Creating and Designing the Inbound Questionnaire

The Inbound Questionnaire is unique to each organization. The Questionnaire helps eliminate pain points on both sides of the referring process.

It is important to think through the Questionnaire section from the perspective of someone who will be answering the questions. Consider the time it will take to gather the requested information and how understandable or clear the questions are.

Only **Referral Administrators** have the rights within the application to create and modify the Questionnaire. It is their responsibility to ensure that the information on the questionnaire is always accurate.

**Opening the Bridge Referral Application**

1. Click on the **GLHC Bridge** ribbon/icon located on your computer desktop
2. Log in using your username and password
3. Select **Referrals**
Navigating to the Questionnaire
To access the Questionnaire, select the **Application Settings** icon in the upper Right-hand corner of the Referral Application, then select **Inbound Referrals Form**.

Once you have selected **Inbound Referrals Form** do not click outside of the settings box. This will cause you to lose any unsaved changes.

Sections of Questionnaire Settings
There are four sections of the Inbound Referral Questionnaire.
1. Design
2. Rules
3. Attachments
4. Preview
Design
The Design section provides the ability to add and format questions. These questions will be completed when a Referral is made to your organization.

Note: For Behavioral Health providers, it is strongly recommended that the first question confirms that the sending office has the "RELEASE OF INFORMATION" either attached to the referral or faxed in order to protect patient rights as well as both offices if they are audited.

Adding Questions
The more questions you add, the more the sending office has to take time to answer.
1. Drag the desired question type to the design section
2. Select Edit
3. If questions/answers are mandatory, select the Required button
4. Create questions and answers
5. Select Close
   a. Optional: Select Preview to review your question/answer prior to saving.
6. Select Save

Your changes will display to others once you select Save or Save and Close.

Question Types
1. Checkbox Group - Displays a list where the user can select multiple answers.
2. Date Field - Displays a calendar (i.e. date of injury, baby's due date, last visit, date of surgery/hospitalization)
3. Header - Displays a title for your organization.
4. Paragraph - Displays pertinent information about your organization
5. Radio Group - Displays a list of answers where the user can only select one answer
6. Select - Provides various answers, but only allows the user to choose one answer
7. Text Field - Provides a one line text field
8. Text Area - Provides a larger text field

For Referral questions or issues, contact GLHC at (844-454-2443) or support@gl-hc.org.
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Question Actions
There are three available actions once a question is added to the Design area.

**Edit** – Make needed additions or changes to the Question/Answer(s)

**Copy** – Duplicates the question and answers

**Remove Element** - Deletes the Question from the Design area

Making Questions Mandatory
Questions can be made mandatory for the referring office to answer to insure all the necessary information is provided prior to making the referral. To do so, select the box to the right of Required.

Arranging Questions and Answers
The order of questions and answers can be arranged to make sure respondents continue through the questionnaire smoothly.

To move a Question, select the left-hand side of the question and drag it to the desired location.

To move an Answer, hover over the Question and select Edit. Select the left-hand side of the answer and drag it to the desired location.
Checkbox Group
A Checkbox Group question type should be used when the answer to the question is a list of options. The user may select any number of choices, including zero, one, or several.

1. **Label** - Enter the question here
   a. **Placeholder**: Optional as the answer section will state “Select an Option”.
2. **Inline** - This feature is not available at this time.
3. **Options** - Enter answers. Select **Add Option+** to create additional answers.

```
Label: Environmental Concerns

Inline: Display checkbox inline

Options:
- Chronic stress due to multiple stressors
- Exposure to violence
- Parental isolation or lack of social support
```

Date Field
A Date Field question is a short-answer field with validation that ensures entries are dates. Enter the question in the **Label** field.

```
Label: Date of Injury/Accident
Value: Value
```

The field will display the label/question and then a calendar where the user will select the appropriate date.
Header
The Header question type can be used to display the name of your organization at the beginning of the Questionnaire.

Drag the Header option into the Design area and then select Edit. Type the name of your organization or the section name into the Label field.

Paragraph
The Paragraph question type can be used to provide extra content or description to users completing the Questionnaire. The paragraph will display as you type in the Content section.

To add a Paragraph into the Questionnaire:

1. Drag the Paragraph option into the Design area
2. Select Edit
3. Enter desired text

Suggested content in a Paragraph
1. Include the date that changes are made
2. Office hours
3. Office phone number and email address
4. Whether or not you provide services to the Medicaid population
   a. If so, the types of Medicaid you accept
5. Any specific restrictions to the services you provide that may reduce inappropriate referrals such as age range, geographic regions, insurance or specific services.
Using HTML in a Paragraph

You can create a more complex Paragraph section using HTML code.

