HealthSource Clarity User Manual

Version: 1.7
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In addition to this training manual, we have a SharePoint site where all of our HealthSource Clarity resources reside such as Job aids, best practices, training schedules, release information and more! Please ask your manager for details and the link.

HealthSource Overview

Overview

Introduction

This chapter will introduce you to HealthSource Clarity and review how requests are sent into Clarity for processing. It will also review the different user roles and workflow as well as how to log into the system and understand the menu commands.

Contents

Please note the system may be referred throughout as HealthSource, HealthSource Clarity, or just Clarity.

Introduction to the HealthSource Clarity ROI Process

Introduction

Ciox Health's ROI platform is called HealthSource Clarity. Clarity is a system where we log, track, capture and fulfill release of information (ROI) requests.

Process

The HealthSource Clarity ROI process consists of four steps:

1. **Digital intake**: Client Service Representatives (CSR's) will submit request letters to Clarity.
2. **Automated Data Extraction** (ADE): Once the requests are received, the system automatically pulls the information from the request letters and inputs it into the system which reduces the amount of manual request entry steps.
3. **Logging:** CSR's validate the information entered by the ADE and add any additional necessary information about the request and then submit it for fulfillment.
4. **Fulfillment:** CSR's will capture the requested and authorized medical records to complete the ROI process.

ADE Technology

There are two key pieces of technology that make up the ADE process-OCR and NLP.

Acronym	Stands for	Description
OCR	Optical Character Recognition	OCR technology acts as the "eyes" of the data extraction process. It reads information off of the request letter.
NLP	Natural Language Processing	NLP acts as the "brain" and takes the information the OCR read and puts it into context.

For example, the OCR "sees" an address and captures it. The NLP then makes that information available for selection in the address fields in the logging screen.

Note: What we are able to capture and the accuracy of what we capture varies by request. Things like writing all over the request letter reduces the ability of the "eyes" (OCR) to read the request which reduces what the NLP can extract.

Sending Requests into Clarity

Getting Requests into HealthSource

There are four ways to get requests into Clarity. The following three pages will describe each option in detail:

1. Fax
2. Email
3. Upload ** preferred method
4. Scan

Regardless of which method is used, if multiple requests are sent at the same time, ONLY send requests in batches of 10-15 requests per site ID **AND** use the special request separator page. This expedites the Split process and ensures the requests are logged and pushed through the Intake queue as quickly as possible.

- If a single request asks for either multiple patients or has different record types (billing, radiology films), you must make a copy and clearly indicate with a circle what each request covers. This is vital for the Loggers as each request must be its own to be properly logged.
- If multiple patients, make a copy for each patient on the request and circle the patient accordingly on each request copy (this process is not for Pull Lists).
- If the single request covers different record types (medical and billing), make a copy and indicate on the first it is for medical records and on the second it is for billing. This way the Loggers know to log each for its intended purpose.

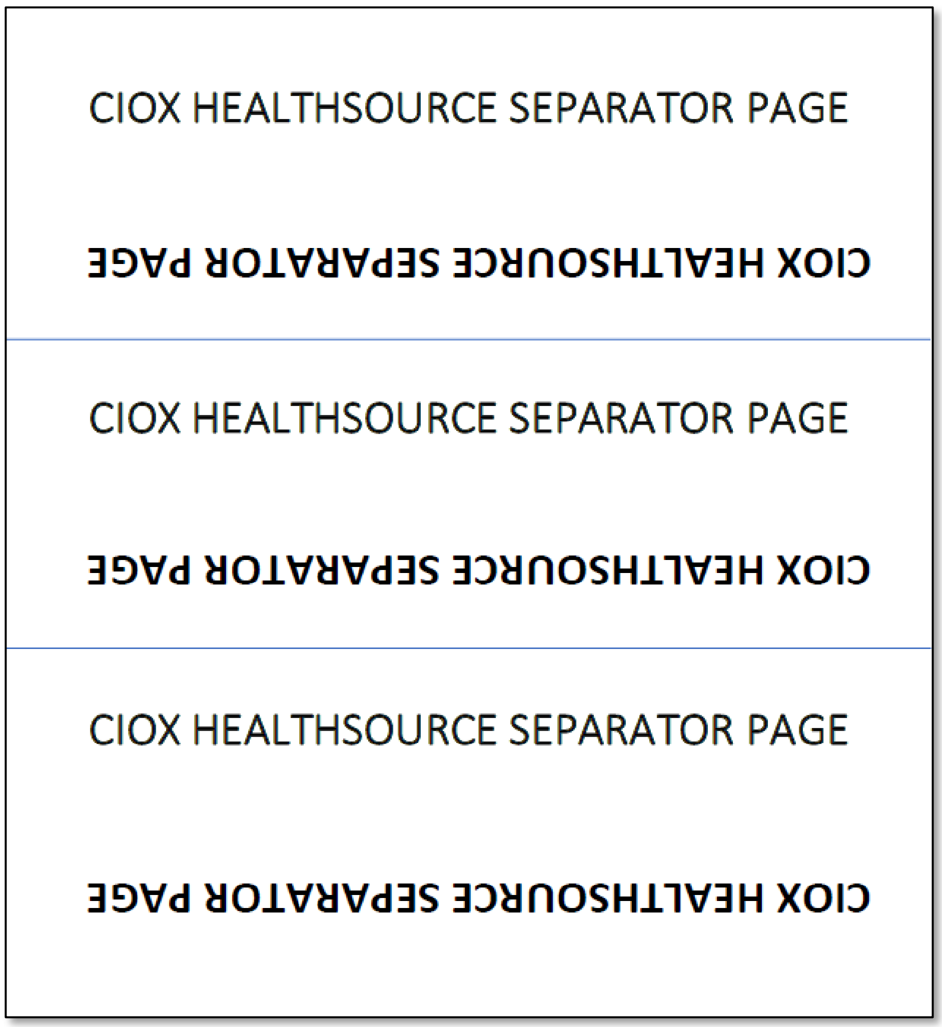
Continued on next page

Sending Requests into Clarity, Continued

The **first** page of **each** request should be date stamped with the facility received date. This date is then entered into Clarity during Logging. When sending in batches of requests, the HealthSource Page Separator (see appendix) **MUST** be used prior to submission. The system will auto-split the batch into individual eRequest ID's. If it is not able to be auto-split, the data stamp and/or separator page is the visual indicator to the Logger who is splitting the request that it is the start of a new request package. It will also allow the Logger to identify and log the received date for each Split request.

For those requests being forwarded or sent electronically to HealthSource, the electronic entry date will be used as the received date.

Example separator page:



CIOX HEALTHSOURCE SEPARATOR PAGE

CIOX HEALTHSOURCE SEPARATOR PAGE

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CIOX HEALTHSOURCE SEPARATOR PAGE

CIOX HEALTHSOURCE SEPARATOR PAGE

Fax Requests into Clarity

Fax Overview	**<u>If</u>** the site has been issued a unique fax number, requests can be faxed into the number issued to add requests into HealthSource. The Site ID is associated with the unique fax number and only requests from that site should utilize that fax number. The HealthSource system will then utilize the Automated Data Extraction (ADE) technology to extract the needed information to log the request.
Fax Instructions	You can fax multiple Request Letters at the same time, as long as they all come from the same Site. • The Site ID is associated with the fax number that receives the transmission. HealthSource applies the site ID to each request. **You can also fax Request Letters one at a time.
Faxing Multiple Requests at a Time	1. Make sure each Request Letter came from the same site. 2. Load the fax machine. Pay attention to the maximum number of pages that can be loaded at one time. 3. Send the Request Letters to the site-specific fax number.
Faxing One Request at a Time	1. Make sure there are no blank pages in the Request Letter. When the HealthSource system sees a blank page, it treats the <u>following</u> page of the request as the start of a new Request Letter. 2. Send the Request Letter to the site-specific fax number.

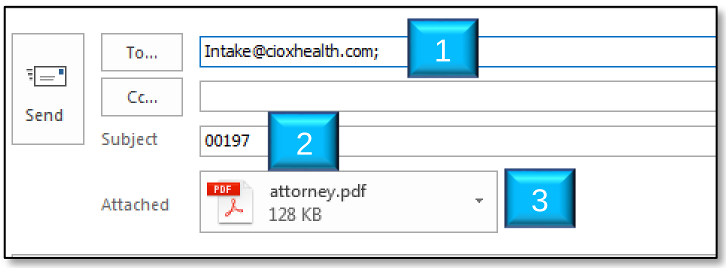
Create a New Request by Email

Create Request by Email

You can create a new request in HealthSource by attaching the Request letter (in PDF format) to an email. HealthSource creates an eRequest ID by sending the Request Letter through Automated Data Extraction (ADE). The following must be completed exactly as listed in order for the process to work appropriately.

The below fields indicate what must be completed for the email address, subject line and attachment format.

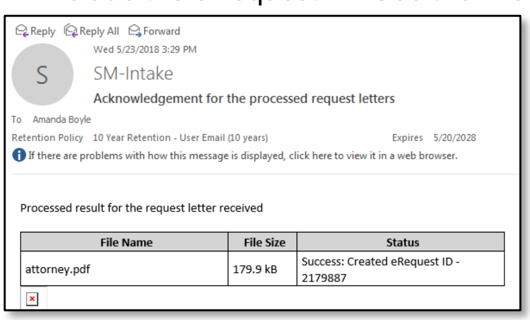
	Email Field	Entry
1	"To" Email Address	Intake@CioxHealth.com
2	Subject Line	Site Number (5 digits)
3	Attachment	PDF Only. No other attachment types accepted.



Note: An eRequest ID will be created for each PDF attachment. This process is best used when you have already received a PDF request and just need to forward it to HealthSource (ex: Faxes). Do not create PDFs to be sent to HealthSource. Utilize the procedure on the next page instead.

Notification Email When Request Has Been Created

You will be notified by email when the request has been created. This email will include the eRequest ID. See the image below:



If you receive an email with a PDF request attachment, it can be forwarded to intake@cioxhealth.com. **Remember to edit the subject line to be ONLY the site ID number**.

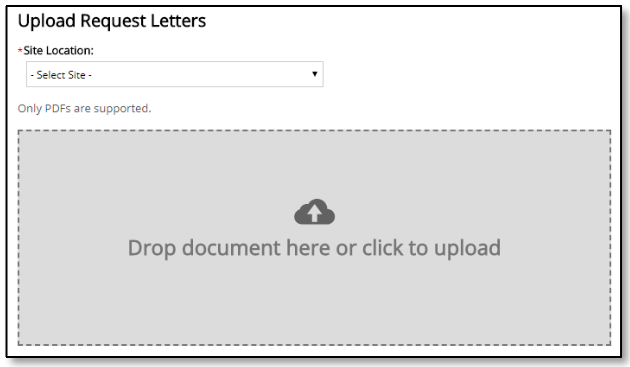
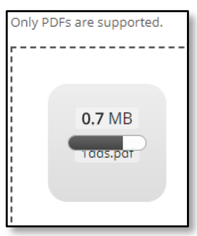
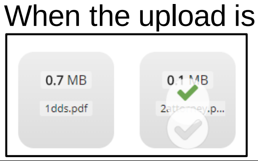
Upload Request Letters-Preferred Method

Overview

If you have request letters in PDF format, you are able to directly upload them into HealthSource.

Procedure

Follow these steps to upload request letters into HealthSource:

Step	Action
1	From the HealthSource **Menu**, click **Upload Request Letters**. The Upload Request Letters screen will appear.
2	Select the **Site Location** from the drop down.
3	Drag and drop the PDF's into the screen or select the screen to click and upload.  **Note**: one PDF file can contain multiple requests as long as the separator page is used as the divider between them.
4	If "Click to Upload" was selected, you must choose the PDF files from the location on your computer.
5	The request will be uploaded. 
6	When the upload is complete, a green check mark will appear. 
7	Exit the screen.

Note: There is <u>**NO**</u> final **Submit** or **Confirm** command. If you accidentally upload an incorrect PDF file, you must find, open, and **Cancel** the request that was created from it.

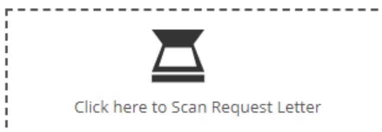
Scanning Request Letters in Bulk

Overview

The following steps describe the procedure to scan request letters into HealthSource. It is preferred that you scan your request batch to create a PDF package (utilizing PDF creation software) and then utilize the Upload Request Letters feature instead. The process described below does not work with our OCR/NLP process therefore each request needs to be manually split by a Logger.

When you scan in multiple requests letters as a single eRequest ID, the request will need to be split into individual eRequest ID’s for each of the requests within it. The Split process essentially splits up each request package into individual eRequest ID’s.

Procedure

Step	Action
1	From the HealthSource **Menu**, click **Add New Request**. The Logging screen will appear.
2	Select the **site** from the drop down (This process can only be done for one site ID at a time).
3	On the left-hand pane, select the **scan** icon. 
4	Scan all of the request letters including the page separator/divider (see appendix).
5	Click **Save and Close**.
6	The request will now be available to the Central Intake team to perform the Split process.

Logging into HealthSource/Selecting a Scanner

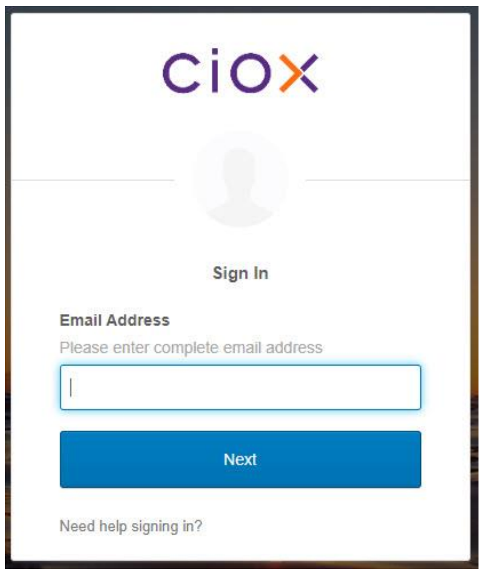
How to Login

Follow these steps to login to HealthSource:

Step	Action
1	Browse to: https://unity.cioxhealth.com/cipui.
2	Enter your Okta credentials for Ciox Health on the Login page (user ID is your Ciox email address; password is the same password for the Okta portal).

Password Management

Users can now reset their password and unlock their account using the Need help signing in? link on the main HealthSource login screen. Click the link and follow the prompts on the screen:



Reminder: Changing your password for HealthSource will also change your password for your Ciox Health Okta account.

Logging Out

To log out of HealthSource, simply click on the **Power** symbol in the upper-right corner of the screen.

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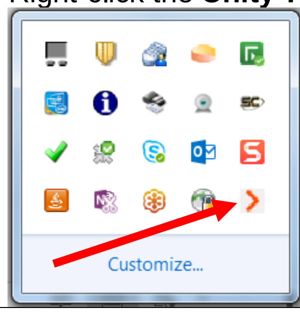
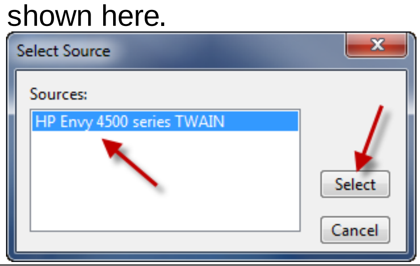
Selecting the Scanner

You must select your scanner before you can capture images of hard-copy medical records.

Step	Action
1	Click the **Notification** area on your Windows Taskbar, usually found in the lower right-hand corner of your Desktop.
2	Right-click the **Unity TrayApp**. 
3	Click **Select Scanner**.
4	In the **Select Source** window, choose your scanner and click **Select**. Your list may have more devices than the example shown here. 

Landing Page

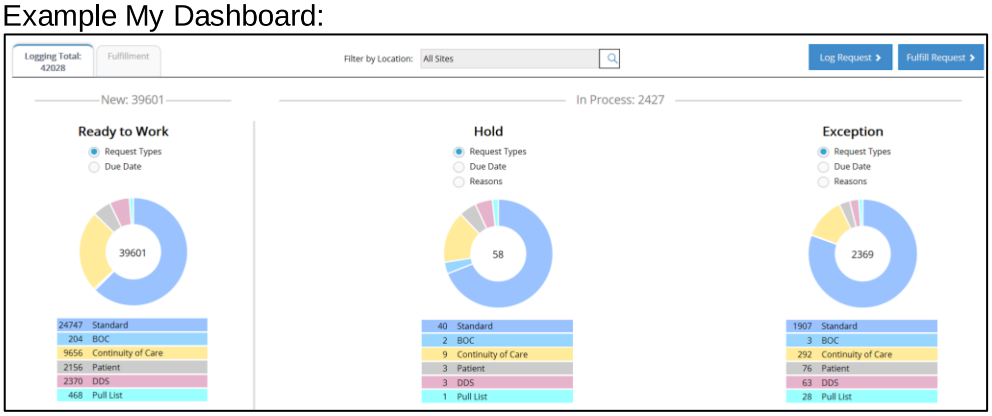
Introduction

The landing page that loads when you first log into HealthSource will display based on your job role.

Role	Landing Page
Client Service Representative	My Dashboard
Logger Centralized	My Dashboard
Logger Centralized Supervisor	My Dashboard
All Other Roles	Request Search

Users who land on My Dashboard can simply load the next work item by selecting *Log Request* or *Fulfill Request* available at the top right of the page or click on a pie chart to take directly to those requests.

Example My Dashboard:



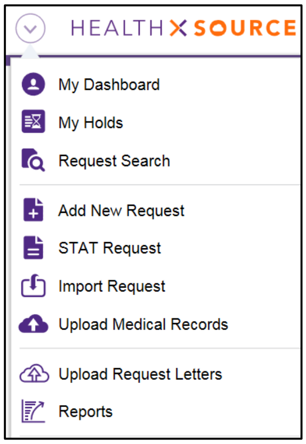
Menu

Overview

The menu option can be reached from any screen within HealthSource by clicking on the dropdown icon next to the Ciox logo in the upper-left corner.

Menu Commands

The following are the different menu commands. Menu commands depend on your user role and the type of site at which you work.



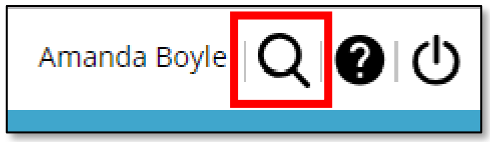
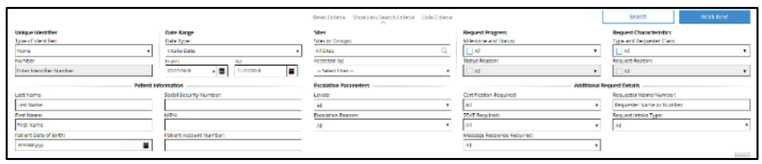
Command	Description
My Dashboard	Shows pie charts of requests in Ready to Work, Hold, Exception and Pend status.
My Holds	Shows requests which have been placed in Hold Status.
Request Search	Provides search tools for monitoring the HealthSource workflow.
Add New Request	Manually create a request, without using the automatic fax email, scan or upload batch process. Express ROI function available.
STAT Requests	STAT requests typically come from medical providers who need patient records immediately. We usually receive these requests and deliver the records by fax. This command will allow you to log the total number of requests and pages processed in a day as a single request instead of having to log each request individually.
Import Requests	Manually import Ciox Phoenix Provider Package requests.
Upload Request Letters	Ability to upload PDF request letters into HealthSource.
Reports	Based on your user role, a variety of reports will be available to you.

Request Search

Overview

For many roles, the Request Search page is the landing page. Here, you can search for a particular request or group of requests depending on the selected search options.

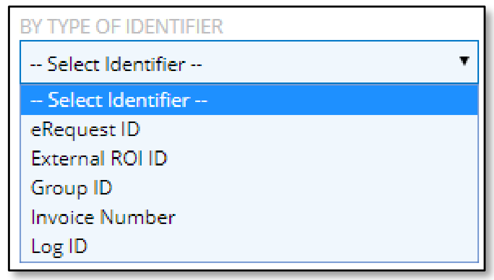
Searching for a Request

Step	Action
1	Click the **Request Search** magnifying glass button or press **ALT + G** on your keyboard: 
2	On the **Request Search** page, enter the appropriate search terms, then click **Search** or press the **ENTER** key:  The **Request Search** finds requests that match **ALL** of your search terms. Additional filters can be displayed by clicking **Show All Search Criteria**. Be specific enough to find what you're looking for, but not so specific that you accidentally exclude requests that you'd like to see.

