

Instruction Guide for Completing the CGX Assessment Template

If you are adding a new care plan, please see the Assessment Template tab
The instruction tab has some definitions that may be helpful in your Assessment request
If you are making updates to a current assessment, please attach the prior assessment along with all changes highlighted.
Any additional information that you need to explain, please add to this worksheet, or to the assessment template. Thank you.
Acuity Scoring applicable? - please indicate if you want scoring to apply to this assessment
Carry Over - allows for responses from a previously taken assessment to to carry over to the new one
Allow Referral - screens if member is eligible or ineligible for another program
Date to be effective - Target date that you would like to see the assessment in the Production environment of CGX 2.0
Name of Assessment - Title of Assessment
if Header Image is required, please attach - if you want an image for the header of the assessment, please include with the Assessment request
Department Owner - Department that owns the 'assessment' (See lines 69-71 below for a complete list of available departments)
Other departments: Other departments utilizing this Assessment/Survey: (See lines 69-71 below for a complete list of available departments)
Question/Text - document the question/text you want the user to see or answer If you want a different font or color, or bold/underlined, etc, please document the question in that format you want
Question Type - identify the type of 'question/text' you are asking for
Answer Options - document ALL the possible answers you want to have for the question. Define also is any response will require a TextBox option and define what title you want for the TextBox (Example; an "Other" response would yeild a TextBox that might be titled, "Explain:", "Comments:", etc.
Branching Condition - document if ANY branching is required. If a certain response will lead to conditional questions, please define which respons(es) will lead to conditional questions. Keep in mind; for example, a "Yes" response may lead to one line of conditional quesitons, and a "No" response may lead to an entirely different line of conditional questions. Also, document any question and response that will link out to other assessments.
Mandatory - indicate if the question is to be marked as mandatory
Element - indicate type of element you are requesting
Recommendations for Care Plan - based on specific question and answers, will recommend care plans
Associated Keywords (for ICS use only) - do not put anything in this box
Element Id # (for ICS use only) - do not put anything in this box
Exhaust To (Inbound/Outbound): HIT, ATLAS, Rosalind, etc.

Generic Control Type:

Section Header - Appears in bigger font to help distinguish one section from another. Future Quick Jump enhancement will key on this.

Static Text, Instructional Verbiage, and Notes - all three behave the same in CGX 2.0 (see

SectionHeader

16. Dropdown - CategoryReference Data Type Option

StaticText

17. DateTimePicker - DateTime Data Type Option

InstructionalVerbiage

18. Calendar - DateTime Data Type Option

Notes

[Cancel](#)

Question Type: Checkbox, Textbox, Multi Select Dropdown, Radio Button, Dropdown, Date Time Picker, or Calendar

4 Question Types	
1. Single Select Question Types	Allows for only one response to be selected from the available list of options.
Dropdown	Best for > 3 responses
RadioButton	Best use for 2-3 responses; good for mandatory type questions that you want your users to answer
2. Multiple Select Questions Types	Allows for a user to select multiple options from the available list of options.
CheckBox	Best for seeing all responses at one time, but utilizes a lot of white space. Can mean more scrolling.
MultiSelectDropdown	Best for conserving white space, but only first 3 options viewable without scrolling.
3. TextBox	Can be set up to have alpha only, numeric only, or alpha numeric characters. Character limitations can be set for TextBox options.
4. Date Entry	Can allow past dates only, future dates only, or both past and future dates
DateTimePicker Calendar	

Examples of Single Select Question Types (Drop down and Radio Button)

* Dropdown - String Data Type Option

One
Two
Three
Four
Five
Other

* RadioButton - String Data Type Option

☐ One
☐ Two
☐ Three
☐ Four
☐ Five
☐ Other

Examples of Multi-Select Question Types (Check Box and Multi-Select Drop down)

* CheckBox - String Data Type Option

<input type="checkbox"/> One	<input type="checkbox"/> Two
<input type="checkbox"/> Three	<input type="checkbox"/> Four
<input type="checkbox"/> Five	<input type="checkbox"/> Other

* MultiSelectDropdown - String Data Type Option

One
Two
Three

Examples of Text Box Question Types

* TextBox - Numeric Data Type Option

50

Pounds

* TextBox - Alphanumeric Data Type Option

75

lbs

0 / 100 Characters Used

* TextBox - String Data Type Option

25

Pounds

0 / 100 Characters Used

Examples of Calendar Entry Question Types (**Date Time Picker and Calendar**).

