MEDICAL EXPENDITURE PANEL SURVEY
MEDICAL PROVIDER COMPONENT
CONTACT GUIDE

FOR

PHARMACIES

FOR

REFERENCE YEAR 2014

OMB

(Public reporting burden for this collection of information is estimated to average 5 minutes per response, the estimated time required to complete the survey. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-0118) AHRQ, 540 Gaither Road, Room # 5036, Rockville, MD 20850.)

[A] CALL PROVIDER

A1. Hello, have I reached [PHARMACY]?

PHONE NUMBER: [PHARMACY TELEPHONE NUMBER]

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

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

A2. I have [an] authorization form[s] for the release of patient profiles and would like to speak to the pharmacist.

- IF RECORDS ARE KEPT BY A DIFFERENT DEPARTMENT OR CORPORATE OFFICE, ASK TO SPEAK WITH THE PERSON IN THE PHARMACY WHO DEALS WITH THE OTHER DEPARTMENT OR CORPORATE OFFICE.

    CONTINUE, THIS PERSON CAN HELP = 1
    COLLECT CONTACT INFORMATION FOR SOMEONE ELSE = 2
    UNCLEAR WHO HANDLES PATIENT PROFILES = 3

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

[B] IDENTIFY DC POC

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 health care. For quality assurance and training purposes, this case may be monitored.

POC: [POC NAME]

READ IF NECESSARY: I have [an] authorization form[s] for the release of patient profiles and would like to speak to the pharmacist.

- 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

[IF B1=1, GO TO B2,
IF B1=2, GO TO CONTACT BLOCK;]

B2. At this time, [NUMBER FROM CUSTOMER LIST] of your customers identified [PHARMACY] as a place where they received prescribed medication during 2014. [The/Each] customer signed an authorization form allowing us to contact you for information about the prescribed medication they received from [PHARMACY] in 2014. Much of the information we need is within the patient profiles. Are the patient profiles maintained in your office, in another department or your corporate office?

PHARMACY MAINTAINS THE PROFILES = 1
NEED TO CONTACT CORPORATE/OTHER DEPARTMENT FOR AUTHORIZATION = 2

[IF B2 = 1 GO TO B2b,
IF B2= 2 GO TO B2_1]

B2_1. Are you the person who deals with the (other department/corporate office)?

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

[IF B2_1 = 1, GO TO C2,
IF B2_1 = 2, GO TO B2a]

B2a. I'll need to collect the name and telephone number for the person in your office who deals with (your corporate office/the other department).

NEXT BUTTON TAKES USER TO CONTACT BLOCK

B2b. I would like to fax the authorization form[s] 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 FORM(S): In order to remain HIPAA compliant, I need to send you the authorization form[s] first. Once you have received the form[s], then we can arrange for the collection of the data.

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

[GO TO CONTACT BLOCK]

[C] IDENTIFY OTHER DEPT./CORP.

C1. 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 health care.
    For quality assurance and training purposes, this call may be monitored

    POC: [POC NAME]

    READ IF NECESSARY: I have [an] authorization form[s] for the release of patient profiles and would like to speak to the person that can help me get in touch with (the department who maintains patient profiles/your corporate office).