Continued on next page

Searching for a Request, continued

Step	Action
2, Cont.	

<table>
<tr><th>Search Item</th><th>Description</th></tr>
<tr><td>Type of Identifier:</td><td>Choose one of the options:

</td></tr>
<tr><td>Number</td><td>Enter the “target” ID value of the Type of Identifier selected in this field.</td></tr>
<tr><td>Date Type:</td><td>Choose one of the options:

</td></tr>
<tr><td>From: To:</td><td>Enter the “target” date range of the Date Type selected in this field.</td></tr>
<tr><td>Sites or Groups:</td><td>Select a site, group or multiple sites and groups.</td></tr>
<tr><td>Accessed by:</td><td>Select Me to view requests viewed by yourself or select users from the field.</td></tr>
</table>

Continued on next page

Searching for a Request, continued

Step	Action
2, Cont.	

Search Item	Description
Milestone and Status:	Let's you choose a "group" of Request Milestones, like Logging or Fulfillment. After selecting the milestone, you can narrow down on specific statuses.
Status Reason:	Let's you further narrow down your Milestone and Status based upon the Reason a request was placed in a status.
Type and Requester Class:	Select the Request Type: Standard, BOC, COC, Patient, DDS, Pull List or Audit. After selecting the Type, you can narrow down on specific classes within the Type.
Request Reason:	Search by the Reason for Request assigned to a Request Class like Attorney: Subpoena or Insurance: Workers Comp.
Patient Information	Search by patient Last Name, Patient First Name, DOB, SS Number, MRN, Account Number. SS Number, MRN and Account Number fields do Not support partial searches.
Escalation Parameters	Select the Escalation box to view only requests that have been flagged for escalation. Escalation Levels: and Escalation Reason: can be further narrowed down from the dropdown menu.

Continued on next page

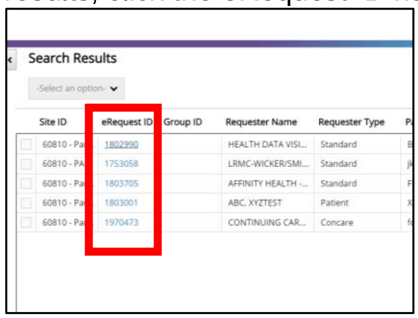
Searching for a Request, continued

Step	Action
	<table><tr><th>Search Item</th><th>Description</th></tr><tr><td>Certification Required</td><td>Will display only requests for which “Is Certification Required” has been checked.</td></tr><tr><td>STAT Required</td><td>Will display only requests for which “Is This a STAT Request” has been checked.</td></tr><tr><td>Message Response Required:</td><td>Search for requests which require a Message response. Messages displayed are site-specific. They are Not user specific. **IMPORTANT**: If a message is not answered within 30 days, the request will be cancelled.</td></tr><tr><td>Requester Name/Number</td><td>Search for request based upon the name or number of the requester.</td></tr><tr><td>Intake Type</td><td>Select the specific intake type to see how requests were brought into the system.</td></tr></table>

Continued on next page

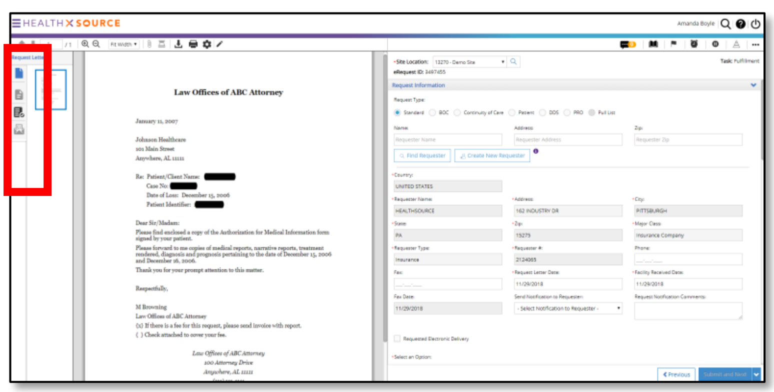
Review Request/ Records

The Request Search tool lets you see request documents and data, even if the request is being worked on by another user or has already left Clarity for back-end processing or delivery:

<table>
<tr><th>Step</th><th>Action</th></tr>
<tr><td>1</td><td>Run a Request Search.</td></tr>
<tr><td>2</td><td>Search for a request. On the Request Search screen, in search results, click the eRequest ID number to open the request:


If you do not have permission to edit the request because of your role or the state of the request, the request will open in read only view. If you have permission to edit the request, the request will open in edit view.</td></tr>
<tr><td>3</td><td>Click a symbol in the lower pane to view a document. By default, the Request Letter appears when you open a request.

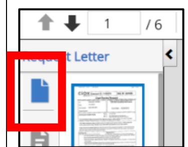
Blue symbol = document currently viewing
Grey symbols = document not part of the request
Black symbols = documents available to view



Note: If the request has moved past fulfillment or certification, you will not be able to edit the request.</td></tr>
<tr><td>4</td><td>To return to the Search Results, click the Previous button in the bottom right corner.</td></tr>
</table>

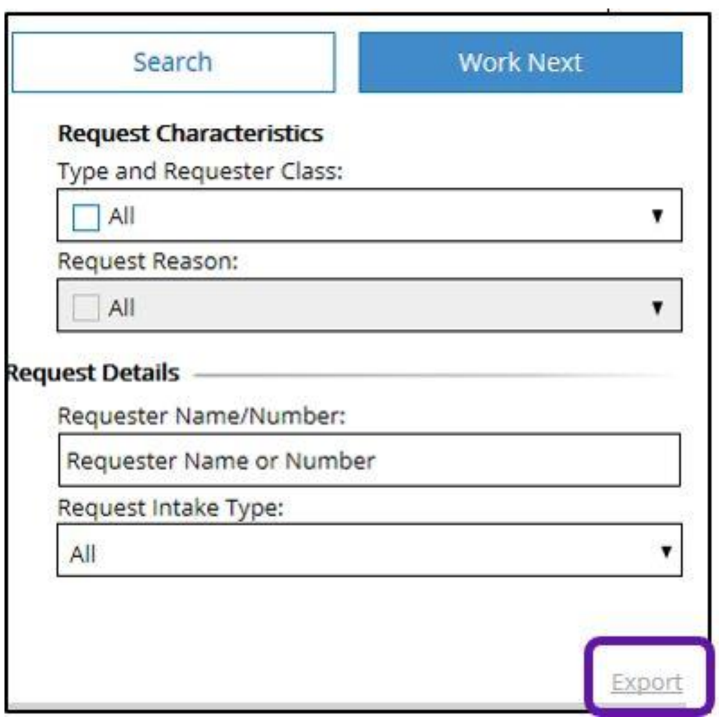
Read-Only Requests

When accessing a read only request from the Request Search page, users can print and download PDF documents:

Step	Action
1	On the Request Search screen, view a request from the search results, then click to select the component you would like to print and/or download. 
2	On the main screen, the print and download buttons are now available: 

Exporting Results to Excel

The **Export** command sends your Search Results and Search Criteria to an Excel spreadsheet. Then, you can use Excel commands to sort and edit the data.



Custom Work List and Work Next Command

Overview

By taking advantage of the new **Request Search** options and the **Work Next** command, you can find your exact specified requests. You no longer need to rely on HealthSource Clarity default priority options. Also, Healthsource Clarity won't open a request that someone else is working on.

Field	Description
1	

Create a Customized Work List

a) Run a search for requests. Check with your supervisor for guidance on the kinds of requests that you should prioritize.

b) After the Search Results appear, click the new **Work Next** button.

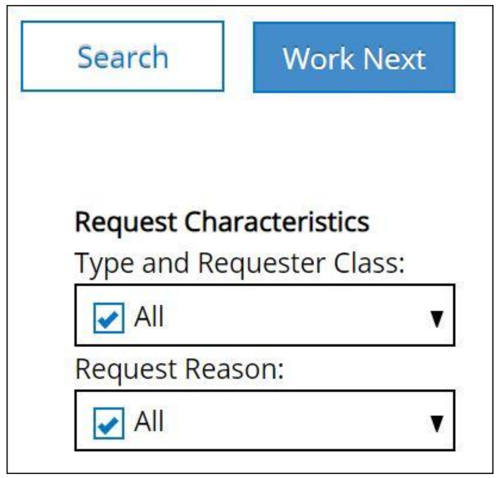
c) HealthSource Clarity opens the first request in your Search Results that is NOT being worked on by another user.

d) HealthSource Clarity repeats the process if you use one of the "and Next" commands to close the request. For example: Submit and Next, Save and Next, etc.

e) If you use an "and Close" or "and Save" command, you'll return to the Search Results.

If you don't run a search, clicking **Work Next** will load the "next available" request, based on HealthSource Clarity default priorities:

- STAT
- Days until Due
- Oldest (first in — first out)



Event Notifications

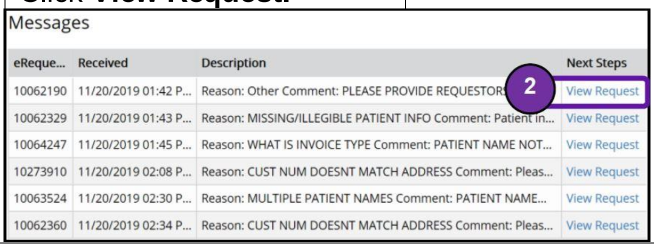
Overview

The ROI Processing Center occasionally needs to contact a site about a request. There are many reasons for this kind of message, but typically the Processing Center has found a potential problem with the selected requester or the Medical Records. If there is an open Message concerning a request at a site to which you have access, you will see an **Event Notification** at the top of the HealthSource Clarity screen.

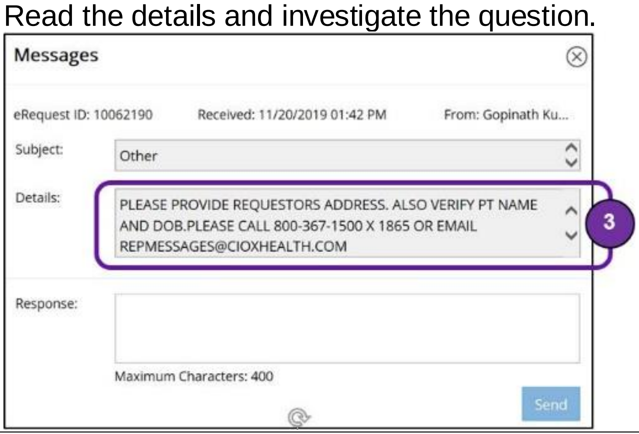
Responding to an Event Notification

<table>
<tr><th>Step</th><th>Action</th></tr>
<tr><td>1</td><td>Click the Event Notifications link.

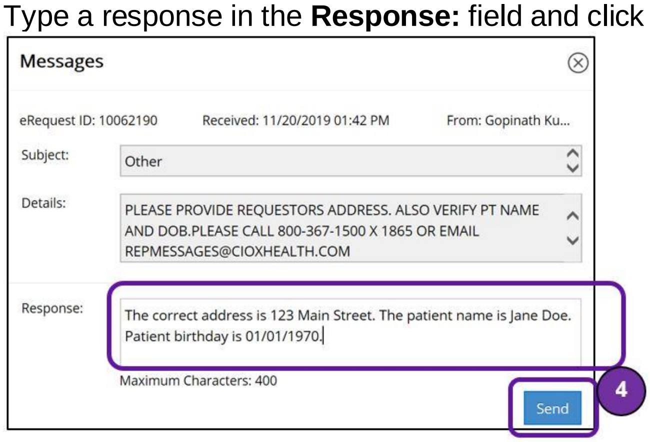
</td></tr>
<tr><td>2</td><td>Click View Request.



</td></tr>
<tr><td>3</td><td>Read the details and investigate the question.



</td></tr>
<tr><td>4</td><td>Type a response in the Response: field and click Send.

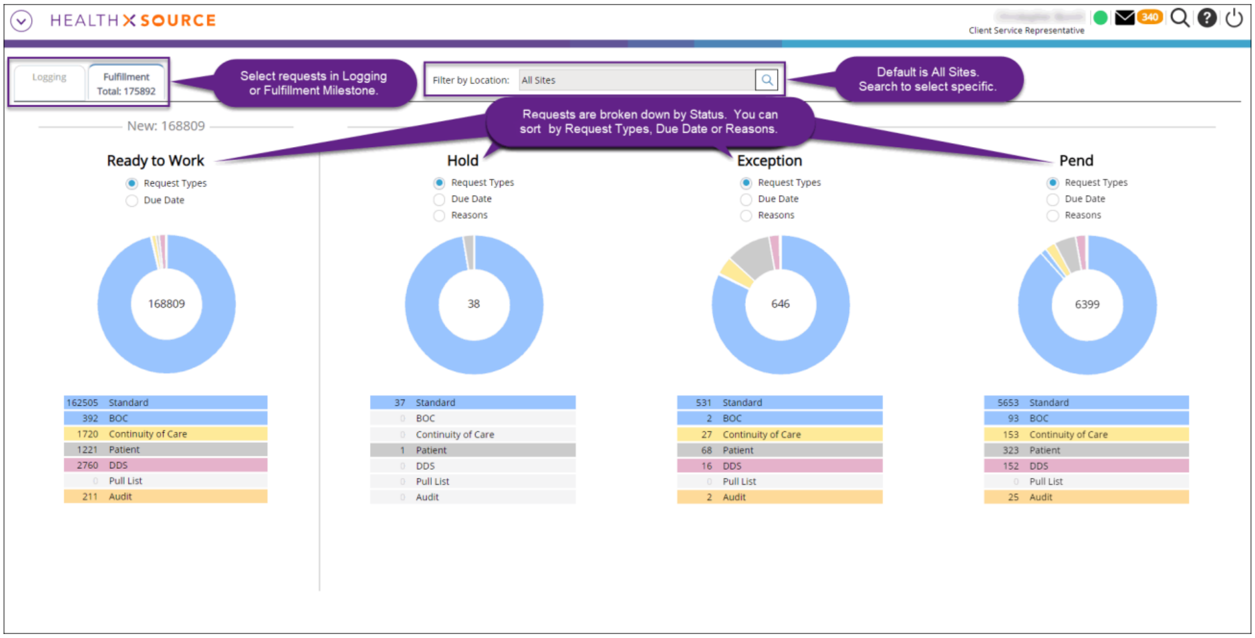


</td></tr>
</table>

Dashboard

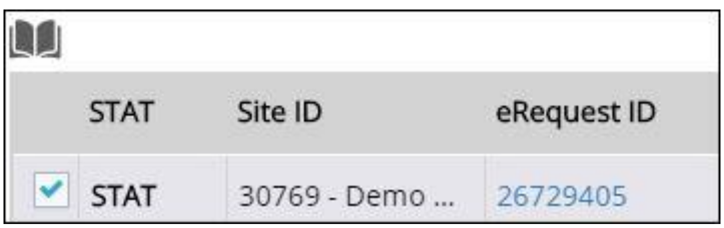
Introduction

The Dashboard is a great visual queue where you can see all of the requests that need to be logged and/or fulfilled for a given site or group of sites. It will show the current inventory for each and is also broken down by those in Hold, Exception and Pend status.



View Request Details

To see more information about the requests captured in a chart, select the appropriate “pie slice” to reveal the Request Search screen. You are then able to click the eRequest ID to launch the request or click the Open Book icon to view the request history.



STAT	Site ID	eRequest ID
STAT	30769 - Demo ...	26729405

Logging

Overview

Introduction

This chapter will cover the steps to Log a request into HealthSource as well as how to log STAT requests and how to Split requests that have been sent in bulk.

Contents

Logging a Request Overview

Introduction

The request type selected at the beginning of the request entry process determines which data entry fields appear and which are required to be completed before the request can be submitted to the fulfillment stage of the process.

Request Types

The following are the available Request Types:

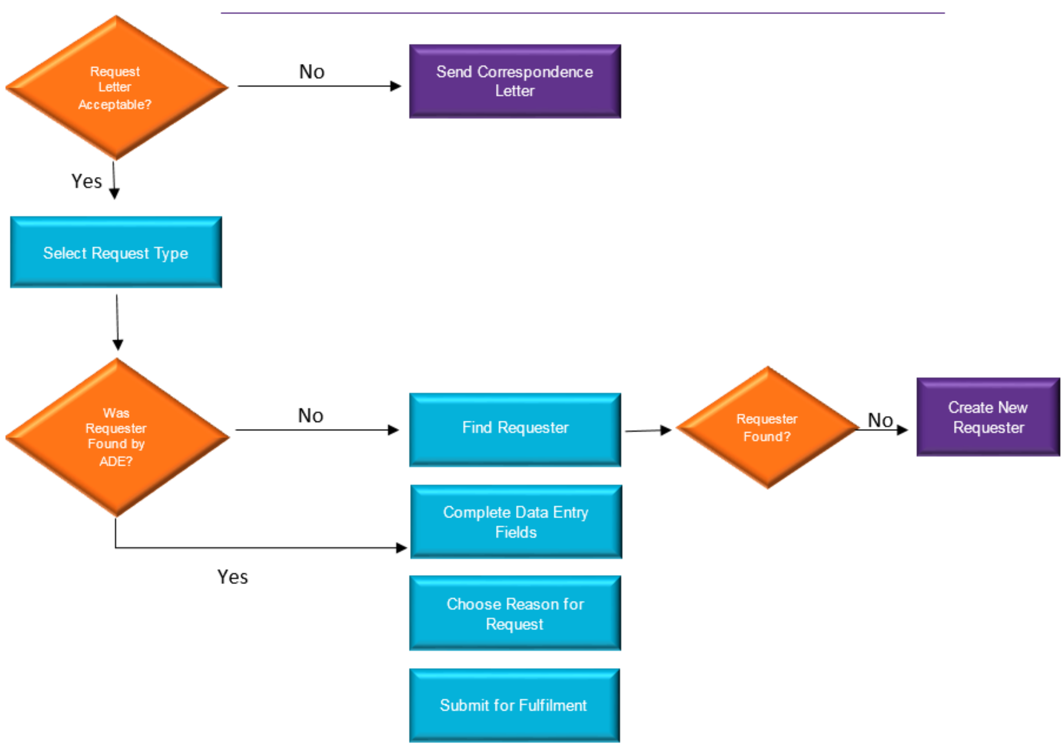
Request Type	Description and Usage:
Standard	Requests such as attorney, subpoena, insurance, underwriting, Copy Service, RAC, etc. Basically, if it does not fall into any of the other five categories below, it will go under Standard.
BOC	BOC stands for Business Office Copy. A Business Office is a department at a health care facility which needs access to Medical Records, so the facility can be reimbursed by the insurer for services rendered. Ciox uses special rules for handling this kind of “internal” request. This option works specifically with the use of a special BOC coversheet. HealthSource may be able to read information off of the coversheet and log it automatically.
Continuity of Care	When records are requested by another hospital, clinic or doctor’s office. Includes STAT requests.
Patient	When patients request a copy of their own record. Also applies to requests from parents/guardians.
DDS	Social Security Administration (SSA) offices request records to determine a person’s eligibility for disability benefits.
Pull List	Some requesters send a single Request Letter that asks for the records of multiple patients. The patients are typically listed in a spreadsheet-style document, called a Pull List. Common requesters are HEDIS, MRA, DRG, etc. HealthSource normally identifies Pull Lists automatically and logs each patient individually, but a Logger can manually perform data entry if the automatic process does not work properly.

Continued on next page

Request Logging Overview

The following are the quick steps for logging a request:

Step	Action
1	Open a request with a Request Milestone of ***Logging***.
2	Review the request letter to determine the Bill to/Ship to, patient information and request information.
3	Search/enter the Requester Information. When searching, only enter the numbers of the address and zip. Then select the appropriate result from the list. ***Note:*** Loggers and Fulfillers should choose Electronic delivery requesters whenever possible when performing the search of the requester – Electronic delivery is cheaper, faster, and more reliable than hard copy methods. If the Requester is not found, select the "Create New Requester" button to send this request to the Corporate queue where it will be researched and added to the database.
4	Enter the patient information.
5	Enter the information about the request including dates of service requested, method of delivery, fee-approval, etc.
6	Click "**Submit and Next**" if you want to submit this request and have the next one in line to automatically open. Select "**Submit and Close**" if you are done and want to return to Request Search or My Dashboard.