Note: at the time there is no real discernable difference

* DateTimePicker - DateTime Data Type Option

7/24/2018



* Calendar - DateTime Data Type Option

7/24/2018



List of CGX 2.0 Departments: Use this list as a guide for the Owning department and Other department fields:	
Bariatric	
Cancer Program	
Care Delivery	
Careplus	
CCR Sourced Vendor	
CDM Model of Care Frequency – Past Due	
CDM Referral Specialist Activity	
CDM Referral Specialist Frontline	
CDM Referral Specialist Queue Activity Summary	
CDM Referral Specialist Queue Assignment	
CDM Unmanaged Population Counts	
CGX CAC User	
CGX Genetic Counselor	
CGX Humana Behavioral Health CM	
CGX Humana Behavioral Health Um/CM	
CGX Medicaid Outreach	
CGX MSO	
CGX POD	
CGX PODS Bariatric	
CGX PODS CLD	
CGX PODS HPS	
CGX PODS Humana Beginnings	
CGX PODS HumanaCares	
CGX PODS ICS	
CGX PODS Internal Asthma	
CGX PODS Internal Cancer	
CGX PODS Internal Diabetes	
CGX PODS MHSO	
CGX PODS MIT	
CGX PODS Moms First	
CGX PODS NICUCM	
CGX PODS NICUGRAD	
CGX PODSNICUHB	
CGX PODS Pediatric Care Management	
CGX PODS Personal Nurse	
CGX PODS RMD	
CGX PODS Transplant	
CGX PODS Commercial Case Management	
CGX PODS Intake	
CLD	
Clinical Metrics	
Clinical Programs	
Commercial Case Management	
Disease Management	
Florida Only Medicare/Medicaid	
GENERAL	
Health Choice Florida	
Health Help	
HealthChoice	
HPS	
Humana Beginnings	
Humana Behavioral Health	
Humana Cares	
ICGS	
Intake	
Internal Asthma	
Internal Diabetes	
IT	
LTSS	
Metabolic Syndrome	
Moms First	
NA	
NaviHealth	
NICU Case Management	
NICU Graduate	
NICU Humana Beginnings	
Pediatric Care Management	
Personal Nurse	
Read Only	
Resolution Team	
RMD	
Senior Products	
STARS Outreach	
Transplant	

I.G.8-2 Medicaid Pediatric Survey (Kentucky SKY)

Note: See Instructions tab for details regarding category and option descriptions. Instructions Tab also provides guidance to help you choose the best option for each element on the excel.																	
Title of Assessment: Medicaid Pediatric Survey				Department Owner: Senior Products (i.e. Senior Products, HumanaBeginnings, etc.)		Date to be Effective: 19.09 (MM/DD/YYYY format)		Acuity Scoring Applicable: No (Yes/No)		Exhaust To: CDM/MDM (Inbound/Outbound to ATLAS, HIT, etc.)							
Assessment ID: MED005 (for ICS use only)				List any other departments utilizing this Assessment/Survey:		Allow Referral: No (Yes/No)		Carry Over: Yes (Yes/No)		Is a Header Image required: No (Yes or No; If Yes, please attach)							
Notes	Question #	Element Type:	Element Id #	Associate d	Question/Text (Text within the cell will be copied)	Question Type:	Answer Options (List all answer options pertaining to question in one)	Mand atory	Branching Condition (for ICS use only)	Branching Location	Recommendations for Care Plan	Response that Prompts Care	Area of Focus	Problem	Goal	Potential Interventio	
	1	Question	Que_6191	Program clinical program	Person completing Survey	Dropdown	Pediatric Case Manager Pediatric Disease Manager MomsFirst Case Manager Other (TextBox -> "Specify other:")	Yes									
	2	Question	Que_012837	Senior Products	Type of Review:	Dropdown	Telephonic On-Site		Que_012837 Equals Telephonic	Que_2235							
	Conditiona l Branching Question	Question	Que_2235	Authenticat ion	Caller Authentication:	Dropdown	Inbound Outbound	Yes	Que_012837 Equals On-Site Que_2235 Equals Inbound	Que_012779 Que_012776 Que_014400 Que_012779							
	Conditiona l Branching Question	Question	Que_012776	Pediatric	Inbound Caller Authentication (pick 3)	MultiSelec tDropdown	Member's ID/Medicare# Member's DOB Member's Zip code Member's group name/number										
	Conditiona l Branching Question	Question	Que_012777	Pediatric	Outbound Caller Authentication (pick 2)	MultiSelec tDropdown	User will dial the number on file for the member User will ask for the member's full name										
	Conditiona l Branching Question	Question	Que_014400	Pediatric	If reached, informed the member or member representative that the call is recorded?	Dropdown	Yes No N/A										
	Conditiona l Branching Question	Question	Que_012779	Pediatric	Who are you speaking with?	MultiSelec tDropdown	Member Member Representative	Yes	Que_012779 Equals Member Representative	Que_012780 Que_012782							
	Conditiona l Branching Question	Question	Que_012780	Pediatric	Did you verify POA/PHI Consent Form is on file?	Dropdown	Yes No		Que_012780 Equals No	Que_012781							
	Conditiona l Branching Question	Question	Que_012781	Pediatric	Would you like POA/PHI Consent Form?	Dropdown	Yes No										
	Conditiona l Branching Question	Question	Que_012782	Pediatric	Member gave permission to speak with: For one-time member communication. Please include name, contact information, relationship and additional notes.	TextBox											
	3	Question	Que_9564	Senior Products	Did mother have any complications during pregnancy? (answer for members up to age 2 yo)	Dropdown	Yes No N/A-does not apply to member age group										
	4	Question	Que_012783	Pediatric	Maternal complications (answer for members up to age 2 yo)	MultiSelec tDropdown	Blood disorders Gestational diabetes Group Beta Strep positive Multiple gestation Oligohydramnios Placenta Abruption Placenta Previa Polyhydramnios Post Partum Mood disorder Preeclampsia/PIH/ Eclampsia Preterm labor Prolonged ROM Vaginal bleeding>20 weeks Vaginal infections Other Unknown/not disclosed None N/A-does not apply to member age group (Other and N/A response -> TextBox -										