- 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
```

[IF C1=1, GO TO C2,
 IF C1=2, GO TO CONTACT BLOCK]

C2. (READ IF NECESSARY: At this time, [NUMBER FROM CUSTOMER LIST] customer[s] identified [PHARMACY] as a place that they received prescribed medication during 2014. [The/Each] customer signed an authorization form allowing us to contact you for information about the prescribed medication they received in 2014.)

We should be able to get all of the information we need from (the other department/your corporate office).
 We can also fax you a copy of the authorization form[s] for your files

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 FORM(S)]: In order to remain HIPAA compliant, I need to send you the authorization form[s] first. Once you have received the form[s], then we can arrange for the collection of the data.

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

[GO TO CONTACT BLOCK]

[D] CALL OTHER DEPT./CORP.

D1. Have I reached [OTHER DEPARTMENT/CORPORATE OFFICE]?

PHONE NUMBER: [OTHER DEPARTMENT/CORPORATE OFFICE TELEPHONE NUMBER]

- IF THE PERSON ON THE PHONE SAYS NO, VERIFY THAT YOU DIALED THE CORRECT NUMBER
- IF THE NUMBER IS CORRECT, ASK IF THE PERSON ON THE PHONE KNOWS OF ANOTHER NUMBER FOR THE OTHER DEPARTMENT/CORPORATE OFFICE. IF THEY DO, GO TO THE CONTACT BLOCK AND EDIT THE INFORMATION FOR THE OTHER DEPARTMENT/CORPORATE OFFICE.
- IF NO BETTER NUMBER IS AVAILABLE, SELECT "NO" BELOW.

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

[IF D1 = 1 GO TO D2,
 IF D1 = 2 GO TO EXIT]

D2. I have [an] authorization form[s] for the release of patient profiles and would like to speak to the person that can help me with that process.

READ IF NECESSARY: We are interested in collecting profiles for each customer that includes the amount paid by the customer and the amount paid by any third party payers for all prescriptions in 2014. We are also interested in collecting the NDC, date filled or refilled, and quantity dispensed with dosage form. We would appreciate it if you could also include the types of the third parties.

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........................................................................................ = 1
DEPART./CORP. OFC. DOES NOT MAINTAIN 2014 PROFILES FOR PHARMACY... = 2
NOT CLEAR WHO TO SPEAK TO; WRONG NUMBER....................................... = 3
```

[IF D2= 1 GO TO E1,
 IF D2=2 OR 3, GO TO EXIT SCREEN]

[E] OTHER DEPT./CORP.: IDENTIFY POC

E1. 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 health care. For quality assurance and training purposes, this call may be monitored.

POC: [POC NAME]

READ IF NECESSARY: I have [an] authorization form[s] for the release of patient profiles and would like to speak to the person that can help me with that process.

- 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

[IF E1=1, GO TO E2,
 IF E1=2, GO TO CONTACT BLOCK;]

E2. (READ IF NECESSARY: At this time, [NUMBER FROM CUSTOMER LIST] customer[s] identified [PHARMACY] as a place where they received prescribed medication during 2014. [The/Each] customer signed an authorization form allowing us to contact you for information about the prescribed medication they received in 2014.)

I would like to fax the authorization form[s] 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 FORM(S): In order to remain HIPAA compliant, I need to send you the authorization form[s] first. Once you have received the form[s], then we can arrange for the collection of the data.

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

[GO TO CONTACT BLOCK]

[F] DC: EXPLAIN NEXT STEPS

F1. Once you have received the authorization form[s] [if # of customers is < or =25, show "we will call back to collect the data over the phone", if # of customers is >25, show "you can send us the patient profiles by either fax or mail, or we can call back to collect the data over the phone."] We are interested in collecting profiles for each customer that includes the amount paid by the customer and the amount paid by any third party payers for all prescriptions in 2014. We are also interested in collecting the NDC, date filled or refilled, and quantity dispensed with dosage form. We would appreciate it if you could also include the types of the third parties.

PHARMACY WILL RESPOND:

BY PHONE...... 1
BY FAX.......... 2
BY MAIL........ 3

[IF F1 = 1 GO TO F2,
 IF F1 = 2 GO TO F2,
 IF F1 = 3 GO TO F2]

F2. Within the next 24 hours we will [fax/mail] you the authorization form[s] and include an instruction sheet. If you have any questions about what to send us, please call our toll-free number on the instruction sheet. We will call to verify that you received the authorization forms.

[We will work with you to set up a good time to collect the data over the phone.

We may call again if other customers identify this pharmacy as a source of prescribed medication.]

[***Instrument logic will be implemented so text only appears on screen when provider verification has not been completed:***
Before we send you the form(s) I'll need to determine that all of the providers I have listed were in fact associated with this pharmacy in 2014. I'm going to read you a list of providers; please tell me if each one was associated with this pharmacy in 2014.]

[GO TO EXIT]

G_Intro. May I please speak to [POC NAME]?

        PERSON IS ON THE PHONE……… = 1
        PERSON IS NOT AVAILABLE……. = 2

[IF G_Intro=1, GO TO G1,
 IF G_Intro =2, GO TO APPOINTMENT SCREEN]

G1. 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 [faxed/mailed] to you?