Data Entry Fields

Introduction

Before reviewing how to log each Request Type, let's review the Data Entry window. The window is divided into several sections. Each section, depending on the type of request you are logging and which stage you are in (Logging or Fulfillment), will have different required information. The following are the sections:

Request Information, Patient Information, General Information, Medical Information.

You can hide a particular section by clicking its **Blue** name or clicking on the **arrows** to the right of the name.

Request Information Section

Field	Description
Site Location	Facility at which the request originated.
Request Status	Current state of the request.
Intake	Shows method request was captured into the system.
eRequest ID	Identification #, which stays the same throughout the entire ROI process. Not editable.
Request Type	Your choice may change which fields appear on the Data Entry window. See page Request Types for descriptions. If you change the original selection, any data in the Requester fields will IMMEDIATELY be cleared. You CANNOT retrieve this information, even if you select the original option again.
Is this a STAT Request?	Will only appear for Continuity of Care requests and cause them to be labeled STAT and appear at the top of Request Search results.
Requester Search fields	These fields are used to search for a requester in the database. Best practice is to search utilizing the street address and zip code (not by company name). Specific search workflow is detailed in each Logging description in this manual. ** pay attention to the default delivery method set up for each.
DDS Bar Code Available	This field will only appear if you selected DDS as the Request Type.
Send to New Requester Support	After a thorough search for the requester, if you have not found them in the system, this button will send the request to the proper team to research and add.
Requester Name, Address, City, State, Zip	Based on the requester search results, these fields will be auto-populated. They are not editable. If the requester search was not a 100% field match, then the request should be sent to "Requester Support".

Continued on next page

Request Information Section, continued

Field	Description
Major Class	All existing requesters in the database are assigned to a Major Class. The Major Class drives the Reason for Request options. This is not editable.
Requester Type	Each Major Class is linked to a sub-set of Requester Types. The Request Type determines if this field appears.
Requester #	All existing customers have been assigned a Requester # in our database.
Contact Fields (phone, fax, email)	The Request Letter may provide a different fax number or email than what was imported from database. If so, edit the fields to match the Request Letter.
Request Letter Date	The date that is on the request letter.
Facility Received Date	Many facilities stamp Request Letters to show the date of receipt. Capturing this date lets us calculate more accurate turnaround time values. For example: • A requester types up a Request Letter on Friday, June 13 (Request Letter Date). • The requester sends the letter on Monday, June 16. • The facility receives the Request Letter on Thursday, June 19 (Facility Received Date). Our turnaround time is based on when the facility received the request, not when the letter was mailed. For requests received without a date stamp, the Received Date will be the date the request was entered into HealthSource.
Intake Date	This is the date the request came into HealthSource via any of the intake methods. Automatically determined. You cannot edit this date.
No of Days to Complete	Is required when you select Medicare/Medicaid or PRO as the Requester Type. These requesters specify the deadline for medical records in days. **For example**, the letter may state that the facility has 30 days to deliver the records from the Request Letter Date.
Due Date	Field is automatically calculated for most requests based upon request type and reason for request once a request has been submitted. Field can be manually change to less than the default.
Send Notification/ Request Notification Comments	**This feature is not currently active. Do not use this field.**

Continued on next page

Request Information Section, continued

Field	Description
Requested Electronic Delivery	If the requester has requested the records to be delivered electronically, check this box. Even if they are not delivered in that manner, if they requested them to be, check this box. This drives billing in some states.
Reason for Request	Select ***Reason for request*** and drill down depending on how much detail is required for the reason chosen. This information helps "classify" the request so we can process and bill for it correctly. Do not utilize Invoice Type. Make the best choice possible.
Bill to	Information will be pre-populated in these fields based on the requester search. These fields are not editable.
Ship to	If the records need to be shipped to a location other than where the bill will be going, complete the fields, otherwise check the "Same as Bill to" box.
Delivery Method	Specifies how records will be delivered to the requester. For complete details of this function click here.

Patient Information Section

Field	Description
Last Name	Patient Last Name. Check that the patient's middle name was not written to this field.
First Name	Patient First Name. May also include a middle name. (Best practice is to only enter first name as cannot search in request tracker if it was entered this way and we do not use the middle name when searching)
DOB	Date of Birth
MRN	Medical Record Number (can be entered when known in Fulfillment stage)
SSN	Social Security Number
MBI	Medicare Beneficiary Identifier
Claim#	Common on certain types of requests like insurance, Medicare, etc.
Dates of Service	If the request covers only a specific date range, enter the start (From) and end (To) dates in these fields. Click the + button to add another row so you can capture a second date range. Click the - button to delete an unneeded row.
Patient Account/ Control #/ Contract #	Patient identifier fields that appear only in specific circumstances (can be entered in fulfillment stage once known).

Continued on next page

Medical Information Section

When initially logging the request, the **Requested Record Types** are to be checked off based on what the requester asked for in the request letter.

When fulfilling the request, the Fulfiller must select each record type that was actually retrieved. If the desired component is not on the list, you can simply type the first one in the “Other” box and then click the plus sign if additional are needed.

Medical Records Page Count:
Available only in fulfillment. The source of the original medical record pages are Electronic, Paper and Microfilm. It is important that the pages are classified correctly as these affect the pricing of the request in many states. The total of these three fields must match the Total Pages number. The Page Count is automatically populated when printing records from the EMR into HealthSource.

General Information Section

Field	Description
Non-Billable Reasons	Only available for Patient and Insurance types. If the request is a billable request but has been determined it must be “non-billable”, you must select the reason why. Note: if the same type of request should consistently be non-billable, please contact your manager to have the site set up appropriately on the backend.
Fee Approval Limit	Some requesters want to know if the cost of retrieving the medical records exceeds a specific amount. For example, a Request Letter may state “If the cost for copying exceeds $100.00, please call for confirmation.” If the letter provides this information, enter it here. If the request letter only states to notify them of fees, enter $1.00 in this field. If no indication on the request that the requester wants to be notified, leave this field blank.

Continued on next page

General Information Section, continued

Field	Description
Sensitive Data	Select if the medical records released contain information about: • Substance Use Disorder treatment • Psychiatric / psychological care • HIV / AIDS diagnosis or treatment • *See ROI Matrix of State Laws for additional State specific sensitive data requirements. When this checkbox is selected, the captured medical records will be reviewed by Ciox Health specialists who verify that: • every page is associated with the specified patient; • the requester was properly identified, and • the authorization to release sensitive information is included.
Return Records to Facility	If records need to be printed from our Processing Center and sent back to the facility so additional information/documents can be added, select this box.
HIPAA Reportable Disclosure	Leave unchecked.
Years Searched	Only displayed for sites in Florida for certain types of requests. Florida law requires that we capture how many years were searched to locate the requested medical records.
Payment Information	If payment was received, it can be logged into the system. Requester Deposit means you have a check in hand. Facility Kept Payment means the facility has the payment and Ciox will bill them back for it.

Commands

Command	Description
Submit and Next	Will submit the request onto fulfillment and automatically pull of next request from work list.
Previous	Closes the request and returns to the last location. Any values added or changed are abandoned and will not be saved. The Request Status does not change.
Save and Close	Saves and closes the request.
Submit and Close	Will submit the request and return to the last location such as Request Search or Dashboard.
Continue	Only available when Request Type = Pull List.
Submit and Fulfill	Will submit the request onto fulfillment and keep you in the request. *Only available when logging requests using “Add New Request”.

Data Entry Functions

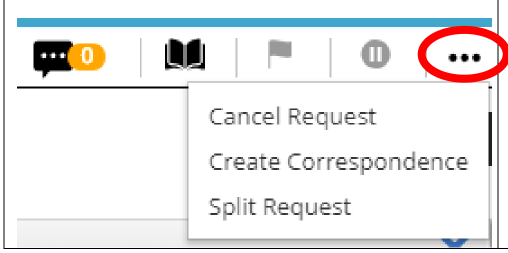
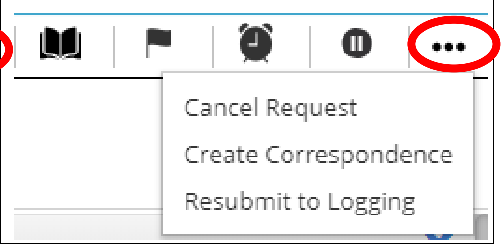
More Actions

More Actions is located in the top right of the screen and indicated by three dots. Its commands are listed below, and will vary based on which part of the process you are in.

Command	Description
Cancel Request	Will permanently cancel the request.
Create Correspondence	Will open up the Correspondence screen.
Resubmit to Logging	Only available in fulfillment. Will send the request back to pending and change the status from Fulfillment to Logging. You are able to make edits once in Fulfillment, so it may not be necessary to send back to Logging.

More Actions by User Role

More Actions options will vary by your role. The image below displays the options available to the Client Service Representative role.

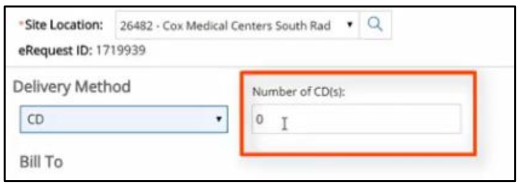
Logging	Fulfillment
	

Delivery Methods

Selecting Delivery Method

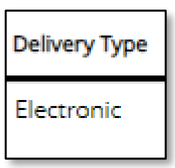
Loggers and Fulfillers can select a specific Delivery Method for Requests. The Delivery Method field is located directly above the Bill To/Ship To fields. Onsite Option delivery methods (see below table) mean that the record copies were created and delivered onsite either via a device or they were faxed or handed to a walk-in requester. For those marked as an “Onsite Option”, this means that the records will not go through our backend process to be mailed or e-delivered. Postage will be removed, and the invoice will be sent from Ciox corporate.

In fulfillment when selecting an electronic device delivery method, you can enter the number of devices created. Please check with your manager if this field should be used. Some sites are set up to bill based on the number of devices and some on the number of images. This is important for billing purposes:



- Please see the Ciox SharePoint site for the specific job aid on how to process Radiology requests.

If a method is not selected (it is mandatory for Patient Directive requests), the request will be mailed out unless the Requester is signed up for our Ciox eDelivery service. This will be notated when searching for the requester:

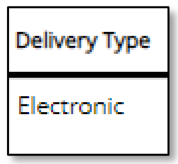


The Methods are described below.

Method	Description	Onsite Option?
CD/DVD/ Flash Drive	Records will be encrypted and burned to a device at the facility. The device is then mailed from the facility and the invoice is sent by Ciox under separate cover.	Yes
eDelivery	When selected, records will be posted to our eDelivery portal and the email address entered will receive an email notification when records are ready to be viewed. This is applicable to patient, continued care and patient directive requests.	No

Continued on next page

Selecting Delivery Method, continued

Method	Description	Onsite Option?
Electronic	This can only be utilized when the requester subscribes to Ciox eDelivery service. Do not select this for any request-it should only be populated for requesters that are in the database and notated as “electronic” as their default delivery method.  If this is selected for any other type of request, the records will be mailed.	No
Faxed	Used when the request has been fulfilled locally via fax. HealthSource does not release through the system to any fax number associated with the requester. If this option is used, it means the records have been released locally.	Yes
Mail	Records will be printed and mailed from Ciox’s processing center.	No
Walk-in	Records have been printed locally and presented to the requester for pick up at the facility.	Yes

Continued on next page

Duplicate Request Detection

Introduction

When requests are submitted from logging and opened in Ready to Fulfill the system will perform a duplicate check to see if any requests exist in the system with similar criteria. By finding possible duplicates, we'll lose less time doing unnecessary logging and fulfillment.

To qualify as potential duplicates, requests must share ALL of these values: Site, Requester, Patient Last Name (complete match), Patient First Name (first letter match), Patient DOB or SSN

For new requests, HealthSource Clarity checks these data values against requests made in the previous 90 days.

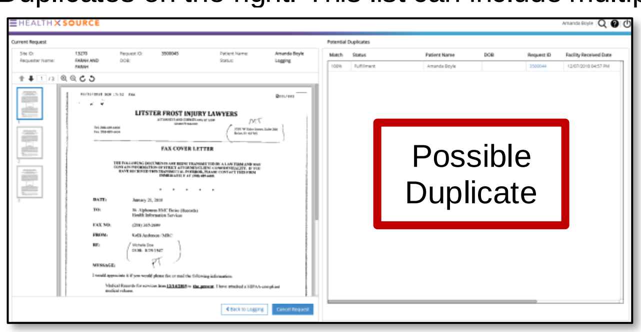
When Does the Duplicate Request Detection Run?

Potential Duplicates are checked when requests are submitted from Logging and opened in Ready to Fulfill. The system will perform a duplicate check on the Patient Information entered.

The Duplicate Detection does NOT look for duplicates among requests that were cancelled, that we responded to by sending Correspondence or received more than 90 days ago.

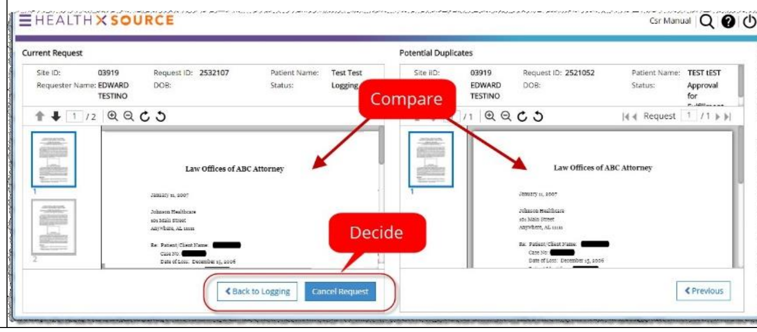
In these cases, the "new" request may still be a duplicate, but it's likely that the requester sent us a corrected Request Letter

Duplicate Detection in Action:

Step	Action
1	Start logging a new request or open a request in Ready to Fulfill.
2	Click the Potential Duplicates icon 
3	If a possible duplicate is detected, the screen "splits," with the current Request Letter shown on the left and Potential Duplicates on the right. This list can include multiple items. 

Continued on next page

When Does the Duplicate Request Detection Run?

Step	Action
4	In the Potential Duplicates list, click the blue REQUEST ID number to see the Request Letter for the possible duplicate.
5	Compare the Request Letters and decide whether to continue logging or fulfilling the request (Back to Logging/Fulfillment) or abandon it (Cancel Request). 

Logging a Request: Standard

Standard Request Type Process

Follow these steps to log a **Standard** request:

Step	Action
1	In the **Request Information** section, select **Standard** under *Request Type*.
2	If the requester was not found and populated by the ADE, enter the zip code first, then address and name of the requester.
3	Select **Find Requester**. If there are multiple exact matches, select the requester with the Delivery Type "Electronic" if it exists. If this delivery type does not exist, select the oldest requester # in the list. Remember, it must be 100% exact match. If the Requester is not found, select the **Submit to Requester Support** button to send this request to the Corporate queue where it will be researched and added to the database. A warning appears if a request letter is not attached. After the Requester Support team completes their process, the request returns to previous status. The screen shows an Approved flag.
4	Select the appropriate **Requester Type** if necessary (generally only for Copy Service Major Class).
5	Enter the **Request Letter Date** found on the request letter.
6	Enter the **Facility Received Date.**
7	Enter a **Due Date** if necessary.
8	If requesting electronic delivery, check the box. Even if you chose the appropriate Delivery Method below, this field must also be checked.
9	In the **Reason for Request** drop down, select the primary reason for request and then if necessary the secondary. Do not utilize Invoice Type unless hard-coded.
10	Select the **Same as Bill to** checkbox if the shipping information is the same. If it is not, enter the shipping information in the appropriate fields.
11	Verify the **Requested By** and enter the **ATTN** fields.
12	In the **Patient Information** section, Complete the **Patient Information** fields if they were not filled in by the ADE. If the system found multiple possible matches for the field, it will be noted by three dots: Select the three dots to reveal the possible entries and select the appropriate one or enter the appropriate information.
13	Enter any identifying information from the request such as claim #, case #, file #, etc. in the **Claim #** field.
14	Enter the **Dates of Service** requested.

Continued on next page

Standard Request Type Process, continued

<table>
<tr><th>Step</th><th>Action</th></tr>
<tr><td>15</td><td>In the Medical Information section, select the Requested Record Types.</td></tr>
<tr><td>16</td><td>In the General Information section:
<table>
<tr><th>Field</th><th>Description</th></tr>
<tr><td>Non-Billable Reasons</td><td>Requests are Billable by default. You are able to select a reason from the drop down like “RMO Approved” or “HIMD Requested” to classify this request as non-billable.</td></tr>
<tr><td>Fee Approval Limit</td><td>If the requester asks to be notified of charges, enter the dollar amount in the Fee Approval Limit field. If they want fee approval but did not specify a dollar amount, you must enter at least $1.00.</td></tr>
<tr><td>Sensitive Data</td><td>If the records contain sensitive information, check this box.</td></tr>
<tr><td>Return Records to Facility</td><td>If the records need to be returned to the facility before being sent to the requester, check this box.</td></tr>
<tr><td>Payment Information</td><td>If payment was received via check/money order and needs to be logged or the facility has the payment, but we need to track it, enter that information here.</td></tr>
</table></td></tr>
<tr><td>17</td><td>Select:

Submit and Next to move onto the next request in your queue.
Save and Close to come back to it at a later time.
Submit and Close to submit and return to your landing page.
Submit and Fulfill to go straight to fulfillment.
</td></tr>
</table>

Continuity of Care (COC), Patient and Disability Determination Services (DDS) should **NOT** be logged under Request Type *Standard*. If a user performs a requester search under Standard and a result is found, the system will display an alert that the request should be logged under its proper COC or DDS request type instead.

Logging a Request: BOC-Business Office Copy

Business Office Copy Request Type Process

The Business Office Copy (BOC) process was developed to work with special BOC Coversheets provided by the Operations Field Support department. These coversheets are set up with a specific customer number and delivery process.

Note: if you do not have a BOC coversheet for your business office requests, utilize the Standard workflow.

Follow the steps below to log a **Business Office Copy** request after selecting a request in **Logging**:

Step	Action
1	In the **Request Information** section, select **Business Office Copy** under *Request Type*.
2	If the requester was not found and populated automatically, enter the name or address and zip code of the requester.
3	Select **Find Requester**. Confirm the "Customer #" on the coversheet matches the "Requester #" in HealthSource. **Note**: If the requester is not found based on the search criteria/Requester # match, you will need to log this request under "Standard".
5	Enter the **Request Letter Date** found on the request letter.
6	Enter the **Facility Received Date.**
7	**Reason for Request** will automatically default to Business Office Copy with *Electronic* **Delivery Method**.
8	Verify **Requested By** and enter **ATTN** fields.
9	In the **Patient Information** section, Complete the **Patient Information** fields if they were not filled in by the ADE.
10	Enter the **Dates of Service** requested.
11	In the **Medical Information** section, select the **Requested Record Types.**
12	In the **General Information** section: **Field** — **Description** Fee Approval Limit — Not applicable-these are inhouse requests. Sensitive Data — If the records contain sensitive information, check this box. Return Records to Facility — If the records need to be returned to the facility before being sent to the requester, check this box. Payment Information — Not applicable-these are inhouse requests.
13	Select: • **Submit and Next** to move onto the next request in your queue. • **Save and Close** to come back to it at a later time. • **Submit and Close** to submit and return to your landing page. • **Submit and Fulfill** to go straight to fulfillment.