I.G.8-2 Medicaid Pediatric Survey (Kentucky SKY)

	5	Question	Que_003537	Gestational Age at Delivery	Gestational age at delivery in weeks (answer for members up to age 2 yo)	Dropdown	22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 N/A-does not apply to member age											
	6	Question	Que_012784	Pediatric	Birth weight grams (answer for members up to age 2 yrs)	Dropdown	N/A does not apply to member age <1500-2498g <2499g(5 lb 7 oz) >2500g(5 lb 8 oz)											
	7	Question	Que_012785	Pediatric	If NICU admit occurred, length of stay (answer for members up to age 2 yo)	Dropdown	Less than or equal to 7 days 8-10 days 11-14 days 15-30 days 31-59 days 60-89 days Over 90 days N/A - does not apply to member age group	Que_012785 NotEquals N/A-does not apply to member age group	Que_012786									
	Conditional Branching Question	Question	Que_012786	Pediatric	NICU admission reason if applicable (answer for members up to age 2 yo)	MultiSelect Dropdown	Anemia Apneic and/or Bradycardia spells Bronchopulmonary Dysplasia/Chronic Lung Disease Cardiac Defects Congenital Abnormalities GERD Hyperbilirubinemia Intraventricular Hemorrhage Necrotizing Enterocolitis Respiratory Distress Syndrome Retinopathy of Prematurity Septicemia Other (TextBox -> "Comment:") N/A - does not apply to member age group											
	8	Question	Que_012787	Pediatric	ECMO/Vent/CPAP (answer for members up to age 2 yo)	Dropdown	Yes No N/A-does not apply to member age group											
Generic Controls do not Exhaust		Generic Control	Gen_01298	Pediatric	Child's Current Health Status	SectionHeader												
URLs do not Exhaust		Url	Uri_012370	Pediatric	https://brightfutures.aap.org/Pages/default.aspx?for=Pediatric	Url												
	9	Question	Que_012788	Pediatric	Height, feet	TextBox												
	10	Question	Que_012789	Pediatric	Height, inches	TextBox												
	11	Question	Que_012790	Pediatric	Current weight (pounds)	TextBox												
URLs do not Exhaust		Url	Uri_000212	BMI	https://ncod.cdc.gov/dnpabmi/calculator.aspx	Url												
	12	Question	Que_012791	Pediatric	BMI Results for members <19 years of age:	Dropdown	Underweight- Less than 5th percentile Healthy Weight- 5th percentile to <85th percentile Overweight-85th to less than the 95th percentile Obese-Equal or >95th percentile N/A member is greater than 19 years											

I.G.8-2 Medicaid Pediatric Survey (Kentucky SKY)