        YES, RECEIVED ALL…………………………………………… = 1
        YES, BUT PROBLEM REPORTED/NEEDS A RE-SEND…… = 2
        NO…………………………………………………………………… = 3

[IF G1=1 and F1 = 1 (PHONE) GO TO G2;
 IF G1=1 and F1 = 2 (FAX) OR 3 (MAIL) GO TO G4;
 IF G1=2 OR 3, GO TO G5]

G2. 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

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

[IF G2=1 GO TO EXIT SCREEN;
 IF G2=2 GO TO G3]

G4. Our records indicate that you will [fax/mail] the records to us.

Please send in the complete 2014 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.

When will you send us these records?

        DATE:_____

        IF DATE IS SELECTED REPEAT THE DATE AND THE DAY OF THE WEEK

        OR

        _____ (NUMBER)

                ○ DAYS
                ○ WEEKS

G4_1: Thank you. We will call you back if we do not receive the records by [FILL DATE FROM G4 (CALCULATE DATE IF DAYS/WEEKS ENTERED)].

YOUR NEXT STEPS WILL BE TO EXIT THE CONTACT GUIDE AND CODE THE CASE AS "AFs RECEIVED. WAITING FOR RECORDS TO BE SENT". THEN SET A CALL BACK AFTER THE RECORDS ARE EXPECTED SO WE CAN PROMPT AGAIN IF THEY STILL HAVE NOT BEEN RECEIVED.

GO TO EXIT SCREEN

G4_2:
INTERVIEWER: USE THIS SCREEN WHEN PROMPTING FOR RECORDS
We were anticipating receiving pharmacy records from you by [DATE/CALCULATED DATE FROM G4], but my records show we have not received them. Have you sent the records to us?

        YES…. = 1
        NO….. = 2

IF G4_2 = 2 GO G4_5

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, or use healthport?

- FAX..1
- MAIL HARDCOPIES VIA EXPRESS MAIL...2
- MAIL HARDCOPIES VIA REGULAR MAIL...3
- MAIL CDs VIA EXPRESS MAIL..................4
- MAIL CDs VIA REGULAR MAIL..................5
- HEALTHPORT...6
- OTHER (Specify:_____).....7

IF POC IS SENDING CD: Was the password provided or did you send it separately?

- Provided
- Emailed Separately
- Mailed Separately
- Not Applicable

G4_4: What date did you send them?

  DATE:_____

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.

INTERVIEWER:

- Disposition the case at Category: Refusals/Problems/Other with Event code 675-Case Requires Supervisor Review
- Leave a detailed Call History comment after ending the call
- Use "Difficult Case" sheet to capture Case ID and details and have a team lead or supervisor follow up and resolve within 24 hours

NEXT WILL ROUTE TO EXIT SCREEN

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:

- FTP AND SECURE E-MAIL
- A FEDEX PICKUP FOR CASES THAT ARE ABOVE 15 PAIRS

When will you send us these records?

  DATE:_____

  IF DATE IS SELECTED REPEAT THE DATE AND THE DAY OF THE WEEK

  OR

  _____ (NUMBER)

  - DAYS
  - WEEKS

Please send in the complete 2014 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.

G4_6: Thank you. We will call you back if we do not receive the records by [FILL DATE FROM G4_5 (CALCULATE DATE IF DAYS/WEEKS ENTERED)].

INTERVIEWER: SET A CALL BACK AFTER THE RECORDS ARE EXPECTED SO WE CAN PROMPT AGAIN IF THEY STILLHAVE NOT BEEN RECEIVED.

 GO TO EXIT SCREEN

G5. I'm sorry. Let me re-send the authorization form[s] to you.
 I need to be sure I have the correct information for the packet. Should I direct it to you?

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

IF PERSON ON PHONE WANTS TO PROVIDE DATA BEFORE RECEIVING AUTHORIZATION FORMS: In order to remain HIPAA compliant, I need to send you the authorization form[s] first. Once you have received the form[s], then we can arrange for the collection of the data.

[IF G5=1, GO TO CONTACT BLOCK,
 IF G5=2, GO TO CONTACT BLOCK]

[H] BAD INFO FOR OTHER DEPT./CORP.

H1. ASK (BY NAME) TO SPEAK WITH THE POC WHO DEALS WITH THE OTHER DEPARTMENT OR CORPORATE OFFICE

This is (YOUR NAME) 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. Thank you for providing the contact information for [CORPORATE/DEPARTMENT NAME].
 Unfortunately we were unable to locate [CORPORATE/DEPARTMENT NAME] with the contact information you provided. Could you please
 verify the contact information we currently have for [CORPORATE/DEPARTMENT NAME]?

