Workflows - Version A and B

### Version A - Medications, Conditions, Procedures/Hosp/Surgery By Person Version B - Up-Front Questions By Person 1) Create account 1) Create account 2) Sign in 2) Sign in 3) Demographicsa) Selfb) Dependent 1c) Dependent 2-n 3) Demographicsa) Selfb) Dependent 1c) Dependent 2-n 4) Selfa) Medicationsb) Conditionsc) Procedures, hospitalizations, surgeries 4) Self a) Any surgeries or medical procedures planned or in last X years? If no: Go to (4.c) 5) Dependent 1 a) Medications b) Conditions If yes: i. Describe surgery / procedure, prognosis c) Procedures, hospitalizations, surgeries ii. Associated conditions iii. Associated medications b) Any more surgeries or medical procedures? If no: Go to (4.c)

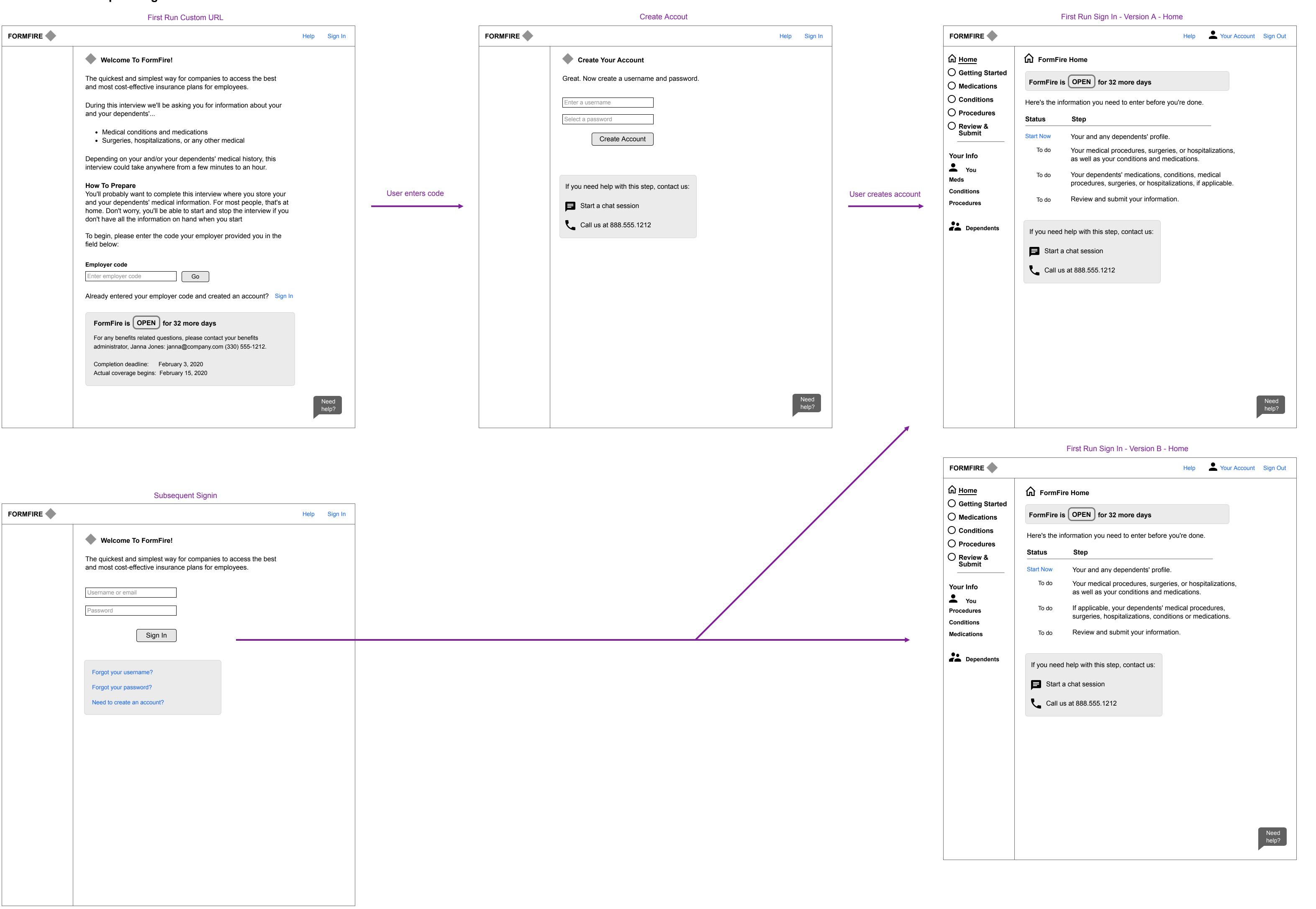
If yes: Go to (4.a.i)