	13	Question	Que_012838	Pediatric	BMI Results for member >19 years of age:	Dropdown	N/A member is less than 19 years of age Underweight - BMI < 18.5 Healthy Weight - BMI is 18.5 to 24.9 Overweight - BMI is 25.0 to 29.9 Obese - BMI is 30.0 or higher											
	14	Question	Que_012792	Pediatric	Allergies	MultiSelect Dropdown	Environmental Foods Medications Other NKA (TextBox -> "Other Allergies")	Que_012792 NotEquals NKA	Que_012793 Gen_01299									
	Conditional Branching Question	Question	Que_012793	Pediatric	Allergy severity:	Dropdown	Mild Severe NKA											
Generic Controls do not Exhaust		Conditional Generic Control	Gen_01299	Pediatric	Allergy Severity: Mild: •itchiness •skin redness •slight swelling •stuffy, runny nose •sneezing •itchy, watery eyes •red bumps (hives) anywhere on the body Severe: •swelling of the mouth or tongue •difficulty swallowing or speaking •wheezing or difficulty breathing •abdominal (belly) pain, nausea, vomiting, or diarrhea	StaticText												
	15	Question	Que_012794	Pediatric	Was most recent well baby/child exams completed?	Dropdown	Yes No Unsure (TextBox -> "If unsure, explain")	Yes										
	16	Question	Que_012795	Pediatric	Date of last well baby/child exam, month (If unsure of exact date, document as first day of month)	DateTime Picker												
Generic Controls do not Exhaust		Generic Control	Gen_01300	Pediatric	Static Text: Periodicity schedule: Infancy- 3-5 days by 1 mo 2 mo 4 mo 6 mo 9 mo Early Childhood- 12 mo 15 mo 18 mo 24 mo 30 mo	StaticText												
	17	Question	Que_012796	Pediatric	Hearing screening?	Dropdown	Yes No Unsure (TextBox -> "If unsure document the first day of the month")	Yes										
	18	Question	Que_012797	Pediatric	Vision screening?	Dropdown	Yes No Unsure (TextBox -> "If unsure document the first day of the month")	Yes										
New Question	19	Question	Que_014404	Pediatric	Lead screening?	Dropdown	Yes No Unsure (TextBox -> "If unsure document the first day of the month")	Yes										
	20	Question	Que_012798	Pediatric	Date of last dental exam, month (If unsure of exact date, document as first day of month)	DateTime Picker												
	21	Question	Que_012799	Pediatric	Is child up to date on immunizations?	Dropdown	Yes No Unsure	Yes	Que_012799 NotEquals Yes	Que_012800								

I.G.8-2 Medicaid Pediatric Survey (Kentucky SKY)

	Conditiona l Branching Question	Question	Que_012800	Pediatric	List reasons/barriers to Immunizations, Periodicity Schedule, Screenings	MultiSelectDropdown	Cultural barriers Finance Lack of community resources Lack of parental knowledge Lack of support system Language barriers Transportation Other (All responses -> TextBox -> "Comments")										
	22	Question	Que_012801	Pediatric	In the past, has child had any of the following:	MultiSelectDropdown	ER/Urgent Care visits Hospitalizations Injury/Accident Medical complications Poisoning Surgical None Other (All responses -> TextBox -> "Comments")										
	23	Question	Que_012802	Pediatric	Does the child currently have any of the following?	MultiSelectDropdown	Diabetes Asthma HIV Cancer ADHD None Other (All responses -> TextBox -> "Comments")	Yes									
	24	Question	Que_014401	Pediatric	If applicable: Assess for pregnancy. (i.e. Has your daughter been pregnant? Is there a possibility that child is pregnant?)	Dropdown	Yes No Unsure N/A-does not apply to member (age and/or sex) (All responses -> TextBox -> "Comments")										
Generic Controls do not Exhaust		Generic Control	Gen_01301	Pediatric	If pregnant, refer to appropriate maternal program	StaticText											
Generic Controls do not Exhaust		Generic Control	Gen_01302	Pediatric	Review of Systems	SectionHeader											
	25	Question	Que_012804	Pediatric	Any disorders/diseases of the following body systems?	MultiSelectDropdown	Eating Disorder Exposure to lead Second hand smoke Other Behavioral Health HTN CHF Other Cardiovascular Congenital defect Ears Diabetes Other Endocrine Eyes Gastrointestinal Genitourinary Hematologic HIV Other Infectious disease Musculoskeletal Cancer Other Neoplasm history (non malignant) Down syndrome Trisomy 21 Autism Other Neurologic Nose/mouth/throat Asthma Other Respiratory	Yes									
	26	Question	Que_012805	Pediatric	Explain any disorder/diseases marked	TextBox											
Generic Controls do not Exhaust		Generic Control	Gen_07164	Pediatric	I am going to review your list of medications we have in our system, and we will make updates as needed.	StaticText											