Logging a Request: Continuity of Care

Continuity of Care Request Type Process

Follow these steps to log a **Continuity of Care** (COC) request after selecting a request in **Logging**:

Step	Action
1	In the **Request Information** section, select **Continuity of Care** under *Request Type*. If the request is STAT, check the STAT request box.
2	Select the **State** in which the requester is located. There is a "default" COC requester for each state that reflects the laws for such requests in that state. If requester is located in foreign country, choose state in which request received.
3	Enter the **Zip** code.
4	Click **Find Requester**. The Requester # is automatically filled out based on the state's default COC requester in the database.
5	Enter the **Request Letter Date** found on the request letter.
6	Enter the **Facility Received Date.**
7	Enter the due date if applicable. If the request asked for Electronic Delivery, select this box (even though you will also choose the delivery method.
8	In the **Reason for Request** drop down, select the primary reason for request.
9	Select the **Delivery method**.
10	Enter the **Ship To** Information such as the name, address, requested by and attention to.
11	In the **Patient Information** section, complete the **Patient Information** fields if they were not filled in by the ADE. If the system found multiple possible matches for the field, it will be noted by three dots: Select the three dots to reveal the possible entries and select the appropriate one or enter the appropriate information.
12	Enter the **Dates of Service** requested.
13	In the **Medical Information** section, select the **Requested Record Types.**

Continued on next page

Continuity of Care Request Type Process, continued

<table>
<tr><th>Step</th><th>Action</th></tr>
<tr><td>14</td><td>In the General Information section:
<table>
<tr><th>Field</th><th>Description</th></tr>
<tr><td>Fee Approval Limit</td><td>Does not apply to COC.</td></tr>
<tr><td>Sensitive Data</td><td>If the records contain sensitive information, check this box.</td></tr>
<tr><td>Return Records to Facility</td><td>If the records need to be returned to the facility before being sent to the requester, check this box.</td></tr>
<tr><td>Payment Information</td><td>Payment would not be received for this type of request.</td></tr>
</table></td></tr>
<tr><td>15</td><td>Select:
Submit and Next to move onto the next request in your queue.
Pend and Close to come back to it at a later time.
Submit and Close to submit and return to your landing page.
Submit and Fulfill to go straight to fulfillment.
</td></tr>
</table>

Logging a Request: Patient

Patient Request Type Process

Follow these steps to log a **Patient** request after selecting a request in **Logging**:

Step	Action
1	In the **Request Information** section, select **Patient** under *Request Type*.
2	Select the **Country** from the drop down.
3	Enter the Patient's ***Bill to*** information in the appropriate fields. **Note**: There is no "Find Requester" function for patient requests as we do not save patient billing information in our database for future use. Also note that this could be the parent/guardians address or if the patient is deceased, it could be next of kin or could be the POA of the patient if incapacitated.
4	Select the **Delivery Method**.
5	Enter the **Request Letter Date** found on the request letter.
6	Enter the **Facility Received Date.**
7	In the **Reason for Request** drop down, select the primary reason for request and then if necessary the secondary. (see note on next page)
8	Depending on the reason for request, you may or may not have to enter a **Ship To** address. For example, "Patient Personal" is a single request entry. "Patient-Transfer" lists the patient as Bill to and wherever they have requested their records to go as the "Ship to"
9	In the **Patient Information** section, complete the **Patient Information** fields if they were not filled in by the ADE. If the system found multiple possible matches for the field, it will be noted by three dots: Select the three dots to reveal the possible entries and select the appropriate one or enter the appropriate information.
10	Enter the **Dates of Service** requested.

Continued on next page

Patient Request Type Process, continued

<table>
<tr><th>Step</th><th>Action</th></tr>
<tr><td>11</td><td>In the Medical Information section, select the Requested Record Types.</td></tr>
<tr><td>12</td><td>In the General Information section:
<table>
<tr><th>Field</th><th>Description</th></tr>
<tr><td>Non-Billable Reasons</td><td>Requests are Billable by default. You are able to select a reason from the drop down like “Continuation of Care” to classify this request as non-billable.</td></tr>
<tr><td>Fee Approval Limit</td><td>If the requester asks to be notified of charges, enter the dollar amount in the Fee Approval Limit field. If they want fee approval but did not specify a dollar amount, you must enter at least $1.00.</td></tr>
<tr><td>Sensitive Data</td><td>If the records contain sensitive information, check this box.</td></tr>
<tr><td>Return Records to Facility</td><td>If the records need to be returned to the facility before being sent to the requester, check this box.</td></tr>
<tr><td>Payment Information</td><td>If payment was received via check and needs to be logged or the facility has the payment, but we need to track it, enter that information here.</td></tr>
</table></td></tr>
<tr><td>13</td><td>Select:

Submit and Next to move onto the next request in your queue.
Pend and Close to come back to it at a later time.
Submit and Close to submit and return to your landing page.
Submit and Fulfill to go straight to fulfillment.
</td></tr>
</table>

When the patient is not requesting their own records:

This could be due to parent requesting their child’s records. At the top of the HealthSource screen enter the information for the person who requested the records (not the patient). This requester information is also the “Bill To” information. Choose Reason for Request **Patient Personal** to bill and ship the records to this person (the requester). Choose Reason for Request **Patient Transfer** to bill this person (the requester) and ship the records to a family member or health care provider (not a third party).

Logging a Request: DDS

DDS Request Type Process

Follow these steps to log a **Disability** request after selecting a request in **Logging**:

<table>
<tr><th>Step</th><th>Action</th></tr>
<tr><td>1</td><td>In the Request Information section, select DDS under Request Type.</td></tr>
<tr><td>2</td><td><table>
<tr><th>If ...</th><th>Then ...</th></tr>
<tr><td>A barcode is available</td><td>Select the checkbox for DDS Barcode Available. Enter the DDS Ship to state, DDS Site# and DDS Po Box #</td></tr>
<tr><td>A barcode is not available</td><td>Enter the DDS Ship to state and DDS Po Box #</td></tr>
</table></td></tr>
<tr><td>3</td><td>Select Find Requester. The Address of the DDS office will appear. Please note this may be different than the Ship to state as most DDS requests are sent to centralized processing centers.</td></tr>
<tr><td>4</td><td>Enter the Request Letter Date found on the request letter.</td></tr>
<tr><td>5</td><td>Enter the Facility Received Date.</td></tr>
<tr><td>6</td><td>The Reason will default to “State Disability” and Delivery Method will default to “Electronic”.</td></tr>
<tr><td>7</td><td>Verify the Request by and enter ATTN. If this is not evident on the request letter, enter DDS.</td></tr>
<tr><td>8</td><td>In the Patient Information section, complete the Patient Information fields if they were not filled in by the ADE.
Note: Enter either the SSN or MBI, but not both. Even though both fields are marked with a red asterisk, only one field is required.</td></tr>
<tr><td>9</td><td>Enter the Dates of Service requested.</td></tr>
<tr><td>10</td><td>In the Medical Information section, select the Requested Record Types.</td></tr>
<tr><td>11</td><td>In the General Information section, DDS is billable, we never fee-approve them, records should not be returned to the facility since we electronically deliver, and they are not a HIPAA reportable Disclosure.</td></tr>
<tr><td>12</td><td>Select:
Submit and Next to move onto the next request in your queue.
Save and Close to come back to it at a later time.
Submit and Close to submit and return to your landing page.
Submit and Fulfill to go straight to fulfillment.</td></tr>
</table>

If DDS requests are **faxed / emailed / uploaded** into Clarity, they go through the OCR/NLP process. HealthSource will extract address information based off of the bar code information on the request and automatically enter requester information.

Logging a Request: Pull List

Pull List Process

Follow these steps to log a Pull List request:

Step	Action
1	Select **Pull List** under *Request Type*.
2	If the requester was not found and populated by the ADE, enter the name or address and zip code of the requester.
3	Select **Find Requester**. If the Requester is not found, select the **Create New Requester** button to send this request to the Corporate queue where it will be researched and added to the database. The request will then be returned to the logging queue with the correct requester selected.
4	Select the **Requester Type**.
5	Enter the **Request Letter Date** found on the request letter.
6	Enter the **Facility Received Date.**
7	Select the **Reason for Request.**
8	In the **General Information** section, complete any fields if necessary.
9	In the **Medical Information** section, select the requested **Record Types.**
10	Click **Continue**. Continue will only be available if all of the required fields have been completed.
11	The **Pull List Patient Information** screen appears (see next page).
12	Enter the **External Batch ID.**
13	Enter the number of patients on the pull list and click **Update**.
14	Enter the Last Name, First Name, DOB, and Dates of Service for every patient on the Pull List. **Note**: HEDIS requests will have the HEDIS measure available for selection.
15	Click **Submit** for every patient.
16	When all requests have been submitted, click **Done**.

Each time you click Submit for a patient, an individual eRequest ID is created for that patient/requester. You do not have to “Submit” every patient on the pull list at the same time. It is possible to begin fulfilling some on the list after they have been created individually and then create the rest at a later time.

Continued on next page

Pull List Request ID Values

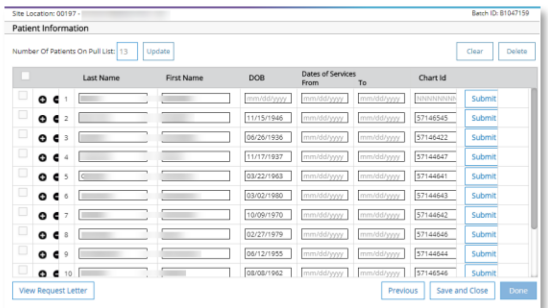
HealthSource tracks both the “parent” Pull List and all “children” requests covering specific patients.

Type	Batch ID	eRequest ID	Requester Type	Patient Name	Status
Pull List	Yes *	No	Yes	No	Logging Completed
Requests	No	Yes	Yes	Yes	Fulfillment Pending

The number in parenthesis after the Batch ID shows how many patient requests were part of the pull list. B1047159(13)

Pull List Patient Information Screen

This screen appears when a Logger enters a manual Pull List. It is not used for any other Request Type and does not appear for a Fulfiller.



Field	Description
Number of Patients on Pull List	Enter the # of individual patients whose records were requested and click **Update**. One row is automatically added for every patient.
Clear	Removes patient information from the selected row(s).
Delete	Deletes selected row(s).
External Batch ID	Identification requester uses to identify their request.
Patient Information Columns	All fields must be filled out for every patient.
Submit	You must Submit the data for each patient row separately.
Done	Click Done when you have submitted all patient rows.
Manually add/delete row	Add: Delete:

<u>**Note:**</u> Users processing pull lists will have full access into the original request letter. The original pull list will show after the cover sheet that HealthSource automatically creates for pull list children. The original pull list as well as the cover sheet that HealthSource automatically creates for pull list children is part of the request package sent to the requester.

Ciox Phoenix Requests

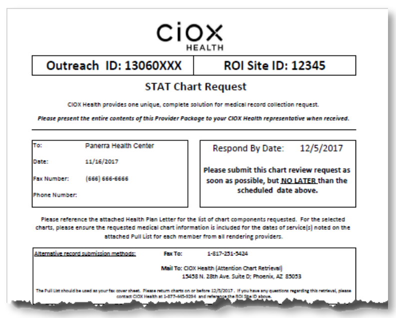
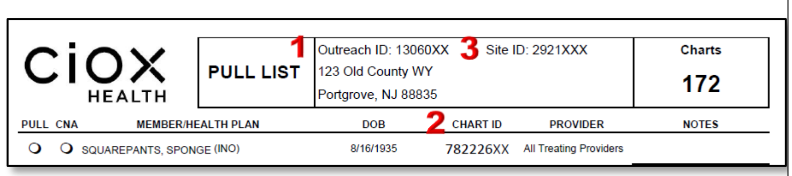
Overview

Ciox Phoenix handles a large volume of medical record requests from insurance companies, including HEDIS, MRA, Commercial Risk and Adjustment requests.

HealthSource normally imports requests directly from Ciox Phoenix in a process called “auto-loading.” All the required data entry fields (requester info, patient info, dates of service, etc.) are automatically filled out and the request immediately moves to Fulfillment. When the requests are auto-loaded, there is no need for the Logger to interact with the request, it is ready for the Fulfiller to attach the medical records. If we are unable to auto-load these requests, a Logger is able to manually import the Ciox Phoenix requests into HealthSource. This section will describe the processes.

Provider Package

Ciox Phoenix sends medical record requests to HealthSource sites in a document set called a Provider Package, also known as a Ciox Phoenix Pull List. It typically consists of three parts:

<table>
<tr><th>Part</th><th>Description</th></tr>
<tr><td>Instruction Sheet</td><td>Identifies the requests as coming from Ciox Phoenix.

</td></tr>
<tr><td>Payer Page</td><td>This page shows which insurance company contracted with Ciox Phoenix to retrieve the requested records.</td></tr>
<tr><td>Pull List</td><td>Includes the patient information needed and includes three values used to import these requests into HealthSource:
1. Outreach ID
2. Chart ID
3. Site ID

</td></tr>
</table>

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How to Manually Load Ciox Phoenix Requests

Follow these steps:

<table>
<tr><th>Step</th><th>Action</th></tr>
<tr><td>1</td><td>From the Menu, click Import Requests.</td></tr>
<tr><td>2</td><td>The Import Requests screen appears.</td></tr>
<tr><td>3</td><td>On the Provider Package (Ciox Phoenix Pull List), locate these three ID numbers: Outreach ID, Site ID and Chart ID.</td></tr>
<tr><td>4</td><td>Select the Site Location from the drop down and then enter the three ID numbers from the Import Requests screen and click Find Charts.
Note:
Group ID=Outreach ID
Group Site ID=Site ID

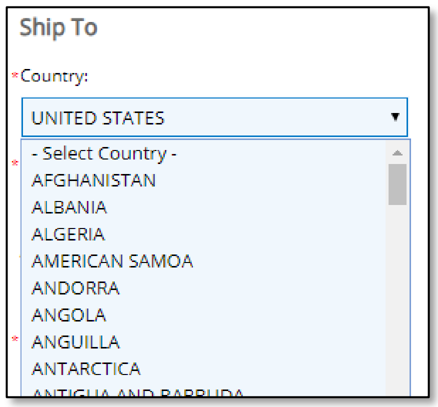
</td></tr>
<tr><td>5</td><td>Pending requests appear on the Import Request screen, without any eRequest ID.</td></tr>
<tr><td>6</td><td>Do the requests match the information in the Provider Package?
<table>
<tr><th>If...</th><th>Then ...</th></tr>
<tr><td>Yes</td><td>Go to step 7.</td></tr>
<tr><td>No</td><td>Repeat the search. If there are still no requests found, contact 877-358-6939</td></tr>
</table></td></tr>
<tr><td>7</td><td>Select all of the requests listed on the Provider Package using the checkboxes in the far-left column of the Import Request screen.</td></tr>
<tr><td>8</td><td>Click Submit at the bottom right corner of the Import Request screen.</td></tr>
<tr><td>9</td><td>HealthSource notifies you that the requests have been submitted.</td></tr>
<tr><td>10</td><td>The requests are logged “behind the scenes” without any more action on your part.</td></tr>
<tr><td>11</td><td>If you want to see the logged requests, run the search again after several minutes. You’ll see that HealthSource has assigned an eRequest ID.</td></tr>
</table>

You can identify Ciox Phoenix request through the **Request Search** function by applying filter -- **Select Identifier→ Group ID** or by applying filter -- **Select Requester Class → PAYD**

Processing Out of Country Requests

COC Requests

If you have an out of country shipping address for COC requests, follow these steps:

Step	Action
1	In the **State** and **Zip Code** field, select the state and enter the zip code of the facility releasing the records. Select **Find Requester**. This will allow you to associate the request with a Requester Number for the state in the system.
2	In the **Ship To** section, select the appropriate **Country** from the drop down. 
3	Complete the address information including address, city, state and zip code. This may require you to call the requester to obtain the appropriate information.

All Other Request Types

For the other request types, the **Country** drop down is located below the **Ship to** field.

Best Practice: for walk-in requesters, ensure you obtain the complete address before their departure.

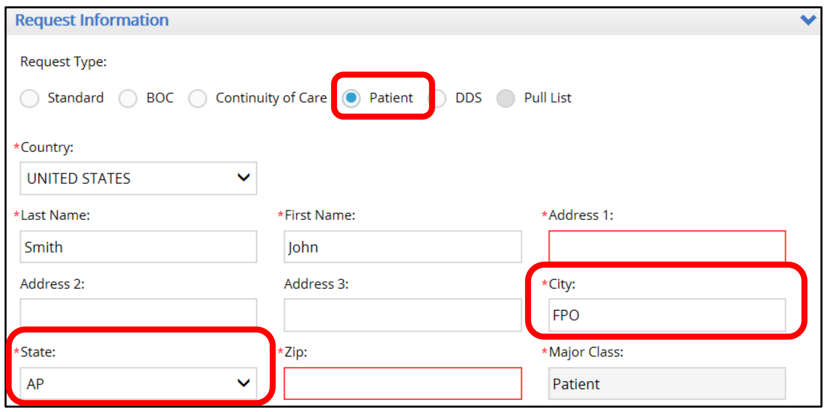
Processing Military Requests

Military Requests

HealthSource Clarity automatically identifies military addresses for Patient requests. These addresses contain specific character combinations in the City and State positions:

City = APO or FPO
State = AE, AA, or AP

If not found automatically, you can type or select these values in the City and State fields for a Patient request. You CANNOT select AE, AA, or AP as the State for the Ship To address when the Request Type is anything other than **Patient**.



STAT Requests

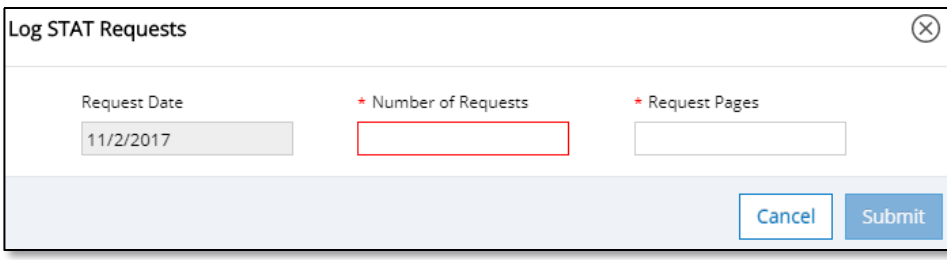
Introduction

STAT requests are ROI requests that must be handled immediately. These are usually faxed requests from Continued Care providers who are seeing a patient that was recently discharged from the facility and need the records to continue their treatment. Since these requests fall under the TPO category, they are not required to be logged individually. We still want to log the total number of requests and pages processed so that site statistics are properly recorded.

The STAT Request menu option gives you an easy way to track the volume of this work without the need to create individual requests.

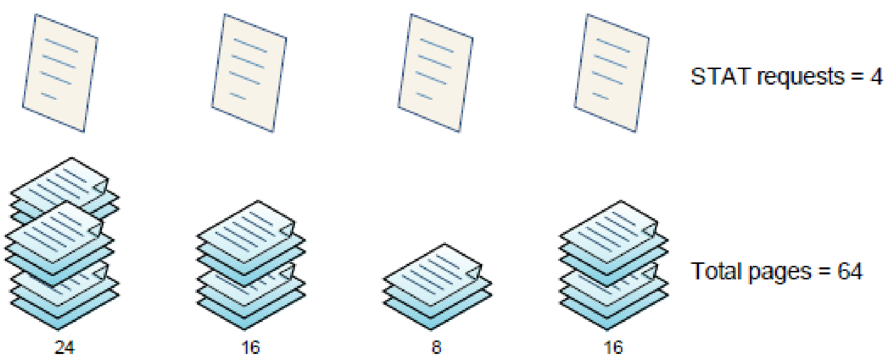
STAT Request Process

It is best practice to keep track of the total number of STAT requests and pages and enter them before lunch and at the end of the work shift.



Simply enter the total **number of requests** and total number of **request pages** and click **Submit**.

Example:



It is possible to create a STAT request entry for each STAT request as you receive it by entering “1” for number of requests and then the total number of pages. Again, best practice is to enter all processed in a work shift as a single transaction.

Manually Add a New Request

Manual Process

You are able to manually log a request without having to fax, upload, email the request letter in first by following these steps. This process is discouraged because the request will not go through the ADE process. It should only be utilized when processing a walk-in request.

Step	Action
1	From the **Menu**, click **Add New Request**.
2	The **Data Entry** window appears, with all fields empty. The **Request Letter** window is blank since you did not previously send in the request letter and it did not go through our automatic process. You will need to scan/attach the request letter.
3	Select the **Request Type** and fill out the required data entry fields.
4	Select “Submit and Fulfill” to save the request and be taken directly into the fulfillment screen.