c) Any medical conditions / medications now or in last X years that you haven't already mentioned?

If no: Go to (5) If yes:
i. Describe condition ii. Indicate if any medications for condition iii. Prognosis b) Any medical conditions? If no: Go to (5) If yes: Go to (4.c.i)

5) Dependent 1-n (Self flow repeats)

### Sign In Page - First Run and Subsequent Sign In



Example Subequent Sign In - Version A - Home Help Your Account Sign Out FORMFIRE 🔷 **⋒** FormFire Home **○** Medications FormFire is OPEN for 32 more days Here's the information you need to enter before you're done. Status Step O Review & Submit **DONE** Your and any dependents' profile. Keep Your medical procedures, surgeries, or hospitalizations, Going as well as your conditions and medications. To do Your dependents' medications, conditions, medical procedures, surgeries, or hospitalizations, if applicable. Procedures To do Review and submit your information. If you need help with this step, contact us: Start a chat session Call us at 888.555.1212 Example Subequent Sign In - Version B - Home Help Your Account Sign Out FORMFIRE 🔷 மி <u>Home</u> **☆** FormFire Home FormFire is OPEN for 32 more days Here's the information you still need to enter before you're done. Medications Status Step DONE Your and any dependents' demographic information. Keep Your mmedical procedures, surgeries, or hospitalizations, Going as well as any ongoing conditions or medications. To do If applicable, your dependents' procedures, surgeries, hospitalizations, conditions, or medications. To do Review and submit your information.