I.G.8-2 Medicaid Pediatric Survey (Kentucky SKY)

Generic Controls do not Exhaust		Generic Control	Gen_07165	Pediatric	Care Manager prompt: Update the Medication List, if Enrollee responses are different than what is on the list. Document dosage, route of administration and frequency in the directions field as well as prescriber, and indication. Make sure to include over-the-counter (OTCs) and meds taken only on an as-needed basis.	StaticText										
	27	Question	Que_012807	Pediatric	Add name of pharmacy & contact information?	TextBox										
	28	Question	Que_012808	Pediatric	Any barriers/questions about child's medication?	MultiSelectDropdown	Cultural Finance Lack of parental knowledge Lack of support system Language barriers Other (TextBox -> "Other:") None									
	29	Question	Que_012809	Pediatric	Does child/member currently have any of the following:	MultiSelectDropdown	ABAS DME Occupational Therapy Personal Care Assistant Physical Therapy PPEC Private Duty Nursing Speech Therapy No needs (All responses -> "Comments:")									
	30	Question	Que_012810	Pediatric	Does child/member need assistance coordinating any of the following:	MultiSelectDropdown	ABAS DME Occupational Therapy Personal Care Assistant Physical Therapy PPEC Private Duty Nursing Speech Therapy No needs (All responses -> "Comments:")									
Generic Controls do not Exhaust		Generic Control	Gen_01303	Pediatric	Child's Development	StaticText										
	31	Question	Que_012811	Pediatric	Any concerns regarding child's development?	Dropdown	Yes No	Yes								
	32	Question	Que_012812	Pediatric	Current developmental concerns	MultiSelectDropdown	Activity Behavior patterns Discipline Elimination Friends School including bullying issues Sexuality Sleep Alcohol Tobacco/Vaping Illegal substances (inc. narcotics) Caffeine (Energy Drinks) Other Language/Speech Gross Motor None Fine Motor (All responses -> TextBox -> "Comments")	Yes								
Generic Controls do not Exhaust		Generic Control	Gen_01304	Pediatric	Child's Nutrition/Activity	SectionHeader										
	33	Question	Que_012813	Pediatric	Is child currently breastfeeding?	Dropdown	Yes No N/A-not age appropriate									
	34	Question	Que_012814	Pediatric	Any concerns regarding child's nutritional pattern?	Dropdown	Yes (TextBox -> "Please explain nutritional concerns") No									
	35	Question	Que_012815	Pediatric	Any concerns regarding child's activity level?	Dropdown	Yes (TextBox -> "Please Explain activity concerns") No									
Generic Controls do not Exhaust		Generic Control	Gen_01305	Pediatric	Child's Social History	SectionHeader										

I.G.8-2 Medicaid Pediatric Survey (Kentucky SKY)

36	Question	Que_012816	Pediatric	Family composition	MultiSelectDropdown	Mother Father Step parent Foster parent Grandparent(s) Appointed guardian Siblings Other (TextBox -> "Other:")	Yes										
37	Question	Que_012817	Pediatric	Current School/Work history	MultiSelectDropdown	Age appropriate grade Below age appropriate grade Above age appropriate grade Dropped out of school Home schooled Public school Private school College/Technical/University Daycare/Preschool Employed Unemployed Vocational Rehab Disabled None Individualized Education Plan (IEP) Other (TextBox -> "Other:")											
38	Question	Que_012818	Pediatric	Barriers to care	MultiSelectDropdown	Addiction Cultural Barriers Finance Food insecurity Inappropriate behaviors and/or psychosis Lack of community resources Lack of education / access to education Lack of employment (guardian / caregiver) Lack of family support Lack of parental knowledge Lack of stable or permanent housing Language barriers No Primary Care Physician Parenting skills Social isolation Transportation Other (TextBox -> "Other barriers:")											
39	Question	Que_012819	Pediatric	Are there any other case workers assisting member?	MultiSelectDropdown	Community Health Worker Community Case Manager State Assigned Guardian Adoption Liaison Probation Officer Other No other case worker (All responses -> "Comments")											
Generic Controls do not Exhaust	Generic Control	Gen_01306	Pediatric	Anticipatory Guidance	SectionHeader												
40	Question	Que_012820	Pediatric	Review of "back to sleep" precautions and/or standards, if appropriate:	Dropdown	Yes No N/A-does not apply to member age group											
41	Question	Que_012821	Pediatric	Review of child/infant car seats and/or passenger restraints	Dropdown	Yes No											
42	Question	Que_012822	Pediatric	Review of child safety precautions related to development age/activity	MultiSelectDropdown	Behavioral (alcohol, illegal drugs, tobacco, self harm, etc.) Household (firearms, poisons, smoker/CO2, lead exposure, etc.) Outdoor (helmets, sunscreen, water, etc.) Personal (precaution plans, predators, safe sex etc.) Vehicle (ATV, bike, cycle, driver, etc.) Other (TextBox -> "Other:")											
43	Question	Que_012823	Pediatric	Review of after hours pediatric care options (24 hour nurse line, urgent care, emergency plan)	Dropdown	Yes No											
44	Question	Que_014403	Pediatric	Age-appropriate anticipatory guidance provided to parent?	Dropdown	Yes No											