Splitting a Request

Introduction

You would typically use the Split Request command if more than one Request Letter was sent into HealthSource as a single transmission. Should that happen, HealthSource will only create one eRequest and the request would need to be “split” so that multiple eRequest IDs could be created. Ideally if the correct separator page was utilized, the request would be automatically split by the system.

Submitting a Request for Split

To submit a request for splitting:

Step	Action
1	Open the Request.
2	Click the three dots in the upper right-hand corner ••• to access the **More Actions** drop down and select **Split Request**.
3	Click **OK** on the Confirm window.
4	The request goes back to Logging status with a Request Status of **Split**.

Splitting a Request

To split a request:

Step	Action
1	Locate and open the Request. The Request Status will be listed as **Split**.
2	The *Split Request* screen appears.
3	Click the first page of the first request letter in the **Draggable Pages** window and drag and drop the page into the **Patient 1** box. To select multiple images, hold down the CTRL key while you click each one.
4	If you need to split between more than 2 patients, click **Create New Patient**. To remove a patient, click the close x in the top right corner of the patient area.
5	Repeat step 3-4 for each request in the Draggable Pages window until you have moved all of the requests to the Patient boxes.
6	When all pages have been assigned to a Patient or deleted, the Draggable Pages window will be empty.
7	It is best practice to wait until all draggable pages have been moved to their appropriate patient bucket to ensure you have captured everything in the correct bucket. Click Split for each patient created.
8	Click **Done** at the bottom right corner of the Split Requests screen. The new requests go back into the Automated Data Extraction process and will have the new status of Logging.

Continued on next page

Splitting a Request, continued

Split Requests Commands:

Command	Description
Undo Split	The Undo Split command changes the Request Status of the original request from Split to Logging. It does NOT bring back any pages from the original request that have already been added to a new request and submitted.
Cancel	Closes the Split screen and returns to the last location. Any values added or changed are abandoned and will not be saved. The Request Status does not change.
Save and Close	Closes the Split screen and returns to the last location. Any values added or changed are retained. The Request Status of the request does not change.
Done	Closes the Split screen and creates the multiple requests.

Note: You can delete pages, but be very careful as once it is deleted, it not able to be recovered.

Only those with Split capabilities will be able to perform the Split functions.

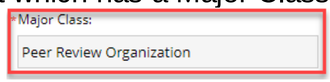
Note: Split function will be performed automatically if requests captured into HealthSource via Fax/Email/Upload and the seperator page inserted in between each request.

Requests Related to the Two-Midnight Rule

Introduction

You can flag requests that were sent to determine if a patient's care complied with Medicare's Two-Midnight Rule. These requests are sent from a Quality Improvement Organizations (QIO). They are typically highlighted in the request letter.

How to Indicate Request is For Two-Midnight Rule

Step	Action
1	Log a request which has a Major Class: Peer Review Organization. 
2	The Two-Midnight Stay Review check box will automatically appear.
3	Click on the check box. 

Fulfillment

Overview

Introduction

This chapter will cover all of the steps to fulfill a request for medical records.

Contents

Fulfillment Overview

Introduction

Once the request has been logged in HealthSource, the records can now be captured. We call this stage “Fulfillment”. HealthSource users with the Client Service Representative role will be responsible for these functions.

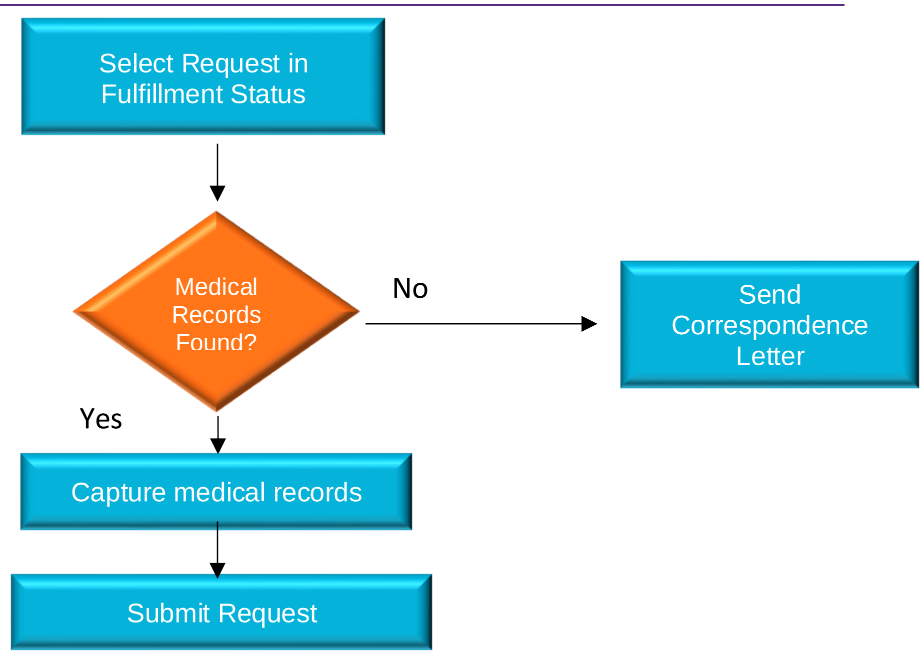
Billing

The combination of certain fields in the Data Entry window are what will ultimately create the invoice for billable request types. Always ensure the correct selection of Major Class, Requester Type, Reason for Request, Delivery Method and if required, Certification. Incorrect selections in these fields may result in an incorrect invoice.

Fulfillment Overview

The following are the quick steps for fulfilling a request:

Step	Action
1	Open a request with a Request Status of **Ready to Fulfill**.
2	Review the request and authorization. Take note the dates of service and the specific components being requested. Ensure it is valid. If it is not, a Correspondence Letter must be sent.
3	Capture the medical records. This could include scanning the paper pages, attaching the electronic pages or printing from the EMR into HealthSource.
4	Mark each requested record type that was identified in the logging process if it was Retrieved.
5	Verify the medical record page count.
6	Click **Submit**.



Capturing Medical Records

How to Capture Medical Records

To capture medical records, follow these steps:

<table>
<tr><th>Step</th><th>Action</th></tr>
<tr><td>1</td><td>Open a request in Fulfillment milestone.</td></tr>
<tr><td>2</td><td>Review the request letter. Ensure that only one request is present. If multiple, it is possible it was a missed Split in Logging. Return to logging if this is the case by selecting the three dots.</td></tr>
<tr><td>3</td><td>In the Data Entry window, select the Delivery Method requested. Remember, any that have an “Onsite Option” i.e. CD, Walk-in, Fax, etc. must be produced and distributed from the site.</td></tr>
<tr><td>4</td><td>Use the Patient Information fields to identify the patient and date range of the requested medical records. You are able to edit these fields if necessary. Ensure you verify this information based on the request/authorization.</td></tr>
<tr><td>5</td><td>Some Request Types will display a “Special Processing” drop down list. Select the appropriate option if applicable (for example Electronic Device).</td></tr>
<tr><td>6</td><td>Check the General Information section of the Data Entry window for any special requirements about the request. If you locate Sensitive records, be sure to select the Sensitive Data checkbox. This will ensure the request goes through our Audit process.</td></tr>
<tr><td>7</td><td>In the Medical Information section of the Data Entry window, identify the Physical Chart Location if needed, then identify the Requested Record types that were selected during the logging process. Read the request letter and authorization and ensure you only capture the appropriate information. Never rely on what another person entered into the system. You are the last hands on this request. You must validate the information. Never send more than what has been authorized.</td></tr>
<tr><td>8</td><td>Click the Medical Records button on the left side of the Documents Window.</td></tr>
<tr><td>9</td><td>You can get records into HealthSource by utilizing the appropriate buttons at the top of the screen. If you have records in an EMR, you can “print” them to HealthSource by selecting the print function and then selecting the “HealthSource SecureCapture Printer”. Preferred capture method is to drag and drop a PDF into Clarity.

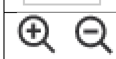
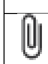
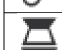
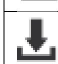
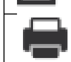
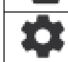
<table>
<tr><th>Button</th><th>Description</th></tr>
<tr><td></td><td>Attach a PDF file. HealthSource only supports the attachment of PDF files, since they can be turned into searchable documents.</td></tr>
<tr><td></td><td>Scan a paper copy. HealthSource turns all scanned documents into PDF files.</td></tr>
</table>
</td></tr>
</table>

Continued on next page

How to Capture Medical Records, continued

Step	Action
10	If the appropriate records cannot be retrieved, utilize the **Create Correspondence** command to send a letter back to the requester.
11	**QA**: Review the images. *It is best to review them in Edit mode*. Ensure they are legible and in the correct order. You must ensure every single page is for the correct patient for the correct dates of service authorized.
12	Under the **Medical Information** section, click the **Retrieved** checkbox for any of the requested **Record Types** marked that you have captured. You are unable to submit the request until you mark at least one of the requested Record Types as Retrieved.
13	Verify the **Medical Records Page Count** values in the Medical Information section. You can change the allocation of pages between Electronic, Paper, and Microfilm to reflect the actual source of the pages.
14	Click **Submit.**

Fulfillment Toolbar

Tool	Description
	Move up/down
1 / 1	Page
	Zoom in/out
	Attach a PDF file.
	Scan a paper copy.
	Download request letter
	Print
	Scanner Settings/Blank Page Settings
	Access the “Edit” toolbar

Attach Multiple Records

You are able to select multiple files when attaching medical records to a request during fulfillment. Simply hold your control key down and then select the appropriate files and click **Open**.

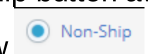
Large Medical Records

You are able to attach, view, and navigate through Medical Records that are larger than 200 MB in size. This applies ONLY to documents that are attached directly to a request. It does NOT apply to scanning or printing to file. Documents larger than 200 MB are broken into separate files. The system-generated “breaking” occurs whether you attach a file that is larger than 200 MB or you attach multiple files that add up to more than 200 MB.

Capturing Supporting Documents

How to Capture Supporting Documents

Supporting documents do not bill or ship to the requester. It is a document that we must keep with the request package for our own documentation purposes (an example of a supporting document is a Ciox validation checklist or subpoena checklist). To add supporting documents to a request, follow these steps:

Step	Action
1	Open a request with a Request Status of **Ready to Fulfill**.
2	Choose the Non-Ship button available at the top left of the Documents Window 
3	You can get supporting documents into HealthSource by utilizing the appropriate buttons at the top of the screen. **If you have documents in an EMR, you can "print" them to HealthSource by selecting the print function and then selecting the "HealthSource SecureCapture Printer".**

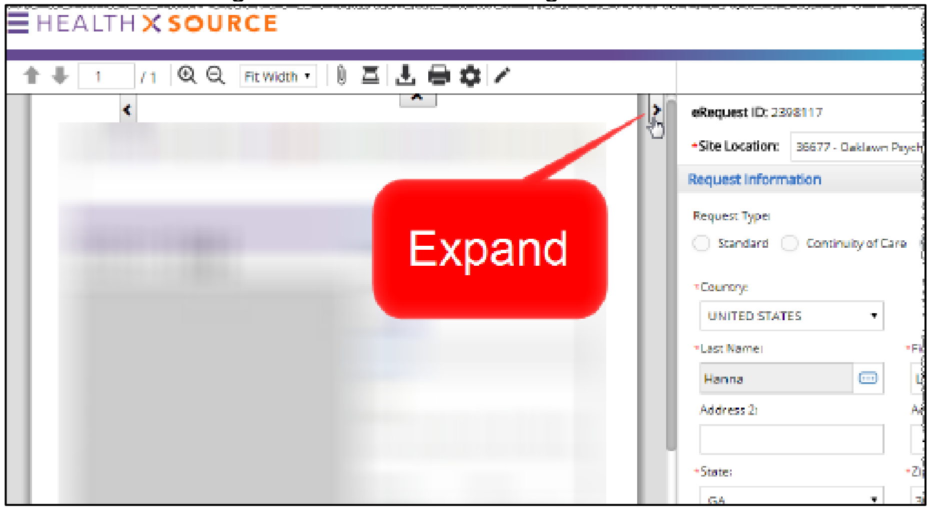
Button	Description
	**Attach** a PDF file. HealthSource only supports the attachment of PDF files, since they can be turned into searchable documents.
	Scan a paper copy. HealthSource turns all scanned documents into PDF files.

Reminder: Supporting Documents will ***not*** be delivered to the requester or billed for.

Viewing Medical Records

Expand Document Window

Click the Expand button in View mode to make the viewing area larger. Click the button again to shrink the viewing area back to its default size.



Edit Window

You can open the Edit window once medical records have been attached to the request. Do this by clicking the **Edit** icon in the Documents Window toolbar.

Edit mode opens in a new browser window. You can make this window larger or even drag it to another monitor to make it easier to see. If needed, you can attach or scan more Medical Records.

It is best practice to QA in this mode.

You are also able to modify the request letter during fulfillment. You may need to redact information on the request letter before completing the fulfillment process or add/delete/reorder pages. **Example**: request letter must state information released so it can be saved to the facility EMR. See the redaction section for instructions.

Continued on next page

Commands to Edit Medical Records

Tool	Description	Hot Key
	Move up/down	ALT+U/Alt +W
1 / 1	Jump to Page	NA
	Delete select page(s)	ALT+R
	Delete all pages	ALT+N
	Zoom in/out	
	Rotate left/right	
	Attach a PDF file.	
	Scan a paper copy.	
	Download request letter	
	Print	
	Scanner Settings/Blank Page Settings	

Changing Sequence of Medical Record Pages

In Thumbnail view, perform the following actions:

Step	Action
1	Click the page and hold down the left mouse button.
2	Drag the page to the new location
3	Release the left mouse button.
4	Click **Save and Close** or close the browser window. Either way, your changes will be saved.

Additional Actions

Overview

Introduction

This section will cover the different actions you can take on requests such as redaction, entering comments, viewing history, and more. It will also review how to search for a request, create correspondence letters and apply onsite payment.

Contents

Pend/On Hold/Exceptions/Escalations

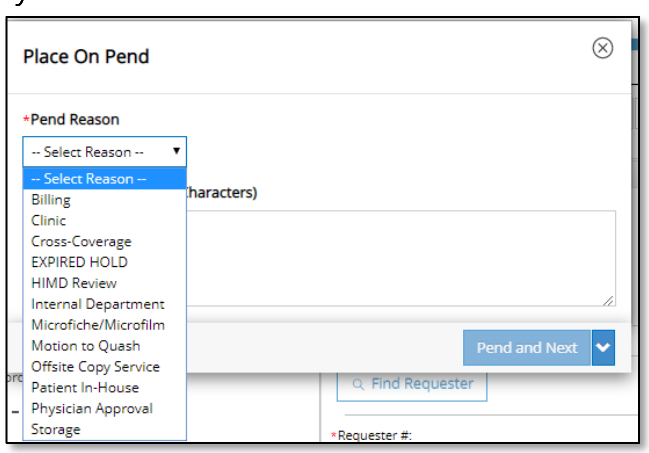
Introduction

If there is an issue with a request or you aren't able to complete work on it at this time, you can place it in a specific status:

Reason	Description	Notes
Hold 	Put a request on hold if you are currently working on it but need to take a quick break. You can come back to work on it at a later time.	2-hour time limit. If not accessed within the 2-hour limit, request will be returned to the queue. ** If put on hold during fulfillment, the request will change status to "Pend-Expired Hold"
Pend 	Put a request on Pend if you are unable to complete working on it due to needing additional information such as storage records, physician approval, etc.	No time limit. Pending report will accurately reflect reason it is pending.
Exception 	Put a request in Exception if there is something you are unable to fix and need supervisor assistance.	Supervisors need to monitor this queue daily.

How to Pend a Request

Follow these steps to Pend a request:

Step	Action
1	Click the Alarm Clock at the top of the Fulfillment screen. 
2	The **Place On Pend** popup appears. Select the appropriate **Pend Reason**. These reasons are defined by administrators. You cannot add a custom reason. 
3	Add **Comment** (OPTIONAL).
4	Click **Pend And Close.** The request closes.

Continued on next page

Placing a Request on Hold

If a request needs to be placed on hold, follow these steps:

Step	Action
1	Select the pause button at the top right of the screen
2	The **Put Request on Hold** window appears.
3	The “Need Additional Information” hold reason will already be selected.
4	Add comments in the **Hold Comments** field why you are placing this request on hold.
5	Click **Hold and Close**. The request will now be in a Request Status of **Logging User Hold** or **Fulfillment User Hold** in Pending.

The request you have placed on hold can be found under “My Dashboard” from the main menu.

Fulfillment User Hold has a 2-hour time limit. If not accessed within the 2-hour limit, request will be returned to the queue. The request will change status to “**Pend-Expired Hold**”

Continued on next page

Cancelling an On Hold Request

You can directly cancel a request that is on **Hold**. Under More Actions, select Cancel Request, choose “Other” and then enter a comment why you are Canceling the request.

Flag as an Exception

An **Exception** is used when you are not able to process a request and need a supervisor’s intervention. If you require assistance with a request, follow these steps to flag it as an Exception:

<table>
<tr><th>Step</th><th>Action</th></tr>
<tr><td>1</td><td>Select the flag button at the top right of the screen</td></tr>
<tr><td>2</td><td>The Flag as Exception window appears.</td></tr>
<tr><td>3</td><td>Select the appropriate Exception Reason:
<table>
<tr><th>Exception Reasons in Logging</th><th>Exception Reasons in Fulfillment</th></tr>
<tr><td>Field Input Required</td><td>Fulfillment Supervisor Review</td></tr>
<tr><td>Invalid/Incomplete Request</td><td>Billing</td></tr>
<tr><td>Non-ROI</td><td>Clinic</td></tr>
<tr><td>Potential Duplicate</td><td>Cross-Coverage</td></tr>
<tr><td>Required Information: Illegible</td><td>HIMD Review</td></tr>
<tr><td>Required Requester ID: Missing</td><td>Internal Department</td></tr>
<tr><td></td><td>Microfiche/Microfilm</td></tr>
<tr><td></td><td>Offisite Copy Service</td></tr>
<tr><td></td><td>Patient In-House</td></tr>
<tr><td></td><td>Physician Approval</td></tr>
<tr><td></td><td>Storage</td></tr>
</table></td></tr>
<tr><td>4</td><td>Add additional comments in the Comments Field.</td></tr>
<tr><td>5</td><td>Click Exception and Close. The request has now been flagged as an Exception.</td></tr>
</table>

Removing Exception / Pend

You cannot “remove” a status of Pend or Exception. When you open a request with a status of Pend or Exception you can take the following actions:

- Save and close – will remain in status and save any changes
- Place on personal Hold/Place on Exception/Place on Pend
- Change Pend/Exception reason

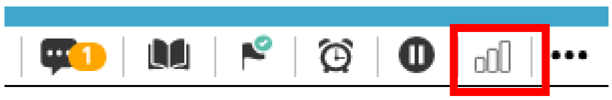
Once you Submit the request, it will go to the next stage of the process.

How to Escalate Requests

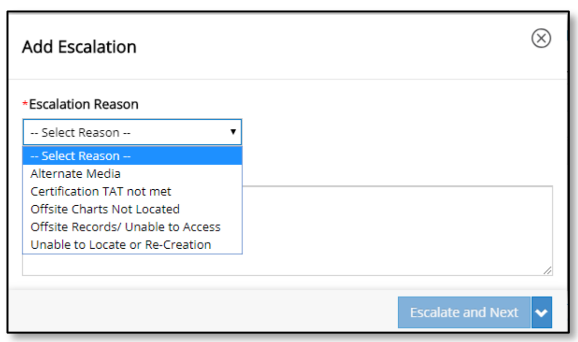
The Escalate command is intended to identify “problematic” requests. We expect that many Escalated requests will also be Pended or flagged as Exceptions. These two conditions are normally used to ask for help from other HealthSource Clarity users. By contrast, Escalation is primarily meant to alert people who do NOT spend most of their day in the HealthSource Clarity application.