Dependents

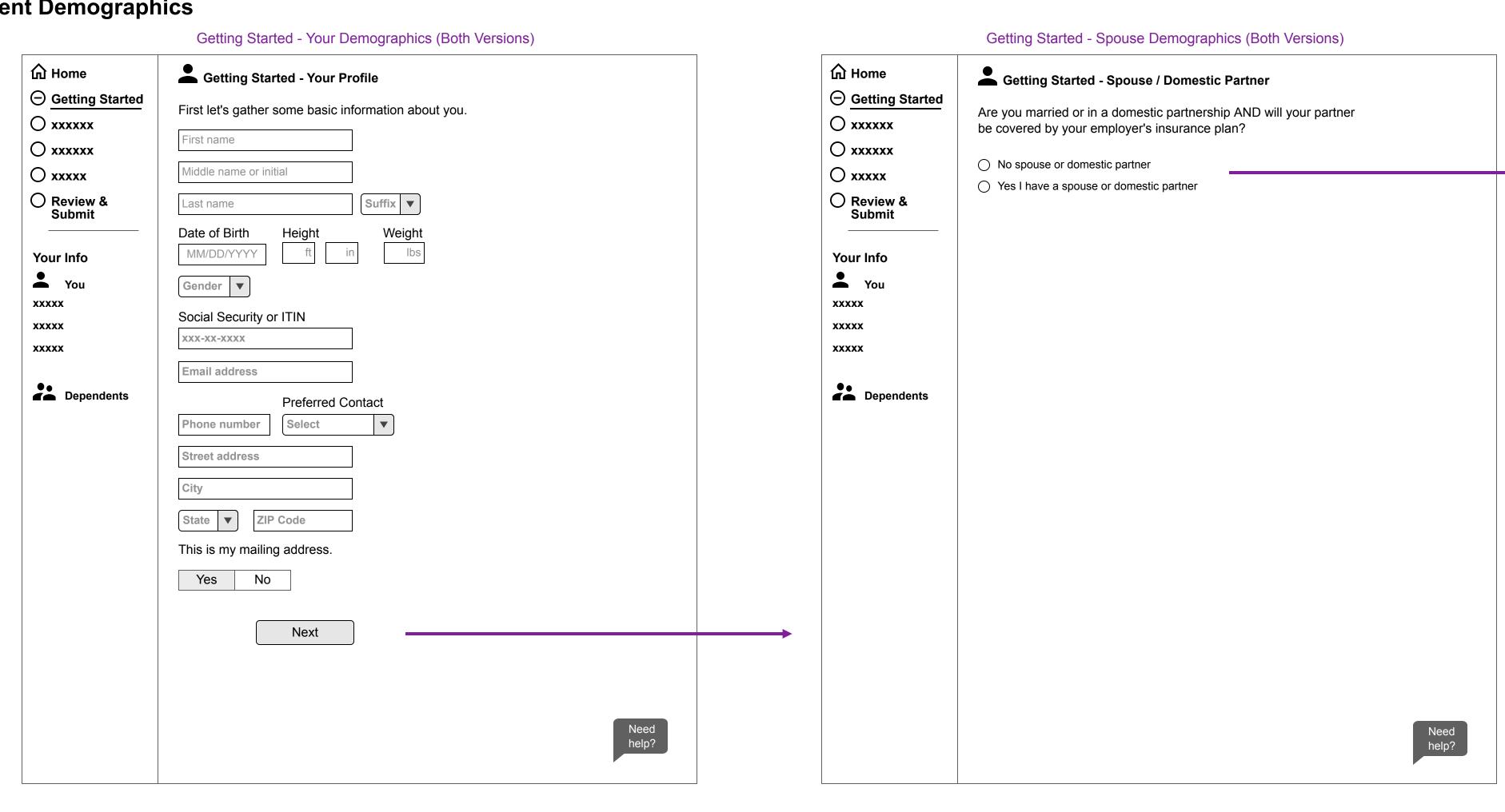
Spousename

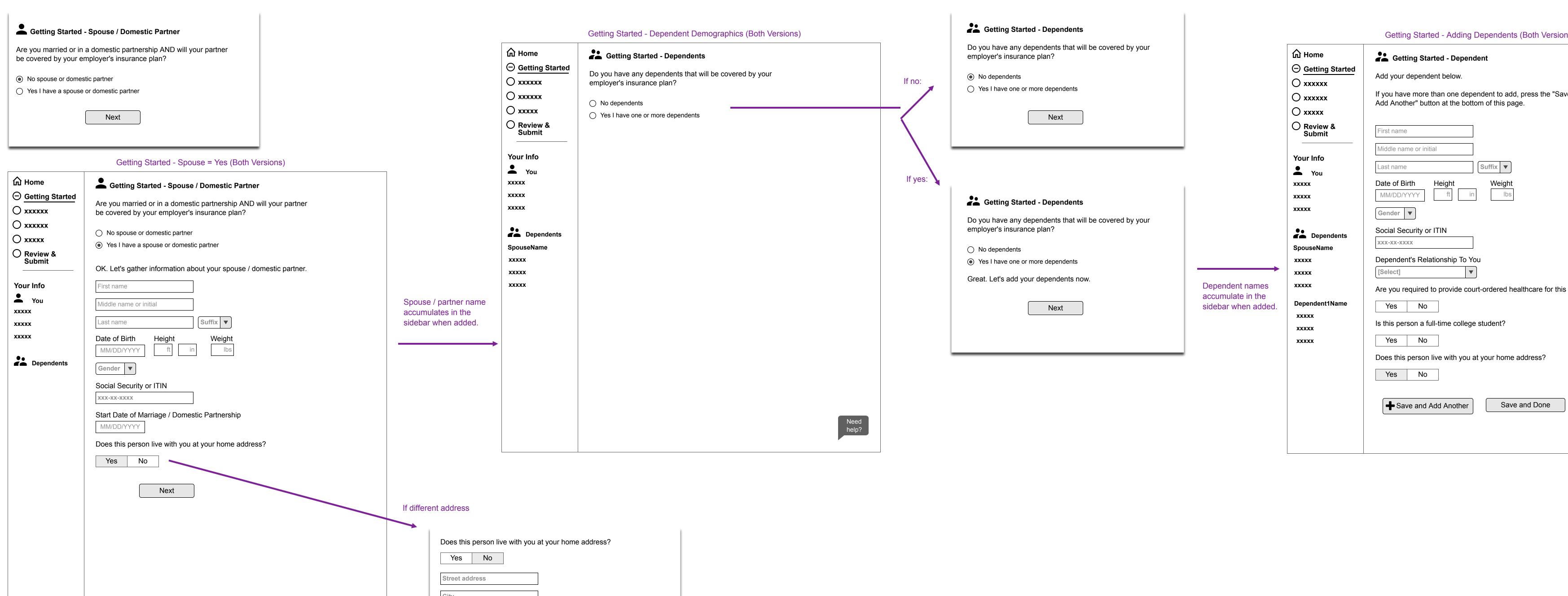
Procedures

Conditions

Child1name Procedures

# Self & Dependent Demographics

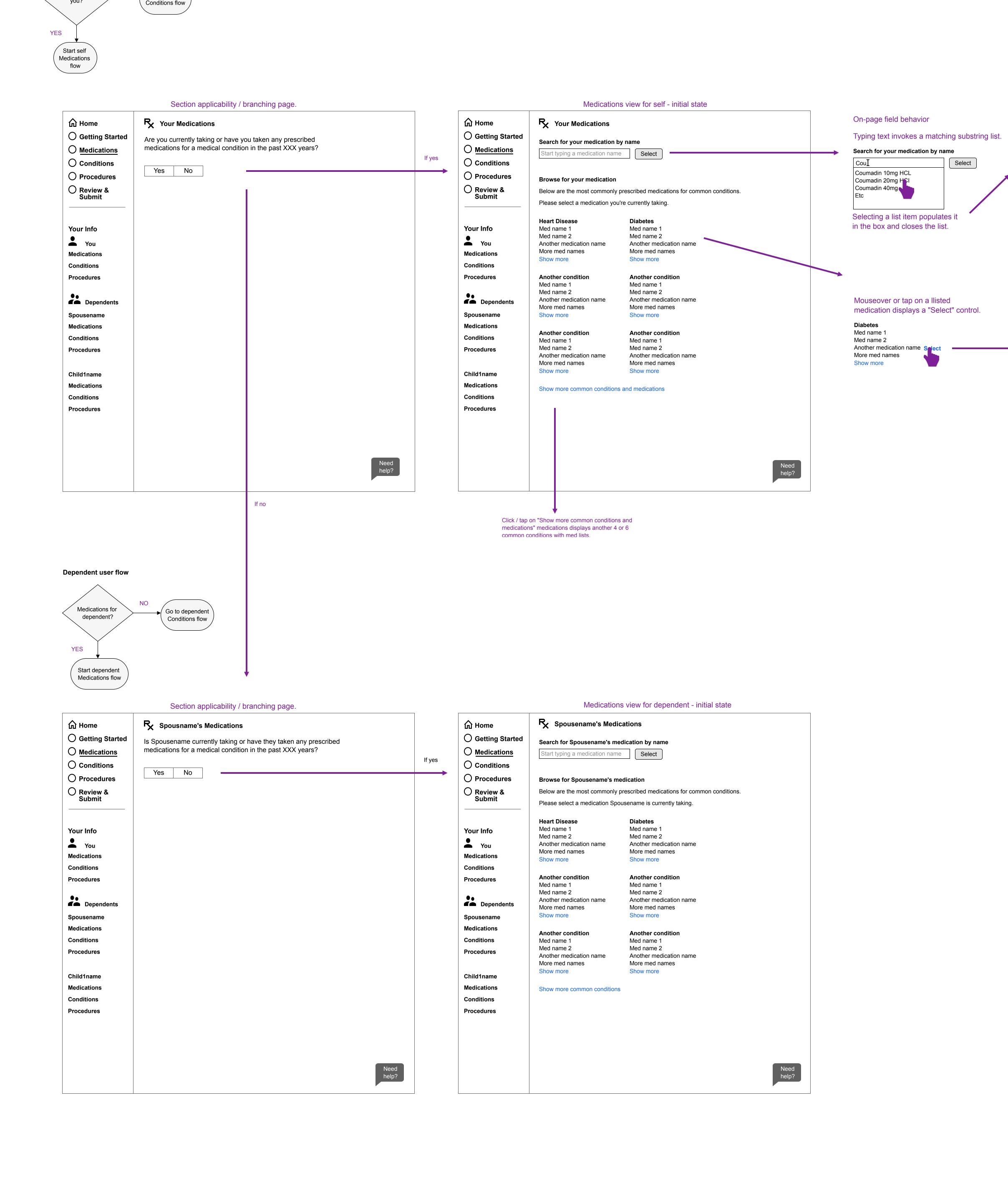




Getting Started - Adding Dependents (Both Versions) If you have more than one dependent to add, press the "Save and Add Another" button at the bottom of this page. Date of BirthHeightWeightMM/DD/YYYYftinlbs Are you required to provide court-ordered healthcare for this dependent? Is this person a full-time college student?

Getting Started - Review / Edit (Both Versions) Getting Started - Review Please review your information below. You can make any changes if necessary by pressing "Edit". O xxxxxx O xxxxx
O Review & Submit Middle name or initial \_\_\_\_ Social Security or ITIN Dependents Phone number Select ▼ Dependent1Name State ▼ ZIP Code This is your mailing address. Spouse / Partner Edit Middle name or initial Gender ▼ Social