I.G.8-2 Medicaid Pediatric Survey (Kentucky SKY)

45	Question	Que_012825	Pediatric	List any additional information or anticipatory guidance not captured in assessment, including MD and Specialist's name if needed?	TextBox											
46	Question	Que_014402	Pediatric	Which program(s) did you refer the member to?	CheckBox	Behavioral Health Community resource Health Educator Internal Asthma Internal Diabetes Meal Benefit MomsFirst Over the counter benefits Pediatric Care Management Pediatric Disease Management Quality Management Social Worker Transplant Transportation Utilization Management Wellness program Other None (All responses -> TextBox -> "Additional comments")	Yes									
47	Question	Que_071723	comprehensive	Verbal consent to share information with Enrollee's providers obtained, including the sharing of sensitive information for the purposes of care coordination. Sensitive information includes behavioral health, substance use disorder, HIV, sexual assault/traumatic events	RadioButton	Yes No	Yes									
48	Question	Que_012828	Pediatric	Comments: Add any additional information	TextBox											

<i>Element ID: (ICS Use Only)</i>	Mandatory	Conditional
Que 6191	Yes	
Que 012837		
Que 2235	Yes	Yes
Que 012776		Yes
Que 012777		Yes
Que 014400		Yes
Que 012779	Yes	Yes
Que 012780		Yes
Que 012781		Yes
Que 012782		Yes
Que 9564		
Que 012783		
Que 003537		
Que 012784		
Que 012785		
Que 012786		Yes
Que 012787		
Gen 01298		
Url 012370		
Que 012788		
Que 012789		
Que 012790		
Url 000212		
Que 012791		
Que 012838		
Que 012792		
Que 012793		Yes
Gen 01299		Yes
Que 012794	Yes	
Que 012795		
Gen 01300		
Que 012796	Yes	
Que 012797	Yes	
Que 014404	Yes	
Que 012798		
Que 012799	Yes	
Que 012800		Yes
Que 012801		
Que 012802	Yes	
Que 014401		
Gen 01301		
Gen 01302		
Que 012804	Yes	
Que 012805		
Gen 07164		
Gen 07165		
Que 012807		
Que 012808		
Que 012809		
Que 012810		

Gen 01303		
Que 012811	Yes	
Que 012812	Yes	
Gen 01304		
Que 012813		
Que 012814		
Que 012815		
Gen 01305		
Que 012816	Yes	
Que 012817		
Que 012818		
Que 012819		
Gen 01306		
Que 012820		
Que 012821		
Que 012822		
Que 012823		
Que 014403		
Que 012825		
Que 014402	Yes	
Que 071723	Yes	
Que 012828		

Branching Condition	Branching Location	PROD ()	QA2 ()
Que_012837 Equals Telephonic	Que_2235		
Que_012837 Equals On-Site	Que_012779		
Que_2235 Equals Inbound	Que_012776 Que_014400 Que_012779		
Que_2235 Equals Outbound	Que_012777 Que_014400 Que_012779		
Que_012779 Equals Member Representative	Que_012780 Que_012782		
Que_012780 Equals No	Que_012781		
Que_012785 NotEquals N/A - does not apply to member age group	Que_012786		
Que_012792 NotEquals NKA	Que_012793 Gen_01299		
Que_012799 NotEquals Yes	Que_012800		