The new Escalate command is available for requests with these Request Statuses:

- Pending
- Fulfillment User Hold
- Fulfillment Exception



To escalate a request:

Step	Action
1	Click the Escalate button  at the top of the Fulfillment screen.
2	The Escalation popup appears. Select the appropriate Escalation Reason (see next page). You cannot add a custom reason. 
3	Add Comment (OPTIONAL).
4	Click Escalate and Next. The request closes.

Continued on next page

How to Escalate Requests, continued

The Request Status of the request does NOT change. You can locate escalated requests using the Request Search tool. When the request is opened again, the Escalation symbol shows will fill in with red depending on how many days have passed since it was escalated.

2 days	4 days	6 days
		

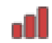
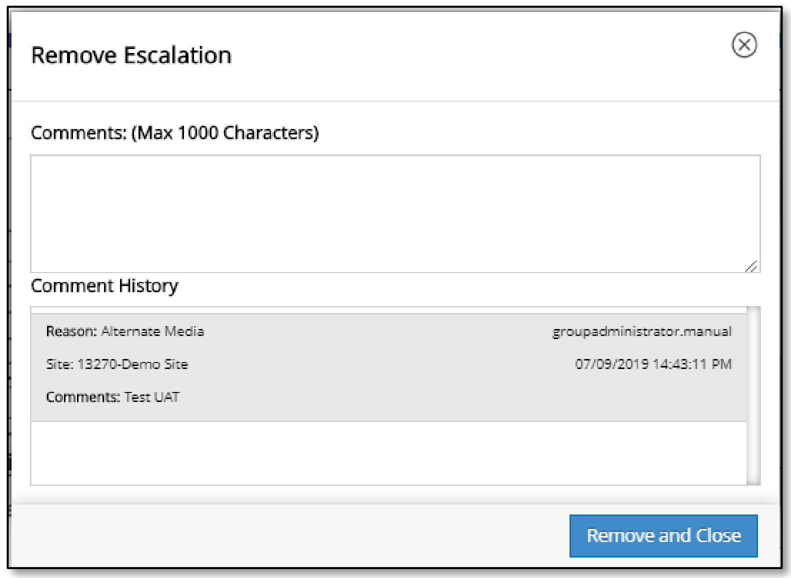
Escalation Reasons

Reason	Use when
Alternate Media	The Medical Records are stored in a format that cannot be attached to the request.
Certification TAT not met	The request requires Certification but the user responsible for certifying it has not yet done so.
Offsite Charts Not Located	The Medical Records are believed to be stored offsite but have not yet been found. Unlike the Unable to Access reason, Not Located means that you can access the offsite storage location but have not found the
Offsite Records / Unable to Access	The Medical Records are known to be stored offsite but cannot be attached to the request. Unlike the Not Located reason, Unable to Access means that there is a technical or physical obstacle.
Unable to Locate or Re-Creation	Insufficient data exists to re-create the Medical Records.

Continued on next page

How to Remove an Escalation

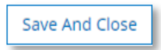
To remove the escalation:

Step	Action
1	Click the Escalation symbol. 
2	On the Remove Escalation popup, add a Comment (OPTIONAL), then click **Remove and Close**. 

Actions to Take on Requests

Save and Close

If you have entered any information into a request, you can save it for later by utilizing the Save and Close function. This will save the request and it will appear in Request Search with the prior request status. Anyone at the site can access this request, it is not "assigned" to any one particular person.



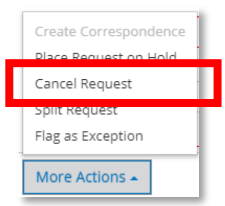
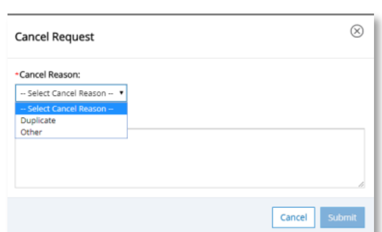
Cancel a Request

HealthSource users can cancel a request that is either in Logging or Fulfillment status. It is possible it is a duplicate request, or the requester no longer needs the records.

Note: A cancelled request is removed from the queue and CANNOT be retrieved. CAREFULLY consider whether you should place a request on hold rather than canceling it.

If the request has already been completed, it **cannot** be canceled from HealthSource.

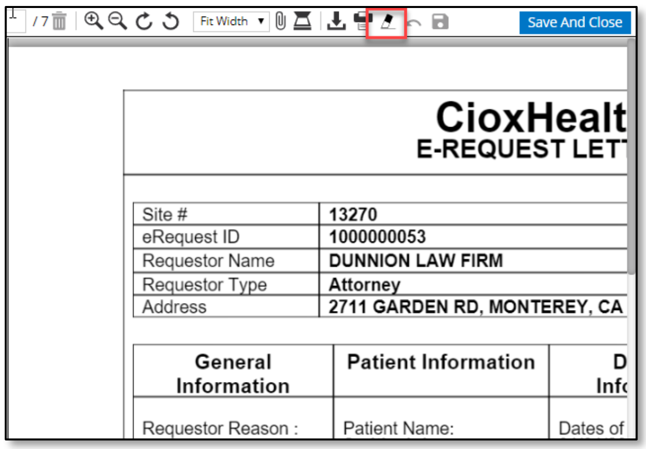
To cancel a request:

Step	Action
1	Click the three dots in the upper right-hand corner ••• to access the **More Actions** drop down
2	Select **Cancel Request**. 
3	The Cancel Request pop up window will appear.
4	Choose the cancel reason from the drop down. 
5	The reason as well as details like date/time of cancellation, your user name and eRequest ID will appear in the Cancel Comments field. You can type additional details if needed.
6	Select **Submit**.

Continued on next page

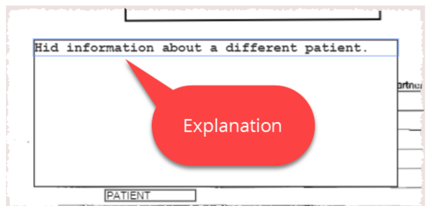
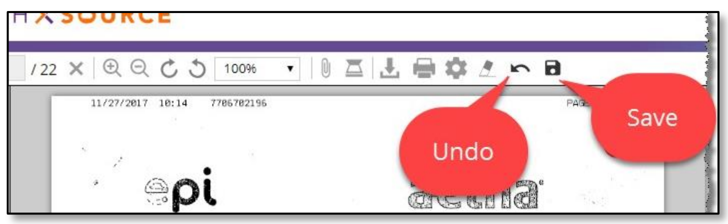
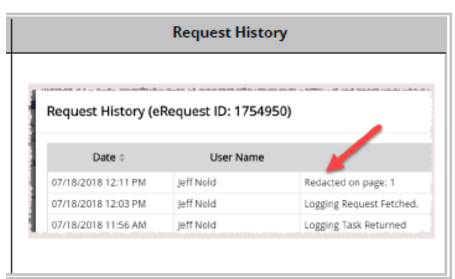
Redact Tool

The **Redact** tool lets **Loggers** and **Fulfillers** "white out" information from a Request Letter. **Note**: you may not redact medical records.

Step	Action
1	Open the Request Letter. Click Edit
2	Click the **Redact** button, located to the right of the **Settings** button on the **Documents** toolbar. 
3	Wait while HealthSource loads an editable version of the Request Letter. This step usually takes a few seconds.
4	Hold down the left mouse button and use the cursor to draw a box around the confidential information. White space replaces the area you cover.
5	Release the left mouse button: 

Continued on next page

Redact Tool, continued

Step	Action
6	**OPTIONAL** — Explain why you redacted the information: • Click inside the redacted area. • A light blue box appears at the top of the redacted area. • Type your explanation inside this box. 
7	Redact more information on the page as needed.
8	Did you correctly redact the needed information? **NO** — Click the **Undo** button and try again. This button only affects redactions, not any data entry you've performed. **YES** — Click the **Save** button. After you **Save**, you cannot **Undo** your earlier redactions! 
9	The redaction is tracked in the **Request History**: 

Continued on next page

Actions to Take on Requests, Continued

Move a Request

Those in the Client Service Representative role can move a logged request from one site to another in which they have permissions. For example, if a request was logged to site 12345 and needs to be moved to 54321, the associate will need to have permissions for 54321 in order to complete the Move action. If the associate does not have appropriate site access, the request should be placed on hold for supervisor review.

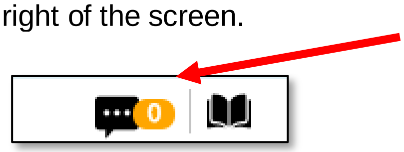
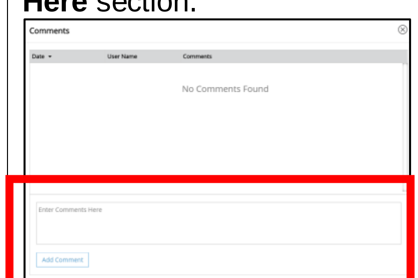
To move a request, follow these steps:

Step	Action
1	Open a request in **Fulfillment** status.
2	Click the **Site Location** drop down to see a list of available sites. 
3	Click the appropriate site this request needs to be moved to.
4	Click **Pend and Close**.

Adding Comments

You can add a comment to a request at any point, even after a request has been fulfilled. You can also view comments made by other users.

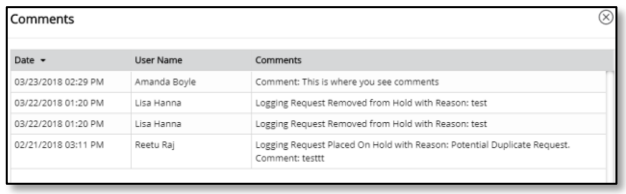
To add a comment, follow these steps:

Step	Action
1	Open the request and click the Comments button from the top right of the screen. 
2	In the Comments popup, type in the **Enter Comments Here** section. 
3	Click **Add Comment.**

Continued on next page

View Existing Comments

You are able to view comments made previously on any requests that Pending.

Step	Action
1	Open the request.
2	Click the Comments button from the top right of the screen. 
3	The **Comments** popup shows any existing entries, sorted from most recent to oldest. Click the **Date** column to sort them in reverse order, from oldest to newest. 

Comments

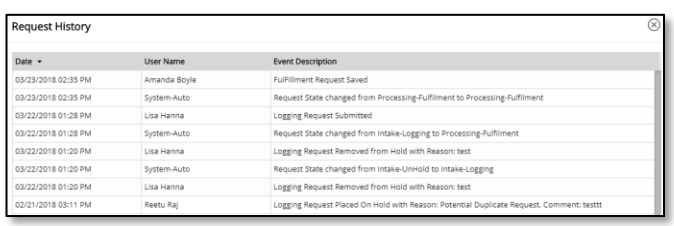
Date	User Name	Comments
03/23/2018 02:29 PM	Amanda Boyle	Comment: This is where you see comments
03/22/2018 01:20 PM	Lisa Hanna	Logging Request Removed from Hold with Reason: test
03/22/2018 01:20 PM	Lisa Hanna	Logging Request Removed from Hold with Reason: test
02/21/2018 03:11 PM	Reetu Raj	Logging Request Placed On Hold with Reason: Potential Duplicate Request. Comment: testtt

Request History

It is possible to view the history of the request in either the Request Tracking function or directly in the pending request by someone who is either a logger or fulfiller.

Request Tracking allows you to see every single event that occurred for that request including when it was viewed, if the status changed or if comments were added.

Request History allows you to only see events that changed the contents or status of the request as well as any comments.

Step	Action
1	Open the request and click the **History** button. 
2	The **Request History** popup shows events from most recent to oldest. Click the **Date** column to sort them in reverse order, from oldest to newest. 

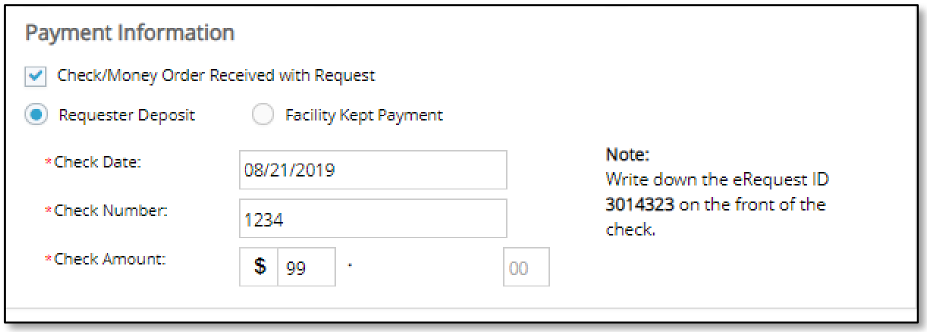
Request History

Date	User Name	Event Description
03/23/2018 02:35 PM	Amanda Boyle	FulFillment Request Saved
03/23/2018 02:35 PM	System-Auto	Request State changed from Processing-Fulfilment to Processing-Fulfilment
03/22/2018 01:28 PM	Lisa Hanna	Logging Request Submitted
03/22/2018 01:28 PM	System-Auto	Request State changed from Intake-Logging to Processing-Fulfilment
03/22/2018 01:20 PM	Lisa Hanna	Logging Request Removed from Hold with Reason: test
03/22/2018 01:20 PM	System-Auto	Request State changed from Intake-UnHold to Intake-Logging
03/22/2018 01:20 PM	Lisa Hanna	Logging Request Removed from Hold with Reason: test
02/21/2018 03:11 PM	Reetu Raj	Logging Request Placed On Hold with Reason: Potential Duplicate Request. Comment: testtt

Capturing Onsite Payment Information

Capturing Onsite Payment Information

The **Payment Information** section, located at the bottom of the **Data Entry** window, lets you capture details about payments made by the requester at the facility. **<u>Note</u>**: These fields are not available if a Non-Billable Reason has been selected.



To capture onsite payment:

<table>
<tr><th>Step</th><th>Action</th></tr>
<tr><td>1</td><td>Select the Check/Money Order Received with Request box.</td></tr>
<tr><td>2</td><td>Select one of the following:
<table>
<tr><th>Field</th><th>Use When</th></tr>
<tr><td>Requester Deposit</td><td>The requester provided a deposit, which may or may not cover all charges.</td></tr>
<tr><td>Facility Kept Payment</td><td>The payment was made to the facility, not Ciox Health and the facility is keeping the payment.</td></tr>
</table></td></tr>
<tr><td>3</td><td>Enter the date written on the check or money order in the Check Date field.</td></tr>
<tr><td>4</td><td>Enter the identification number on the check or money order in the Check Number field.</td></tr>
<tr><td>5</td><td>Enter the monetary value of the check or money order in the Amount field.</td></tr>
<tr><td>6</td><td>When accepting a payment, write the eRequest ID number on the front of the check or money order.</td></tr>
<tr><td>7</td><td>Follow the policy for your facility for mailing in the payment to Ciox Corporate office or submitting the payment to the facility.</td></tr>
</table>

The check must be mailed to Ciox or given to the facility; it is not acceptable to just scan a copy with the request letter. We must actually receive the physical check in order to process/deposit it unless the facility kept it and we are billing them back directly.

Correspondence Letters

Overview

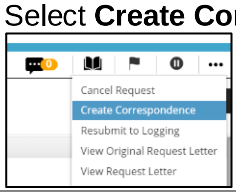
Correspondence letters are generally sent when we are unable to process the request. There are a variety of possible reasons. There are two opportunities to generate a correspondence letter.

Used During	Why:
Logging	Use when the request does not have all of the required HIPAA elements to validate the request. During this early stage of the process, the request most likely has not been researched in the MPI, so the only reason you would be sending a letter back at this point is because you were unable to validate it due to one of the required HIPAA elements missing.
Fulfillment	Any other reason for returning the request found after the initial logging of the request.

After you send a correspondence letter, the request is closed and removed from the Pending. You are not able to retrieve the request. The Requester must send a new request/authorization. The letter is then printed and delivered through the Ciox processing center.

Process

The steps to create a correspondence letter are the same for both the logger and fulfiller, but the reason options are different. Follow these steps to create a Correspondence Letter:

Step	Action
1	Open the request.
2	Click the three dots at the top of the **Data Entry** window.
3	Select **Create Correspondence**: 
4	On the **Create Correspondence** page, pick a reason for the correspondence letter. Your choice will appear on the letter. **Note**: If read-only correspondence is enabled in site preferences, users cannot edit the text of the Correspondence.
5	Click **Submit** when complete.

Continued on next page

Correspondence Letters, Continued

Correspon-dence Reasons Logging Role

Reason	Description
Authorization Missing	An authorization signed and dated by the patient, or, in the case of a minor, by his or her parent(s) or guardian, is required. The authorization must be dated within the required number of days.
Authorization missing TPO statement	TPO required statement missing on authorization.
Certification of Previously Released Records	Unable to certify previously released records.
Description of Disclosure Missing	A description of the information to be disclosed was not included in the request.
Electronic Signature	Authorizations signed electronically may not be accepted.
Executor's Letter Naming Executor Missing	The patient has died. A copy of the Executor's Letter naming the Executor for the Estate of the patient is required.
Faxed Request	Unable to accept requests via fax.
Forms Completion	Records will be released in lieu of forms.
Health Care Power of Attorney Missing	The request was submitted by a law office / attorney but does not include a Health Care Power of Attorney signed by the patient, patient’s parent, or guardian.
Invalid Subpoena	Satisfactory assurances under HIPAA not provided.
Missing Hospital Name	Request received does not indicate the name of the facility which treated the patient.
No Dates of Treatment as Requested	Dates of Service requested were not found.
Patient Not Found	Requested patient not found.
Person Authorized to Make Disclosure Missing	The name of the person/company authorized to make use of the disclosure and a description of each purpose for the disclosure was not included in the request.
Redisclosure by Recipient Missing	The notification that disclosed information may be redisclosed by recipient missing.

Continued on next page

Correspon-dence Reasons Logging Role, continued

Reason	Description
Request Expiration Date Missing	An expiration date or event for which the request will expire was not included in the request.
Requested documents not permitted to be released per facility policy	Information requested is not allowed to be released under company policy.
Right to Revoke Missing	The notification statement pertaining to the individual's right to revoke authorization was missing from the request.
Signature Discrepancy	Signature on authorization does not match the signature on the request forms.
State Required Notice of Delay Letter	Delay in processing is preventing the timely release of records.
Statement of Assurance	Statement of assurance missing.
Written Consent Required (To Patient) Missing	The name of the person/company authorized to make use of the disclosure and a description of each purpose for the disclosure was not be included in the request.
Other*	You must edit the letter if you select Other.

*Other is not an available reason for sending correspondence when the read-only correspondence feature is enabled in site preferences.

Continued on next page

Correspon-dence Reasons Fulfiller Role

Reason	Description
Deceased Patient	Since patient has died, an executor authorization is needed.
Invalid Subpoena	Satisfactory assurances under HIPAA not provided.
Need More Information to Identify Patient	Cannot identify patient from the information provided. More detail required.
No Dates of Treatment as Requested	When the chart does not contain the dates of service requested.
Notice of Delay: Incomplete Chart	All requested records are not yet available.
Notice of Delay: Temporarily Unable to Locate Records	Records cannot be found, but the Fulfiller will continue to search.
Out-Patient Records Only	No inpatient records available.
Out-of-State Subpoena	You cannot comply with the request because out-of-state subpoenas have no legal force. The requester must obtain a subpoena from your state / jurisdiction.
Patient Electronic Delivery Access Code	If the patient wants to receive an electronic copy of the medical records, you may need to provide them with an access code. You can send them this code through the Correspondence function.
Patient Not Found	Patient cannot be located. Different from the Need More Information reason described above, since the Patient Not Found reason means that you have enough details but cannot find a match.
Poor Image Quality	The captured records are of such low quality as to be unreadable by the requester.

Continued on next page

Correspon-dence Reasons Fulfiller Role, continued

Reason	Description
Records Purged	Records were removed by the facility.
Request Expiration Date Missing	Date Needed Request Letter must provide an expiration date.
Requested Documents not permitted to be released per facility policy	Information requested is not allowed to be released per the hospital policy.
Signature Discrepancy	Signature on the authorization does not match signature on the consent forms.
Other	You must edit the letter if you select **Other**.