Security or ITIN Start Date of Marriage / Domestic Partnership This person lives with you at your home address. Dependent's Relationship To You You ARE required to provide court-ordered healthcare for this dependent. Tis person is NOT a full-time college student. This person lives with you at your home address.

## Medications Flow and Wireframes - Version A



Add medication - new page

Your Info

Medications

Conditions

Procedures

Conditions

Procedures

Child1name

Conditions

What condition are you taking this medication for?

No problem. Just type the name of your condition below.

listed invokes an open text field for entering

Back to Medications

You
Medications
Conditions
Procedures

Spousename

Pressing Select

opens a new page.

What condition are you taking this medication for?

Medications view - medication added Medications - Review / Edit (Both Versions) Back to Medications You've successfully added new medication "Coumadin 20mg HCI" Please review your information below. Here are the medications you've told us about so far. What condition are you taking this medication for? My condition is not listed ▼ O xxxxx
O Review & Submit Coumadin 20mg HCI Heart D O Review & Submit No problem. Just type the name of your condition below. Heart Disease - Hyperlipidemia Selecting "Done" transitions user to Would you like to add another medication? dependent medications, if user has dependents. Add Another Medication Done With My Medications Add This Medication Your Info Your Info If user has no dependents, You transition to review page. Medications Conditions Procedures SpouseName **Dependents** Dependents Conditions Procedures Child1name Child1name Medications
Conditions

Pressing the "Add" button moves the user back to the Your Medications page and adds the medication and a condition, if one is selected or entered, to the current person's list of medications. A transient success banner is displayed.