[PRESENT CORPORATE/DEPARTMENT CONTACT INFO HERE]

      OTHER DEPARTMENT/CORPORATE OFFICE CONTACT INFO IS CORRECT..... = 1
      OTHER DEPARTMENT/CORPORATE OFFICE CONTACT INFO IS NOT CORRECT.... = 2

[IF H1=1, GO TO H2,
 IF H1=2, GO TO CONTACT BLOCK]

H2. That is currently the information we have on file. Do you know of any other way we can get in touch with [CORPORATE/DEPARTMENT NAME]?

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

[IF H2 = 1 GO TO CONTACT BLOCK,
 IF H2=2 GO TO EXIT]

[I] OTHER DEPT./CORP. CONTACT?

I1. ASK (BY NAME) TO SPEAK WITH THE POC WHO DEALS WITH THE OTHER DEPARTMENT OR CORPORATE OFFICE

This is (YOUR NAME) 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. Thank you for providing the contact information for [CORPORATE/DEPARTMENT NAME]. We were
 able to locate [CORPORATE/DEPARTMENT NAME] with the information you provided. However, they reported that they did not maintain the
 patient profiles for [PHARMACY(S)] in 2014. Could you please check to see if another department maintained patient profiles for
 [PHARMACY(S)] in 2014?

      OTHER DEPARTMENT MAINTAINED PROFILES...... 1
      NO OTHER DEPARTMENT MAINTAINED PROFILES.... 2

[IF I1=1, GO TO CONTACT BLOCK,
 IF I1=2, GO TO EXIT SCREEN]

CONTACT BLOCK

CONTACT FIELDS

PHARMACY NAME:
 OTHER DEPARTMENT/CORPORATE OFFICE NAME:
 POC FIRST NAME:
 POC LAST NAME:

PHONE:
EXT:
TIME ZONE:
FAX:
VERIFY FAX:
E-MAIL:
TITLE:
DEPARTMENT:
ADDRESS:
CITY:
STATE:
ZIP:

FOLLOW-UP QUESTIONS

CB1. WILL YOU BE CALLING THIS PERSON NEXT?

1. YES
2. NO

CB2. WHAT TYPE OF POC IS THIS PERSON?

1. PHARMACY LEVEL GATEKEEPER
2. HANDLES RELEASE OF IN-HOUSE PROFILES
3. DEALS WITH OTHER DEPARTMENT/CORPORATE OFFICE
4. OTHER DEPARTMENT/CORPORATE OFFICE GATEKEEPER
5. HANDLES RELEASE OF RECORDS FOR OTHER DEPARTMENT/CORPORATE OFFICE
6. COURTESY PACKET RECIPIENT
7. PERMISSION PACKET RECIPIENT

CB3. WHAT TYPE OF PACKET ARE YOU SENDING?

1. FAX
2. MAIL
3. N/A

CB3A: COMMENTS

CB4. ADD ANOTHER POC?

1. YES
2. NO

If the user indicated earlier in the contact guide that the provider has no billing service (B4=1), then the program will complete this screen and skip to Section F of contact guide to explain next steps to this provider POC. If the user indicated earlier that there is a billing service (B4=2), then the program will complete this screen and skip to Exit screen.

BRANCH

TYPICAL CONTACT SEQUENCE BY SECTION:

INTERNAL BILLING: A, B, Contact Block, F, end call
EXTERNAL BILLING SERVICE: Call provider: A, B, C, Contact Block, end call
Call billing service: D, E, edit Contact Block, end call

VERIFY AFs WERE RECEIVED: Go to G

   CLICK ON YOUR NEXT STEP:

- *IDENTIFY A POC AT THIS PROVIDER'S OFFICE (SECTION B)*
- *IDENTIFY A POC WHO WORKS WITH EXTERNAL BILLING SERVICE (SECTION C)*
- *CALL THE EXTERNAL BILLING SERVICE (SECTION D)*
- *VERIFY AUTHORIZATION FORMS WERE RECEIVED (SECTION G)*

[IF FIRST RADIO BUTTON IS SELECTED, GO TO B1.
IF SECOND RADIO BUTTON IS SELECTED, GO TO C1.