Basic HTML codes:
- `<br>`
  - Creates a line break
- `<br><br>`
  - Creates two break lines
- `<b>`
  - All letters will be in bold after this code
- `</b>`
  - Ends letters from being bold

Below is an example of the coding and how it displays on the Questionnaire.

5/14/2018

Thank you for your referral to Akpinar Children’s Clinic, PC.

We have one provider.

Mustafa G. Akpinar, MD, FAAP

Address of Clinic:
2303 Stonebridge Drive, Building A
Flint, MI 48532

Clinic Office Hours:
Monday, Friday: 8:30am to 5:00pm
Tuesday, Thursday: 8:30am to 6:00pm
Wednesday: 8:30am to 1:00pm
Closed for lunch everyday: 12:00pm to 1:00pm

About Us:
Dr. Akpinar specializes in pediatrics. We accept all insurances. If the patient does not have insurance, we will still accept them. Dr. Akpinar has privileges at Hurley Medical Center and Genesys Regional Medical Center.

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Radio Group
A Radio Group question allows respondents to select a single choice from a list.

1. **Label** - Enter the question in this section  
   a. **Placeholder** - Optional as the answer section will state “Select an Option”  
2. **Inline** - This feature is not available at this time  
3. **Options** - Enter answers  
   a. Select **Add Option** to create additional answers

```
<table>
<thead>
<tr>
<th>Label</th>
<th>Preferred language</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inline</td>
<td>Display checkbox inline</td>
</tr>
<tr>
<td>Options</td>
<td></td>
</tr>
<tr>
<td></td>
<td>English</td>
</tr>
<tr>
<td></td>
<td>Spanish (no interpreter needed)</td>
</tr>
<tr>
<td></td>
<td>Spanish (please provide interpreter)</td>
</tr>
</tbody>
</table>
```

Select
A Select question allows respondents to select a single choice from a dropdown list.

1. **Label**: Enter the question in this section  
2. **Placeholder**: Optional as the answer section will state “Select an Option”  
3. **Options**: Enter answers

```
<table>
<thead>
<tr>
<th>Required</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Label</td>
<td>Have you referred this patient to our office in the past?</td>
</tr>
<tr>
<td>Placeholder</td>
<td></td>
</tr>
<tr>
<td>Options</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>
```

For Referral questions or issues, contact GLHC at (844-454-2443) or support@gl-hc.org.
The Select question type begins with the three Options/Answers. Either select the red x to delete an Option or select Add Option+ to create additional answers.

Text Field and Text Area
Both the Text Field and Text Area collect a single word or short sentence response from the respondent. Because these question types do not have any validation settings, the data from a text question have broad variation.

The Text Area questions types allows you to limit the number of rows that are available for the answer. But the person answering the question can enter more than the displayed rows. It is recommended that you keep the Rows set to three.
Rules
The Rules section provides the ability to create rules that apply and trigger conditional questions depending on how previous questions are answered. This section will be reviewed in another Guide.

Attachments
The Attachments section provides the ability to add files into the questionnaire. For example, you might want to add a brochure or a map to your office.

Select the Plus sign to add attachments. Select the trash can to remove them.
**Preview**
The **Preview** section provides the ability to review your Questionnaire prior to saving it and making it public.

Once you select **Save** or **Save and Close** your additions or changes will be available to anyone making a referral to you if your office is configured for Production.

If your office is configured in the **PREVIEW MODE** you can make any needed changes and your office will not be viewable to those who are in Production. Contact your GLHC IC if you are unsure whether your organization is in the **PREVIEW MODE**.

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**Inbound Referral Questionnaire**

<table>
<thead>
<tr>
<th>Design</th>
<th>Rules</th>
<th>Attachments</th>
<th>Preview</th>
</tr>
</thead>
</table>

**Please note:** Some required questions have not been answered

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**Genesee Children’s Healthcare Access Program (CHAP)**

**CHAP** is a collaborative, community-based medical home improvement model intended to improve the health outcomes of low-income children covered by Medicaid insurance, while raising the quality of care, better utilizing resources, and decreasing costs.

**PLEASE NOTE THAT THE PATIENT MUST RESIDE IN GENESSEE COUNTY TO RECEIVE SERVICES**

Is English the client’s primary language? ★

- No
- Yes

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When all changes are complete, select **Save** to save changes and remain on the same page, or select **Save and Close** to save changes and exit the page.