If the entered text

matches a known

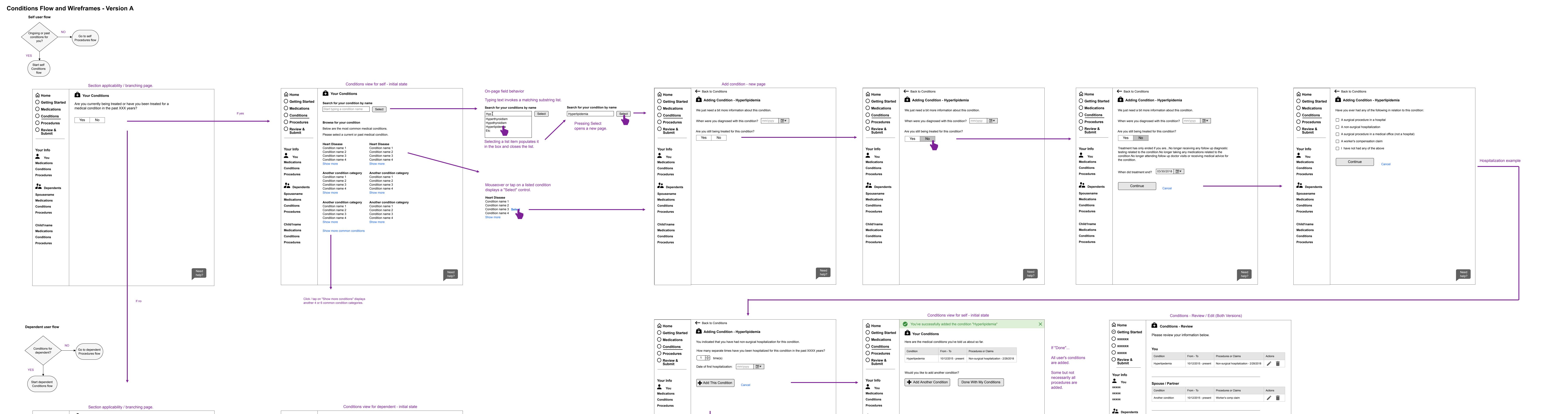
matching list is

displayed.

condition, a substring

Hemophilia
Hemophilia
Hemophilic yadda yadda
Hemorrhagic cystitis
Hemorrhagic fever

No problem. Just type the name of your condition below.



If the user increases the number of hospitalizations, more date fields are displayed.

Conditions

Procedures

Child1name

Conditions

Spousename

Conditions

Procedures

Child1name Medications

Conditions

Spouename's Conditions

Browse for Spousename's condition

Heart Disease
Condition name 1
Condition name 2
Condition name 3
Condition name 4

Child1name Medications Conditions Search for Spousename's condition by name

Below are the most common medical conditions.

Please select a current or past medical condition.

Another condition category
Condition name 1
Condition name 2
Condition name 3
Condition name 4
Show more

Another condition category
Condition name 1
Condition name 2
Condition name 2
Condition name 3
Condition name 4
Show more

Another condition category
Condition name 1
Condition name 2
Condition name 3
Condition name 4
Show more

Another condition category
Condition name 1
Condition name 2
Condition name 2
Condition name 3
Condition name 4
Show more

Heart Disease
Condition name 1
Condition name 2
Condition name 3
Condition name 4

Is Spousename currently being treated or have they been treated for a medical condition in the past XXX years?