IF THIRD RADIO BUTTON IS SELECTED, GO TO D1.
IF FOURTH RADIO BUTTON IS SELECTED, GO TO G1.]

SET CALLBACK/APPOINTMENT

Can you please provide me with a better time to call back in order to reach him/her?

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

DATE:_____
R's TIME:_____ AM/PM
TIME ZONE:_____

[ALL GO TO EXIT SCREEN FROM HERE]

EXIT SCREEN

PRESS FINISH TO EXIT CONTACT GUIDE AND GO TO CASE MANAGEMENT SYSTEM.
DO NOT HANG UP UNTIL YOU GET TO CALL DISPOSITION SCREEN.
IF POC RECEIVED AUTHORIZATION FORMS AND CAN REPORT DATA BY PHONE NOW, ENTER EVENT CODE **441: AFs Received-Ready for Data Collection**

IF YOU NEED TO SEND A COURTESY OR PERMISSION PACKET:

1. SAVE EVENT CODE FOR FAX/MAIL PACKET TO THIS POC FIRST
2. RE-ENTER CONTACT GUIDE AND CALL THE BILLING SERVICE OR PERMISSION POC.
3. SAVE EVENT CODE FOR FAX/MAIL PACKET FOR COURTESY OR PERMISSION PACKET

[EXIT TO CMS BY PRESSING FINISH, BREAK-OFF SHOULD BE A SEPARATE FUNCTION.]

[J] GAINING PERMISSION: TALKING POINTS

INTRODUCTION:

May I please speak to [POC NAME]?
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 health care. For quality assurance and training purposes, this call may be monitored.

I recently spoke with {POC YOU ARE WORKING WITH FOR DATA COLLECTION} about the study. I explained that at this time, [NUMBER FROM PATIENT LIST] patient[s] identified [PHARMACY] as a place where they received prescribed medication during 2014. [The/Each] patient signed an authorization form allowing us to contact you for information about the prescribed medication they received from [PHARMACY] in 2014. Much of the information we need is within the patient profiles.

{POC YOU ARE WORKING WITH FOR DATA COLLECTION} has agreed to participate and provide us with the information we are looking for, but has requested that we first send you a copy of the authorization form[s] in order to receive permission to release the data to us.

I'm calling to confirm that you are in fact the best person to receive the form[s] and information about the study by fax, and confirm your contact information so that I can address the fax to you.

[GO TO CONTACT BLOCK]

VERIFY PERMISSION PACKET RECEIPT:
May I please speak to [POC NAME]?

(Hello, my name is (YOUR NAME).) I am calling on behalf of the U.S. Department of Health and Human Services. We previously spoke about the MEPS study. For quality assurance and training purposes this call may be monitored. Did you receive the authorization form[s] we sent to you?

- IF THE PERSON ON THE PHONE **DID** RECEIVE THE FORMS, ASK:

    - Do you have any questions or concerns about the study information or the forms we sent?
    - At this point may I follow-up with {POC YOU ARE WORKING WITH FOR DATA COLLECTION} about the release of data?

        - IF YOU ARE CLEARED TO SPEAK WITH THE POC YOU ARE WORKING WITH FOR DATA COLLECTION,
            - EXIT TO THE CMS, MAKE THE POC YOU ARE WORKING WITH FOR DATA COLLECTION THE PRIMARY POC ON THE POC SCREEN
            - CALL THEM USING **SECTION G: VERIFY RECEIPT OF AFs**
        - IF THE PERSON ON THE PHONE DOES NOT GIVE YOU PERMISSION
            - EXIT TO THE CMS TO CODE THE CASE AS "CASE REQUIRES SUPERVISOR REVIEW" AND ENTER A PROBLEM REPORT ON THIS CASE WHEN YOU RETURN TO THE CMS

- IF THE PERSON ON THE PHONE **DID NOT** RECEIVE THE FORMS, SAY

    - I'm sorry. Let me re-send the authorization form[s] to you.

        - GO TO THE CONTACT BLOCK BY PRESSING NEXT AND VERIFY THE CONTACT INFORMATION WE HAVE ON FILE, THEN,
        - EXIT TO THE CMS AND TRIGGER A RE-SEND OF THE PERMISSION PACKET TO THIS PERSON.

[NEXT TAKES USER TO CONTACT BLOCK]