How to Edit a Letter

If you need to edit a correspondence letter, follow these steps:

Step	Action
1	On the **Create Correspondence** page, click the **Edit Correspondence** button.
2	The **Edit Correspondence** page shows a “draft” of the **Request Refusal Letter**.
3	You are not able to edit the *From* or *To* information as this pulls from the Data Entry screen. You are able to edit the body of the letter.
4	Any **Reason** you selected on the **Create Correspondence** page is listed in **bold** in the text box.
5	Edit the text box. You can add as much text as needed but be short and to the point.
6	Click **Submit**.
7	Ciox Health sends the **Correspondence Letter** to the requester through our corporate delivery workflow. As a Client Service Representative, you **DON’T** need to print and mail it.

Certification

Introduction

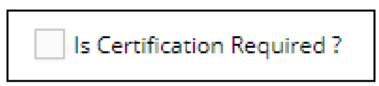
Requests requiring certification will automatically move to a certification queue after Fulfillment if the checkbox is selected in either the logging or fulfillment stage. Fulfillers, Ciox Managers and External Managers, such as HIMDs, will have the permission to certify a request by uploading the signed certification and approving or denying the request. Full tracking and monitoring of requests requiring certification is also available.

The certification workflow will support electronic signatures and online certifications in the future.

The request will be moved to Request Status: Awaiting Certification after it has been fulfilled. This allows the person who is responsible for the certification (certifier) to view and approve/deny the request before it is released. If it is approved, the certifier will upload the signed certification form and the records will be delivered. If it is denied, the request will move back to the fulfillment queue.

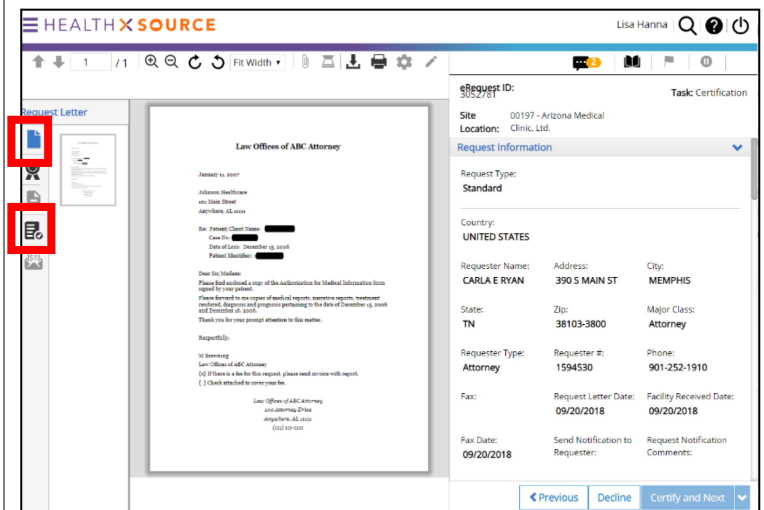
Certification Workflow

To certify a request:

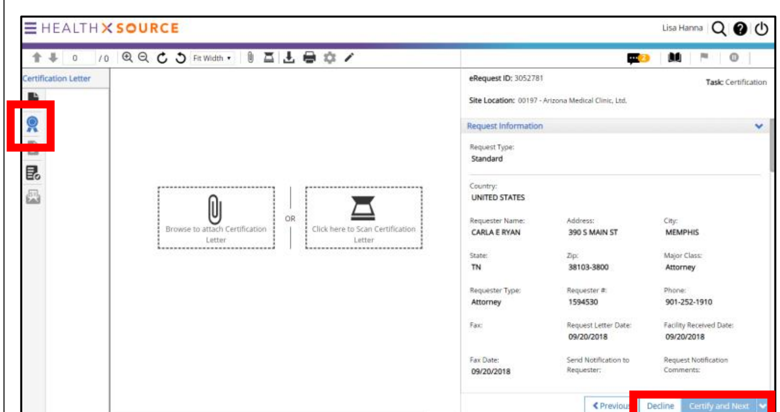
Step	Action
1	During logging, click to select *Is Certification Required?*  **For billing purposes, the checkbox must be selected.
2	Complete the logging, then submit the request.
3	In fulfillment, attach the medical records and complete the other required fulfillment fields. **<u>Note</u>**: The fulfiller can also select the box for Certification if it was missed in logging.
4	Submit the request.
5	The request will show in the queue with the Request Status: Awaiting Certification. Select the appropriate request. 

Continued on next page

Certification Workflow, continued

<table>
<tr><th>Step</th><th>Action</th></tr>
<tr><td>6</td><td>On the certification, click to view the Request Letter and the Medical Records:
</td></tr>
<tr><td>7</td><td>If the certification is accepted, click the certification icon to attach certification pages, then click the Certify button at the bottom of the screen. The request will move on to package/delivery.

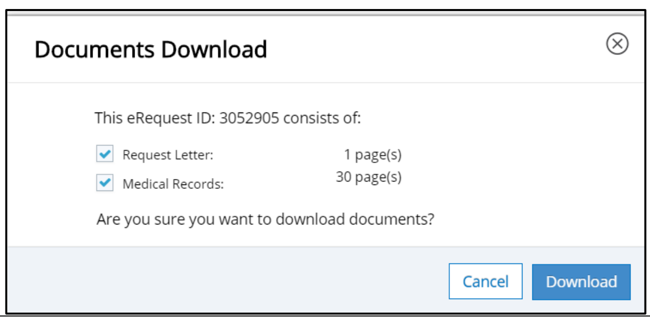
<u>**Note**</u>: You cannot click the Certify button at the bottom of the screen until you have attached certification page(s).

If the certification is declined – click the Decline button. The request will move back to fulfillment status.
</td></tr>
<tr><td>8</td><td>If declined and moved back to fulfillment, when the request is opened, the user will be prompted to keep/edit the existing medical records or delete all the records attached to the request to start over.</td></tr>
</table>

Password Encrypted PDF Files

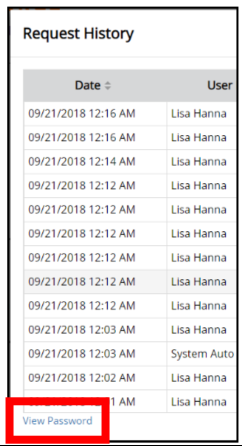
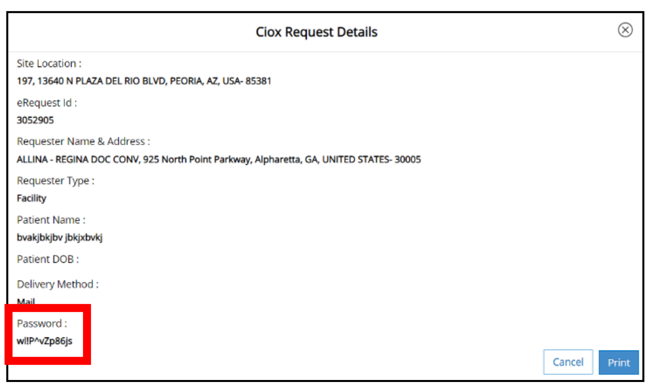
Additional Security for Downloaded Records

HealthSource now allows you to save request documents as a password-protected PDF which can be copied to a CD, DVD, or Flash Drive. **<u>Note</u>**: HealthSource will not support burning of the CD natively within the application.

Step	Action
1	Open a request in Fulfillment.
2	Add the Medical Record pages.
3	Select the following delivery method: • CD/DVD/Flash Drive
4	Complete all required fields.
5	Click the Download Documents button: 
6	The Documents Download box will appear. Select the Request Letter and Medical Records boxes, then click Download: 
7	The documents will be saved as a password-protected PDF file to this folder: C:\users\<username>\.unity-trayapp\download You are now ready to copy/burn the pdf file from your hard drive to the disc(s) or Flash Drive. Continue with the next steps to view the password for the file.
8	Clear the Medical Records Page Count fields. These fields must all show 0 pages before you can continue.

Continued on next page

Additional Security for Downloaded Records, continued

<table>
<tr><th>Step</th><th>Action</th></tr>
<tr><td>9</td><td>Fill out the Number of Media field:
</td></tr>
<tr><td>10</td><td>Open the Request History. At the bottom left corner of the Request History window, click View Password:
</td></tr>
<tr><td>11</td><td>The Request Details window appears. The Password is displayed at the bottom of this window. The requester must enter the Password to open the PDF.

<u>Note</u>: To view the password later, search in Request Search, click View History and then click link.</td></tr>
<tr><td>12</td><td>Provide the password to the requester, verbally or by using the Print button on the Request Details screen.
<u>Important</u>: Do NOT send the password by email. Passwords are NOT to be mailed in the same envelope as the CD/DVD/Flash Drive.</td></tr>
<tr><td>13</td><td>Submit the request.</td></tr>
</table>

HealthSource Verify

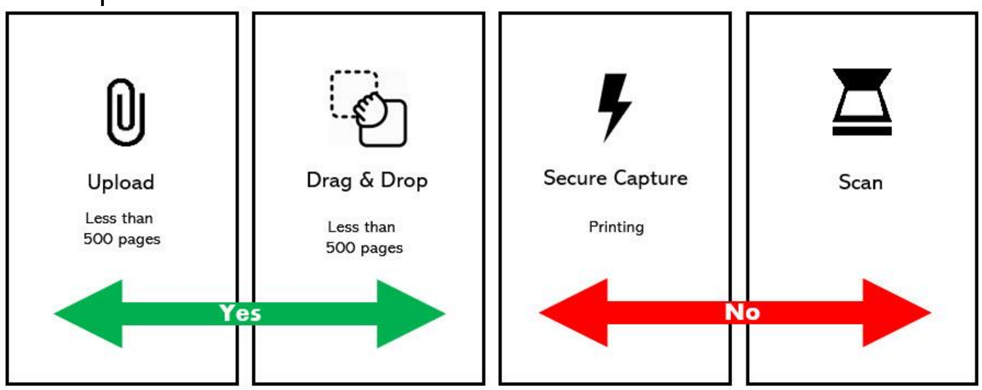
Overview

Verify is a feature within HealthSource Clarity which reviews documents uploaded or dragged and dropped into the Medical Record section during Fulfillment. Verify will compare the name of the patient logged into HealthSource versus captured records for accuracy.

HealthSource Verify is NOT meant to take the place of the associate performing the quality assurance checks on all pages of the captured medical records. It is meant only to be an added layer of review.

Does Verify Work for Every Record Captured?

No. Verify only works for OCR-eligible records when uploaded or dragged and dropped into HealthSource Clarity and the page count meets parameters.



How Will I Know if Verify Found Potential Issues?

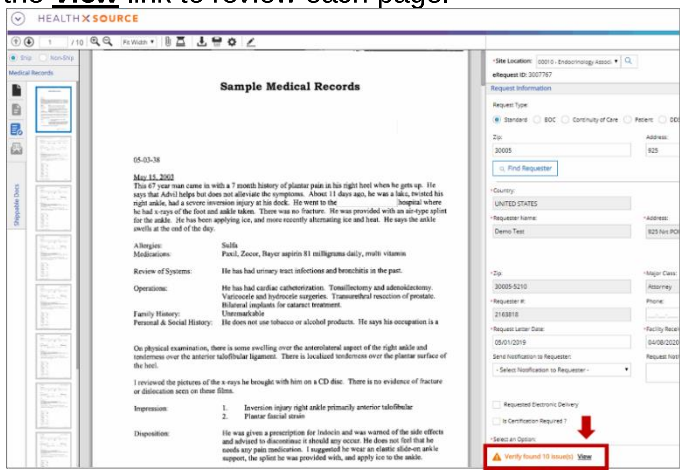
An indicator will appear at the bottom of the screen.

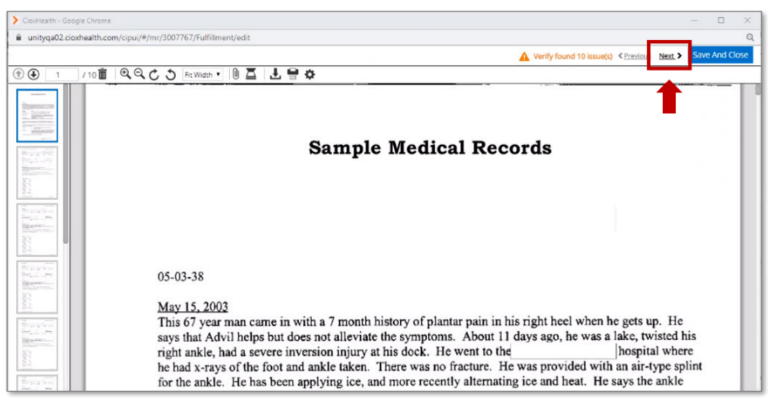
Result	Indicator
No issues found	Verify found 0 issue(s)
Issues found	Verify found 10 issue(s) View
Verify was unable search records (see previous section for potential causes)	Verify unavailable for this request

Continued on next page

Pages Found with Issues

Perform the following steps to view and edit the pages found with issues:

<table>
<tr><th>Step</th><th>Action</th></tr>
<tr><td>1</td><td>Click the <u>View</u> link to review each page.


Note: <u>All</u> captured medical record pages will appear in the edit window, not just pages found with issues.</td></tr>
<tr><td>2</td><td>In the edit screen, click Next to review only the pages found with issues.


<table>
<tr><th>If</th><th>Then</th></tr>
<tr><td>Page incorrectly identified as having an issue</td><td>Click Next to view the next page with potential issues, no further action required</td></tr>
<tr><td>Page correctly identified as having an issue</td><td>Delete the page</td></tr>
</table></td></tr>
<tr><td>3</td><td>After all pages with issues found have been reviewed and issues have been resolved, perform quality assurance check on remaining pages.</td></tr>
</table>

HealthSource Verify Assist

Overview

HealthSource Verify Assist is a post-fulfillment review for accuracy pertaining to patient name, patient DOB and date of service.

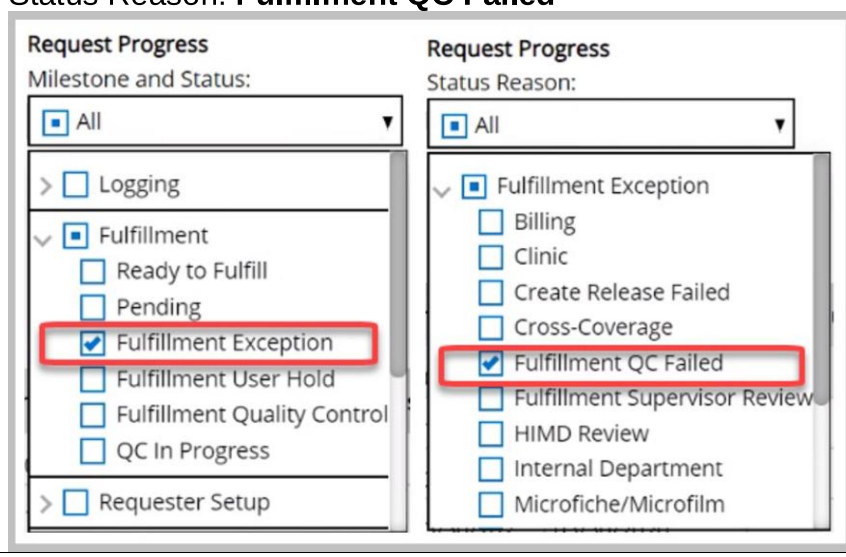
Verify Assist Team

Records go to the Verify Assist team after fulfillment. When potential issues are found, the Verify Assist team will resolve the issue. If the Verify Assist team is unable to resolve the issues found or there are more than 30 pages of records with potential issues, the request will be placed in the status of **Exception: Fulfillment QC Failed.**

Important! Requests placed by the Verify Assist team into the status of **Exception: Fulfillment QC** Failed must be reviewed and resolved by the Fulfillment team.

Locating Request in the Status of Exception Fulfillment QC Failed

Perform the following steps to locate requests in the status of Exception: Fulfillment QC Failed

Step	Action
1	Go to **Request Search**
2	Apply filters Milestone & Status: **Fulfillment Exception** and Status Reason: **Fulfillment QC Failed** 
3	Click **Search**

Note: The filters above should be applied when generating your daily worklist.

Continued on next page

Resolving Issues with Requests in Status Exception: Fulfillment QC Failed

Perform the following steps to resolve issues with requests in the status of **Exception: Fulfillment QC Failed**

Step	Action
1	Go into the request
2	Click Comments to review information pertaining to the reason(s) the request was placed in Fulfillment QC Failed status by the Verify Assist team.
3	Based on the information in Comments, make the appropriate corrections to the request
4	Fulfill the request following standard procedures

Note: After appropriate corrections have been made and request re-submitted, the request will once again go through Verify Assist.

Important! Verify Assist does NOT take the place of manual quality assurance check you should be performing during fulfillment. You should still check every page to ensure it is the correct patient and the correct requested/authorized records. Verify Assist is an added layer of review.

Requests requiring review and correction during post-fulfillment review are logged and reported to CRI leadership. Associates are still responsible for the accuracy of their work and are subject to corrective action for excessive requests requiring correction after fulfillment.

Appendix

Overview

Introduction

This section contains additional important information related to HealthSource.

Contents

Hot Keys

Available Hot Keys

Hotkeys that are currently available in HealthSource.

Note: Many of these hotkeys are not available if the request was created through the manual Add New Request command and has not yet been submitted or saved. Also, hotkeys will not work if the command does not make sense. For example, you cannot use the Put on Hold command if a request is already on hold:

Key	Function	Availability
ALT + G	Request Search	Always
ALT + H	Help	Always
ALT + J	Cancel Request	Available except in Read-Only Mode
ALT + K	Create Correspondence	Available except in Read-Only Mode
ALT + L	Split Request	Available except in Read-Only Mode
ALT + N	Delete ALL Pages	In Logging, Fulfillment and Split Request Viewer
ALT + O	Flag as Exception	Available except in Read-Only Mode
ALT + R	Delete selected Page	In Logging, Fulfillment and Split Request Viewer
ALT + S	Scan the Page	In Logging and Fulfillment Viewer
ALT + U	Page Up	When viewing the Request Letter; In Logging, Fulfillment and Split Request Viewer
ALT + W	Page Down	When viewing the Request Letter; In Logging, Fulfillment and Split Request Viewer

Viewer Resize

If you zoom in to a particular area of a page, when moving from page to page, the zoom will retain on that area.

Continued on next page

Settings

How to Change Scanner Settings

The default **Scanner Settings** should work for almost all documents. If you adjust these settings for a specific request, be sure to reset them before continuing with other work.

To change scanner settings, follow these steps:

Step	Action
1	Click Settings ⚙ for Scanner Settings.
2	On the **Scanner Settings** popup, change options as needed and click **Save**. Your choices are saved even after you log out.

Scanner Options

Option	Description
Use ADF (Document Feeder)	Should be checked by default for any scanner except flatbeds.
Duplex	Select if the scanner can capture both sides of a page.
Brightness	Default = 50%.
Contrast	Default = 50%.

Blank Page Settings

HealthSource can be set to detect if any blank pages have been captured. Every blank page that can be automatically detected reduces the manual review time needed to complete a request.

However, the time needed to check each page can significantly slow down the capture of Medical Records. Keep this in mind if you find that the capture process is performing slowly.

Step	Action
1	Click Settings ⚙ for Scanner Settings.
2	On the **Blank Page Settings** popup, change options as needed and click **Save**. Your choices are saved even after you log out.

Blank Page Options

Option	Description
Detect and Delete Blank Pages	Blank pages will be automatically deleted from any files you add to the request.
Detect and Show Blank Page	Blank pages will be displayed in the Documents window.
Blank Page Sensitivity Setting	Adjusts how “empty” a page must be to be considered blank.

Site’s Firewall Settings

Introduction

To access HealthSource, a site’s firewall must allow access to these addresses listed below.