Procedures

Child1name

# Hospitalizations, Procedures and Surgeries Flow and Wireframes - Version A Start self hosp / procdures flow

Home Getting Started Medications Conditions Procedures Review & Submit  Dependents  Paper Procedures, Hospitalizations, Or surgeries in the past XXXX years that are not listed above, or do you have any upcoming?  Yes No  You edications Dependents	Home Getting Started Medications Conditions Procedures Review & Submit  Your Info You Medications Conditions Procedures Dependents	Date 7/1/2015 1/20/2015 5/7/2014  Have you had	Procedures, Hospitalizations, Surgeries  procedures, hospitalizations or surgeries  Procedure, Hospitalization or Surgery  Cholesystectomy  Another procedure  Another procedure  d any other office medical procedures, hothat are not listed above, or do you have	you told us about so far  Related Condition  Heart Disease - Hyperlipidemia  Heart Disease - Hyperlipidemia  Heart Disease - Hyperlipidemia  spitalizations, or surgeries in the past
Medications Conditions Procedures Review & Submit  Dependents  Medications  Dependents  No Surgeries in the past XXXX years that are not listed above, or do you have any upcoming?  Yes No  Yes No  Dependents	O Medications O Conditions O Procedures O Review & Submit  Your Info ■ You Medications Conditions Procedures	7/1/2015 1/20/2015 5/7/2014  Have you have XXXX years	Procedure, Hospitalization or Surgery  Cholesystectomy  Another procedure  Another procedure  d any other office medical procedures, hothat are not listed above, or do you have	Related Condition  Heart Disease - Hyperlipidemia  Heart Disease - Hyperlipidemia  Heart Disease - Hyperlipidemia  spitalizations, or surgeries in the past
Medications Conditions Procedures Review & Submit  Our Info Vou edications onditions Conditions Con	O Medications O Conditions O Procedures O Review & Submit  Your Info ■ You Medications Conditions Procedures	7/1/2015 1/20/2015 5/7/2014  Have you have XXXX years	Procedure, Hospitalization or Surgery  Cholesystectomy  Another procedure  Another procedure  d any other office medical procedures, hothat are not listed above, or do you have	Related Condition  Heart Disease - Hyperlipidemia  Heart Disease - Hyperlipidemia  Heart Disease - Hyperlipidemia  spitalizations, or surgeries in the past
Conditions Procedures Review & Submit  Our Info You edications onditions rocedures  Dependents	Conditions Procedures Review & Submit  Your Info You Medications Conditions Procedures	7/1/2015 1/20/2015 5/7/2014 Have you had XXXX years	Cholesystectomy  Another procedure  Another procedure  d any other office medical procedures, hothat are not listed above, or do you have	Heart Disease - Hyperlipidemia  Heart Disease - Hyperlipidemia  Heart Disease - Hyperlipidemia  spitalizations, or surgeries in the past
Procedures Review & Submit  Dur Info You edications onditions rocedures  Dependents	Procedures Review & Submit  Your Info You Medications Conditions Procedures	1/20/2015 5/7/2014 Have you have XXXX years	Another procedure  Another procedure  d any other office medical procedures, hothat are not listed above, or do you have	Heart Disease - Hyperlipidemia  Heart Disease - Hyperlipidemia  spitalizations, or surgeries in the past
Review & Submit  Our Info  You edications onditions rocedures  Dependents	Your Info You Medications Conditions Procedures	5/7/2014  Have you had XXXX years	Another procedure  d any other office medical procedures, hothat are not listed above, or do you have	Heart Disease - Hyperlipidemia spitalizations, or surgeries in the past
our Info  You edications onditions rocedures  Dependents	Your Info You Medications Conditions Procedures	Have you had	d any other office medical procedures, ho that are not listed above, or do you have	spitalizations, or surgeries in the past
You edications onditions rocedures  Dependents	You Medications Conditions Procedures	XXXX years	that are not listed above, or do you have	
edications onditions rocedures  Dependents	Medications Conditions Procedures	Yes	No	
onditions rocedures  Dependents	Conditions Procedures			
Pocedures  Dependents	Procedures			
Dependents				
	Dependents			
	- I			
pousename	Spousename			
edications This view is an example of the	Medications			
onditions situation where the user has not previously indicated that the	Conditions			
spouse has had any procedures, hospitalizations, or surgeries.	Procedures			
hild1name	Child1name			
edications	Medications			
onditions	Conditions			
rocedures	Procedures			

Your Procedures, Hospitalizations, Surgeries

Dependent user flow Procedures view for dependent - initial state

Spousename's Procedures, Hospitalizations, Surgeries

O Getting Started
O Medications
O Conditions
O Procedures
O Review & Submit

Has SPOUSENAME had any office medical procedures, hospitalizations, or surgeries in the past XXXX years or do they have any upcoming?

Yes No This view is an example of the situation where the user has not previously indicated that the spouse has had any procedures, hospitalizations, or surgeries.

Here are the procedures, hospitalizations or surgeries you told us about earlier. Date Procedure, Hospitalization or Surgery Related Condition Heart Disease - Hyperlipidemia Heart Disease - Hyperlipidemia Heart Disease - Hyperlipidemia Have you had any office medical procedures, hospitalizations, or surgeries in the past XXXX years that are not listed above, or do you have any upcoming? Great! Let's review what you've entered so far. Ready to review your information? Spousename
Medications
Conditions
Procedures Child1name
Medications
Conditions
Procedures Use autocomplete control for description field. Procedures view for self - procedure added. Procedures - Review / Edit (Both Versions) Home
Getting Started
Medications
Conditions

Here are the procedures, hospitalizations or surgeries you told us about earlier.

Date
Procedure, Hospitalization or Surgery
Related Condition ☐ Home
 ☐ Getting Started
 ☐ Medications
 ☐ Conditions

← Back to Procedures
Adding Procedures, Hospitalizations, Surgeries
Please select what you're adding: ☐ Home
 ☐ Getting Started
 ☐ Medications
 ☐ Conditions

Flease select what you're adding: ☐ Home
 ☐ Getting Started
 ☐ Medications
 ☐ Conditions

Precedure
Precedure
Page Started
Date
Precedure
Precedur ☐ Home
 ☐ Getting Started
 ☐ Medications
 ☐ Conditions

