONE:
 PHONE EXTENSION
 NATIONAL PROVIDER ID
 GROUP NPI:
 STREET:
 CITY
 STATE:
 ZIP:

PROGRAMMER NOTE

IF A GROUP NPI IS ENTERED, PROVIDE A HARD CHECK UPON CLICKING "Update this SBD" BUTTON TO ENSURE THE NPI IS EITHER BLANK OR 10 DIGITS.

[[FILL_PHYSICIAN_NAME] – should fill with NODE.SBDDOC from SBD_EF1;
 DK/REF – CONTINUE TO SBD_CG8B]

SCREEN LAYOUT

SBD_CG8b.
 Does this physician use a billing service or have billing contact information that is different than his or her business practice location?

YES
 NO

SBD_CG8b.

Does this physician use a billing service or have billing contact information that is different than his or her business practice location?

YES 1 R_BILLSRVC
 NO 2

PROGRAMMER NOTE

[(IF R_BILLSRVC = 1 (YES), GO TO SBD_CG9;
 IF R_BILLSRVC = 2 (NO), GO TO SBD_CG10]

SCREEN LAYOUT

SBD_CG9.
 What is the billing contact information?
 Use previously entered billing services for this Contact Group

Name of Billing Service:

PHONE of billing service:

PHONE EXTENSION:

Address of billing service:

STREET:

CITY:

STATE:

ZIP:

SBD_CG9. What is the billing contact information?

USE PREVIOUSLY ENTERED BILLING SERVICES FOR THIS CONTACT GROUP

- NAME OF BILLING SERVICE:
- PHONE OF BILLING SERVICE:
- PHONE EXTENSION:
- ADDRESS OF BILLING SERVICE:
- STREET
- CITY
- STATE
- ZIP

PROGRAMMER NOTE
 [DK/REF – CONTINUE TO SBD_CG10]

At “Use Previously entered billing services for this Contact Group” item: Provide a pick list of all current entered billing services for that Contact Group. After a service from the pick list is selected, activate the “Use This Service” button.

IF BILLING SERVICE IS SELECTED FROM LIST THEN THE ADDRESS AND PHONE INFORMATION SHOULD POPULATE. BEFORE STAFF ARE ABLE TO MOVE OFF THIS SCREEN A WARNING SHOULD POP UP: “Have you confirmed that the billing service name and contact information are accurate?”

THEY SHOULD ONLY BE ALLOWED TO MOVE FORWARD AFTER SELECTING YES AT THIS WARNING.

THEY SHOULD BE ABLE TO EDIT THE CONTACT INFORMATION THAT POPULATES.

SCREEN LAYOUT
 SBD_CG10. RECORD ANY NOTES AO GIVES ABOUT [FILL_PHYSICIAN_NAME]
GENERAL NOTES: R_GENNOTE

PROGRAMMER NOTE

[FILL_PHYSICIAN_NAME] – should fill with NODE.SBDDOC from SBD_EF1.

DK/REF – DONE WITH FORM

*[REPEAT SBD_CGINTRO THROUGH SBD_CG10 FOR EVERY PROVIDER WHO WAS CODED A R_NODE.SBDBILL=1 IN SBD_EF5.]

Clicking the hyperlink “Finalize” will open a brief survey, similar to the Disavowal hyperlink in Patient Listing Screen of the CMS.

SCREEN LAYOUT

How are you finalizing this SBD? **SELECT ONE.**

1. Done with this SBD- contacting information collected or confirmed does not bill separately
2. Done with this SBD – unable to collect contacting information
3. Still working to obtain contact information for this SBD

Screenshot:

COLLECT INFORMATION FOR SBDs BY CLICKING "SELECT" NEXT TO EACH SBD

NOTE: You must finalize each SBD after you are done collecting contact information. To do this, click "Finalize" in the table and answer TRACE1.

SBDs currently listed:

Edit	Updated	Name	ProviderPhone	Address	Specialty	Finalize	BillEx
Select	11/6/2020	Joe Smith	654-564-5165	, NY	Anesthesiology - Critical Care Medicine	Finalize()	1
Select	11/6/2020	Billy Turner	876-456-4671	, NY	Anesthesiology - General	Finalize()	1
Select	11/6/2020	Ali Khan	888-513-2132	, NJ	Radiology - Diagnostic	Finalize()	1
Select	11/6/2020	Dr. Kareem Mitchell	121-456-1445	, NY	Pathology - Clinical	Finalize()	1
Select	11/6/2020	Sally Miller	984-564-8465	, NY	Surgery - General	Finalize()	1
Select	11/6/2020	Jun Park	654-321-3216	, NY	General Practice	Finalize()	1
Select	11/6/2020	DK DK	--	,	Internal Medicine	Finalize()	4

You are finalizing an SBD

Finalize this SBD

SBDID: 479497
SBD Name: Joe Smith

TRACE1.
How are you finalizing this SBD? SELECT ONE

Done with this SBD - contacting information collected or confirmed does not bill separately

Done with this SBD - unable to collect contacting information

Still working to obtain contact information for this SBD

Finalize this SBD

PROGRAMMER NOTES

If TRACE1 Option 1 is selected, the system will do a cross check on phone number, state, address, etc., if they are all empty then don't allow Option 1 to be applied (throw an error, not allowed).

If any other TRACE1 option is selected, and the values for the columns in the grid are blank, then the DCS will enter '—' as the values for the phone number, and continue.

The stored procedure that looks for the columns to be completed will also check the finalize TRACE1 value. There needs to be a value > 0 to be considered done.

GO BACK TO SBD GRID.

AFTER ALL SBDs HAVE BEEN FINALIZED, CLICKING THE “Continue” BUTTON WILL TAKE YOU TO SBD_CG11.

SCREEN LAYOUT

SBD_CG11.
HAVE YOU OBTAINED CONTACT INFORMATION FOR ALL PROVIDERS/SBDs IN THE LIST?

YES, OBTAINED ALL AVAILABLE CONTACT INFORMATION FOR ALL SBDs LISTED

NO, STILL WORKING ON GETTING CONTACT INFORMATION

PROGRAMMER NOTE

[IF SBD_CG11 = 1 (YES) GO TO EXIT SCREEN THANKING POC FOR THEIR TIME (“Thank you for your time.”) - FROM EXIT SCREEN, EXIT TO POC GRID;
IF SBD_CG11 = 2 (NO) GO TO SBD_CG12.]

SCREEN LAYOUT

SBD_CG12. **Who would be able to help me with the information for the remaining providers?**
ADDITIONAL AO POC PROVIDED = 1
DK; NO ADDITIONAL AO POC PROVIDED = 2

PROGRAMMER NOTE

IF SBD_CG12 = 1 GO TO CONTACT BLOCK, ;
OR IF SBD_CG12 = 2 GO TO EXIT SCREEN THANKING POC FOR THEIR TIME (“Thank you for your time.”) – FROM EXIT SCREEN, EXIT TO POC GRID].