Addresses

Parent Address	Specific URLs
*.cioxhealth.com	https://unity.cioxhealth.com (12.35.53.244) https://unity.cioxhealth.com/cipui https://unity.cioxhealth.com
*.smartcorp.net	trayapp.smartcorp.net (127.0.0.1) https://trans.smartcorp.net/uploadfp/default.upl https://unity.cioxhealth.com:443/eipservices/v1/artifact/rl/download/{eRequestId

Proxy Setting (Access Control List)

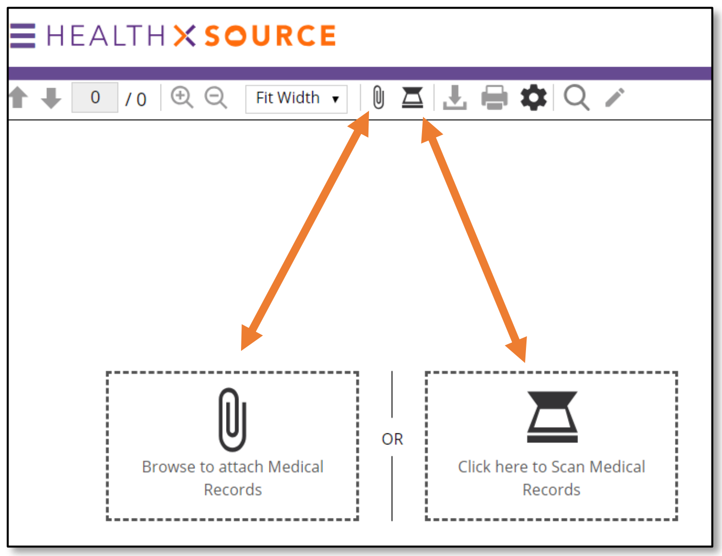
If your site accesses the internet through a proxy, you must configure an Access Control List (ACL) so the URLs listed above can communicate through the proxy.

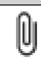
Fulfilling a Chart Review Request

Fulfilling a Chart Review Request

The following steps will cover how to fulfill a Chart Review request through the fulfillment process.

<table>
<tr><th>Step</th><th>Action</th></tr>
<tr><td>1</td><td>Open a request with a Requester Milestone of Fulfillment and Request Characteristics of Standard - PAYD</td></tr>
<tr><td>2</td><td>You will find the Provider Package cover letter as well as the Health Plan Letter which will list the chart components requested.</td></tr>
<tr><td>3</td><td>Use the Patient Information Fields on the Data Entry window to identify the patient and date range of the requested medical records.</td></tr>
<tr><td>4</td><td>Records can be brought into HealthSource by utilizing the appropriate buttons in the middle or at the top of the screen or dragging and dropping the file into the field.



<table>
<tr><th>Button</th><th>Description</th></tr>
<tr><td></td><td>Attach a PDF file. HealthSource only supports the attachment of PDF files, since they can be turned into searchable documents.</td></tr>
<tr><td></td><td>Scan a paper copy. HealthSource turns all scanned documents into PDF files.</td></tr>
</table>

If you have records in an EMR, you can “print” them to HealthSource by selecting the print function in your EMR and then select the “HealthSource SecureCapture Printer”.</td></tr>
</table>

Continued on next page

Fulfilling a Chart Review Request, continued

Step	Action
5	Review the images. Ensure they are legible and in the correct order.
6	Click the **Retrieved** checkbox for any of the requested **Record Types** marked that you have captured. You are unable to submit the request until you mark at least one of the requested Record Types as Retrieved.
7	Click **Submit and Close**.

Important: Please note that the request letter will state to send the records to the Ciox Phoenix location, however the address logged into HealthSource is that of the actual MRA requester.

Example on the request letter:

Mail To: CIOX Health (Attention Chart Retrieval)
15458 N. 28th Ave. Suite D; Phoenix, AZ 85053

HealthSource Data Entry details:

*Name:	*Address 1:	Address 2:
ECS OPTUM PHYSICIANS MRA	7105 MOORES LANE	
Address 3:	***City:**	***State:**
	BRENTWOOD	TN

This visual inconsistency is acceptable for these types of requests ONLY. Rest assured that even though the address on the request letter differs from that in HealthSource that our back-end delivery billing/delivery process will route the records to our Ciox Phoenix location.

Deleting Fax Coversheets

Introduction

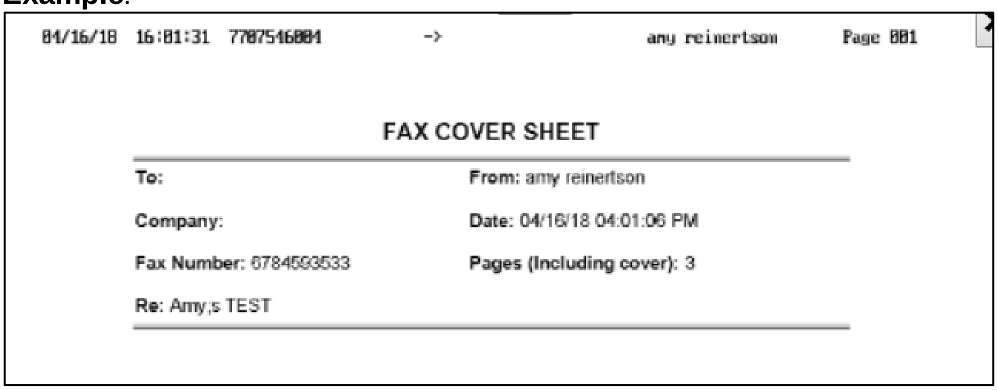
When Ciox Associates fax or email requests into HealthSource, it is possible the application used adds a coversheet. This coversheet is not necessary to keep as it is simply an internal coversheet and is not associated with any particular request. Keeping it attached to the request when splitting/logging causes confusion downstream as all pages of the request letter are printed along with the medical records and returned to the requester. The requester did not originally submit the document and it causes unnecessary confusion.

This document will describe when it is appropriate to delete a fax/email coversheet during the logging/splitting process.

Coversheets OK to Delete

Any coversheets that are not associated with the particular request and from the requester can be deleted. These are generally system-generated coversheets when requests have been faxed/emailed in. They could also be a handwritten coversheet from the facility.

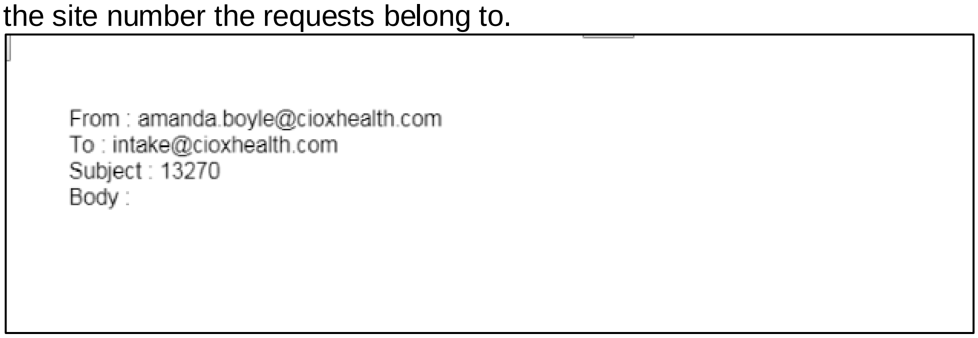
Example:


04/16/18 16:01:31 7707546004 -> amy reinertson Page 001

FAX COVER SHEET

To:	From: amy reinertson
Company:	Date: 04/16/18 04:01:06 PM
Fax Number: 6784593533	Pages (Including cover): 3
Re: Amy;s TEST	

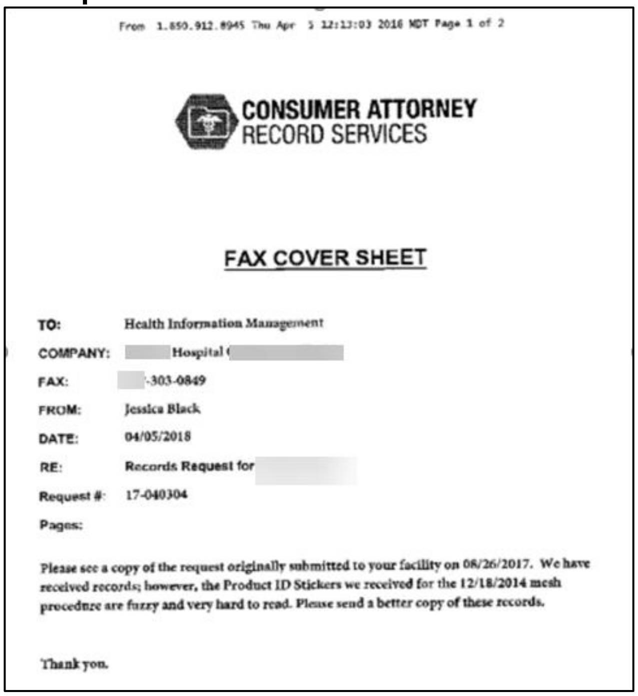
When requests are emailed to Intake@CioxHealth.com, you will receive the following coversheet where you can see who initiated the email along with the site number the requests belong to.


From : amanda.boyle@cioxhealth.com
To : intake@cioxhealth.com
Subject : 13270
Body :

Continued on next page

Coversheets NOT OK to Delete

Any coversheets that are from the actual requester should **not** be deleted.
Example:



From 1.850.912.8945 Thu Apr 5 12:13:03 2016 MDT Page 1 of 2

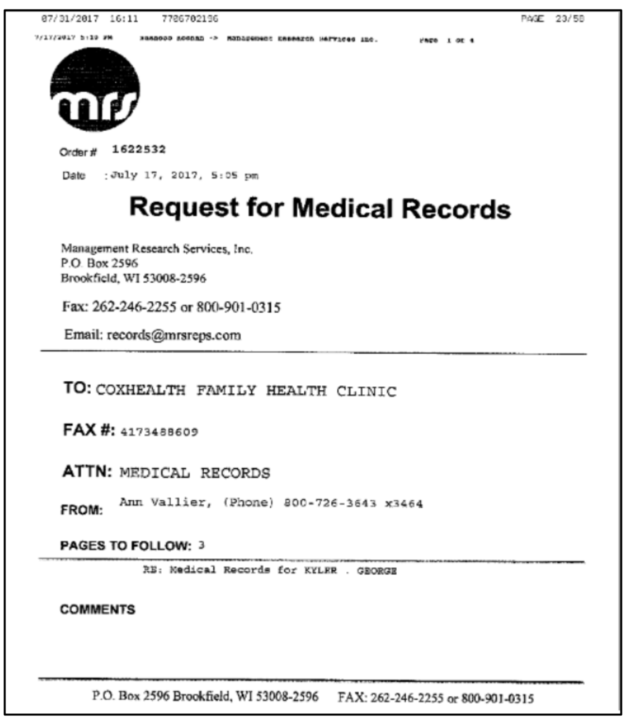
CONSUMER ATTORNEY
RECORD SERVICES

FAX COVER SHEET

TO: Health Information Management
COMPANY: Hospital
FAX: -303-0849
FROM: Jessica Black
DATE: 04/05/2018
RE: Records Request for
Request #: 17-040304
Pages:

Please see a copy of the request originally submitted to your facility on 08/26/2017. We have received records; however, the Product ID Stickers we received for the 12/18/2014 mesh procedure are fuzzy and very hard to read. Please send a better copy of these records.

Thank you.



07/31/2017 16:11 7706702196 PAGE 23/58

Order # 1622532
Date : July 17, 2017, 5:05 pm

Request for Medical Records

Management Research Services, Inc.
P.O. Box 2596
Brookfield, WI 53008-2596

Fax: 262-246-2255 or 800-901-0315

Email: records@mrsreps.com

TO: COXHEALTH FAMILY HEALTH CLINIC

FAX #: 4173488609

ATTN: MEDICAL RECORDS

FROM: Ann Vallier, (Phone) 800-726-3643 x3464

PAGES TO FOLLOW: 3

RE: Medical Records for KYLER . GEORGE

COMMENTS

P.O. Box 2596 Brookfield, WI 53008-2596 FAX: 262-246-2255 or 800-901-0315

Processing a Patient Directive

Patient Directive Overview

A request made by the patient to have their records sent to themselves or to a third-party is a Patient Directive. The patient may submit the request themselves, or a request letter along with a directive letter from the patient may be submitted on behalf of the patient by a third-party.

Only Patient Directive requests initiated by the patient will be billed at the OCR rates unless a special rate has been set up for your site.

HealthSource Fields

When logging the request into HealthSource, it is imperative that you select the correct:

- Request type
- Reason for Request
- Delivery method (+checkbox for electronic delivery if applicable)
- Special processing (for electronic device in fulfillment)

The next page lists a matrix by request initiator and displays the fields that must be entered into HealthSource Clarity in order for the request to deliver and bill correctly.

It is also important that you ensure the page counts appear for the correct format of the original record. For example: if you attached the file, the page totals will appear as all electronic. If part of the package you attached originated as paper or microfilm files, you must adjust the page count fields to accurately reflect the page types.

Important: The below logic will be followed in regard to eDelivery Requests:

1. Bill to and Ship to addresses must be the same. eDelivered requests are sent to our portal and the recipient is notified via email. If the Ship to information is different than the Bill to-this will cause the records to be printed and mailed.

2. If the recipient does not retrieve their request from the Portal within 14 days, the records will be printed and mailed.

Patient Directive requests **can** be fee-approved if being sent to a third party.

Note about Electronic Devices

Electronic Devices (CD/DVD/USB) must be produced and mailed from the facility. Ciox Alpharetta does not fulfill these on the back-end. You must select "**Electronic Device**" under Special Processing.

Continued on next page

When Billing (Requester/ Bill to):	Shipping Records To:	Requested Delivery Method:	Request Type:	Primary Reason for Request:	Ship To:	Delivery Method and/or Special Processing:
Third-Party= Attorney, Copy Service, Insurance	Third-Party	eDelivery	Standard	Patient Directive	Same as Bill To	• Delivery Method: *eDelivery*, enter Email address in the Email field; • Select checkbox for “Requested Electronic Delivery”. **Note**: if requester already has a Ciox eDelivery portal account (default delivery method=electronic), do not change to eDelivery. Keep it as Electronic.
Third-Party	Third-Party	Mail	Standard	Patient Directive	Same as Bill To	Mail
Third-Party	Third-Party	CD/DVD/ USB	Standard	Patient Directive	Same as Bill To	• Select *CD/ DVD/ Flash Drive* in the Delivery Method drop down. “Special Processing” field, choose **Electronic Device**.
Patient	Family member, healthcare provider, other location (not third party)	eDelivery	Patient	Patient Transfer	Enter the Family member, healthcare provider, other location (not third party) as the Ship To	• Delivery Method: *eDelivery*, enter Email address in the Email field. Select checkbox for “Requested Electronic Delivery”.
Patient	Same as above	Mail	Patient	Patient Transfer	Enter the Third-Party as the Ship To	Delivery Method: *Mail*
Patient	Same as above	CD/DVD/ USB	Patient	Patient Transfer	Enter the Third-Party as the Ship To	• Select CD/DVD/Flash Drive in the Delivery Method drop down. “Special Processing” field, choose **Electronic Device**.
Patient	Themselves	Any	Patient	Patient Personal	Enter patient address for billing purposes.	• Select the appropriate delivery method: mail, e-delivery (enter email address), CD/ DVD/Flash Drive. • If CD/DVD/Flash drive chosen, in “Special Processing” field, choose **Electronic Device.** If either eDelivery or Electronic Device is Delivery Method, select checkbox for “Requested Electronic Delivery”.

Note About Electronic Delivery

Ciox Health does not email records directly to a requester. When you choose eDelivery and enter an email address, the records will be placed on our Ciox eDelivery portal and the email address will be notified their records are ready to be retrieved.

If the requester is already set up as default delivery method=Electronic, do not change it to eDelivery, the records will be delivered to their Ciox eDelivery Portal account.

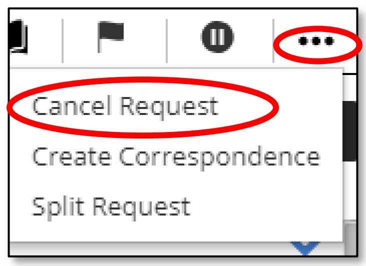
Note: Do not select “Electronic” Delivery Method for any request unless the requester is already set in the database as their default delivery method.

Merging

Overview

If a request was Split improperly, it is possible that two requests need to be merged back together to create a complete request package. This procedure will describe the Merge process.

Procedure

Step	Action
1	Search for and select the second request of the improper split.
2	Select the **Download Request Letter** icon at the top of the request letter viewer pane.
3	Save the request letter down to your local file for access at a later time.
4	Go to **More Actions** by clicking on the three dots in the upper-right corner and select **Cancel Request**. 
5	Select “Other” as the reason and enter the comment of “Merging Improper Split”.
6	Search for and select the first request of the improper split.
7	Select the Attach icon at the top of the request letter viewer pane.
8	Browse to the location of the request letter you just saved. Select the file.
9	Select **Save and Close**. The eRequest ID will now contain the complete request package and can now be logged.

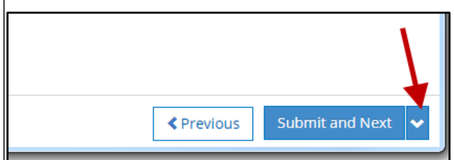
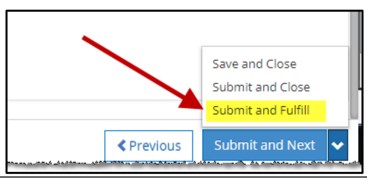
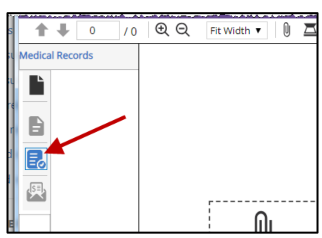
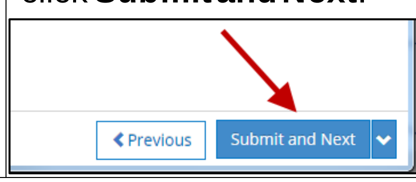
Express ROI

Overview

A single CSR can quickly create a new request and attach Medical Records to it. This new process supports the field's need to handle high-priority on-site requests.

This process should **ONLY** be used for high-priority in-person requests. For other requests, use the normal **Submit and Next** procedure to finish **Logging**.

Express ROI Procedure

Step	Action
1	From the Menu, select **Add New Request**:
2	The Logging screen appears. Attach the Request Letter and enter all required data.
4	Click the arrow to the right of the Submit and Next button. 
5	Click Submit and Fulfill. 
6	The Fulfillment screen opens, with the Request Letter automatically displayed.
7	Click the Medical Records button to the left of the Document window. Attach the Medical Records. 
8	Select the appropriate onsite Delivery Method
9	Complete any other required data entry fields, then click **Submit and Next**. 

Separator Page

CIOX HEALTHSOURCE SEPARATOR PAGE

CIOX HEALTHSOURCE SEPARATOR PAGE

CIOX HEALTHSOURCE SEPARATOR PAGE

CIOX HEALTHSOURCE SEPARATOR PAGE

CIOX HEALTHSOURCE SEPARATOR PAGE

CIOX HEALTHSOURCE SEPARATOR PAGE

Additional Resources

Overview

Additional resources can be located on the HealthSource Clarity Information chicklet, available in OKTA. The help icon in HealthSource also provides additional resources.

Help icon

You can click the **Help** icon  in the upper righthand corner of HealthSource to access additional training material, tips and notes on any recent updates to the system.

Job Aids in HealthSource Clarity Chicklet

Job Aids outlining specific processes in detail can be located in the HealthSource Clarity Chicklet in OKTA. Job Aids are continuously being added to provide workflow solutions and best practices.

Job Aids include, but are not limited to:

- AudaPro into HealthSource Clarity Job Aid.pdf
- Cancelling Certification Requests Job Aid.pdf
- Certification Job Aid.pdf
- CIOX PAYD Logging Instructions 03.15.2019.pdf
- Clarity Request Status Descriptions Job Aid.pdf
- Delivery Methods_eDelivery_Electronic Job Aid.pdf
- DIVIDER PAGE.pdf
- Download_Print Documents in HealthSource Job Aid.pdf
- Due Date Management PAYD Requests 12.19.pdf
- Faxing Requests into Clarity Job Aid.pdf
- Florida Statute 766 Clarity Procedure Job Aid.pdf
- Fulfillment Overview Job Aid.pdf
- HealthSource Clarity Best Practices Volume 1 Job Aid.pdf
- HealthSource Clarity Client Quick Start Guide 9.2019.pdf
- HealthSource Clarity User Provisioning Instructions.pdf