 ☐ Back to Procedures
 ☐ Adding Procedures, Hospitalizations, Surgeries
 You're are adding a past hospital surgery. ← Back to Procedures ← Back to Procedures You've successfully added the condition "Hyperlipidemia" Your Procedures, Hospitalizations, Surgeries Please review your information below. Heart Disease - Hyperlipidemia Procedure Date Procedures or Claims Actions Appendectomy 10/12/2014 Non-surgical hospitalization - 2/28/2018 All user's procedures Heart Disease - Hyperlipidemia are added. A medical procedure in a doctor's office, not a hospital. Appendectomy 10/12/2014 Non-surgical hospitalization - 2/28/2018 A medical procedure in a doctor's office, not a hospital. Heart Disease - Hyperlipidemia 5/7/2014 Another procedure A hospitalization WITHOUT a surgery. A hospitalization WITHOUT a surgery. What condition necessitated this surgery? Would you like to add another procedure? Some but not necessarily all dependents' procedures are Have you had any office medical procedures, hospitalizations, or surgeries in the past XXXX years that are not listed above, or do you have any upcoming? Add Another Procedure

Done With My Procedures Your Info Medications
Conditions
Procedures What was the outcome of this surgery? Medications Medications Conditions Conditions OK. Let's collect that information. We need to ask what your "prognosis" is for this condition. This simply means "what did the doctors expect will happen?" Some examples include "full recovery" "continued chronic condition". Please indicate your prognosis below. Procedures Dependent1 Add a procedure, hospitalization or surgery **Dependents** "Continue" button displays when Spousename
Medications
Conditions
Procedures Medications Conditions
Procedures Conditions + Add This Procedure Procedures Procedures Dependent1Name Child1name Child1name Child1name Child1name Child1name Medications Medications Medications Medications Medications Conditions
Procedures Conditions
Procedures Conditions Conditions Procedures Procedures

## Screening Questions First - Version B

Self user flow

flow		Start procedures, hos	pitalizations, surgeries flow.	
Procedures, Hospitalizations, Surgeries  Have you had any office medical procedures, hospitalizations, or surgeries in the past XXXX years?  Yes No	If yes	Home Getting Started Procedures Conditions & Medications Review & Submit  Your Info You Meds Conditions Procedures Dependents Spousename Meds Conditions Procedures  Child1name Meds Conditions Procedures	Have you had any other office medical procedures, hospitalizations, or surgeries in the past XXXX years?  Yes No  Great! Let's move on to medical conditions and medications.  Continue	
Go to Review & Submit flow  Conditions & meds view for self - initial state	If yes			
Have you had any medical conditions during the past XXXX years? This includes any current medical conditions.  Yes No	If no	<ul> <li>✓ Getting Started</li> <li>✓ Procedures</li> <li>✓ Conditions &amp; Medications</li> <li>✓ Review &amp; Submit</li> <li>Your Info</li> <li>You Meds</li> <li>Conditions</li> <li>Procedures</li> <li>Dependents</li> <li>Spousename</li> <li>Meds</li> <li>Conditions</li> <li>Procedures</li> <li>Child1name</li> <li>Meds</li> <li>Conditions</li> <li>Conditions</li> </ul>	Have you had any medical conditions during the past XXXX years? This includes any current medical conditions.  Yes No  Great! Let's take care of your dependents now.  Continue	Restart question screens for each dependent
	Procedures view for self - initial state  (2) Your Procedures, Hospitalizations, Surgeries  Have you had any office medical procedures, hospitalizations, or surgeries in the past XXXX years?  Yes No  Co to Review & Submit flow  Conditions & meds view for self - initial state  (2) Your Medical Conditions and Medications  Have you had any medical conditions during the past XXXX years? This includes any current medical conditions.	Procedures view for self - initial state  (b) Your Procedures, Hospitalizations, Surgeries  Here you have any other nested procedures, neephalizations, or surgeries in the past XXXX years?  Yes No.  If no  (c) Your Medical Conditions & medic view for self - initial state  (c) Your Medical Conditions and Medications  Here you have any marker or neatenous during the past XXXX years? This includes any content mobile and contents.  Yes No.	Procedures visor for self - initial state  Type  The recordinate visor visor for self - initial state  Type  The recordinate visor v	Son procedure, hosp bitacliers is and of fine.  Procedure to now or self-individual control of the procedure