

Training Intake Questionnaire

Use this template to capture the learning need, audience, critical tasks, delivery approach, and success measures. Keep answers concise and action-oriented. Add links to supporting materials where helpful.

Project Summary

Project / Request Name	DateSpanner Navigation & reorder Eligibility Training (Diabetes Team/Byram)
Requestor & Department	Customer Service / Diabetes Division
Date	2026-01-16
Target Go-Live / Deadline	Feb 20-Mar 5 2026
Primary Audience(s) / Locations	CSR Reorder Agents supporting CGM, Insulin Pumps, and Testing Supplies (US-based)
Key Stakeholders / SMEs / Approvers/L&D	SME: Rodney Cheshire; Stakeholder/Approver: Julie Murray; L&D: Adriana Salinas
Constraints / Risks (tech, compliance, bandwidth)	Bandwidth: SME has limited hours available for Project Work Time
Links to Source Materials	Date Spanner workbook (codes, directories, guidelines); Reorder Rules; ERP Navigation & Datespanning prompts.

Business Need & Outcomes

1. What problem are we are solving and why now?

Response:

Agents must use the DateSpanner tool on **every reorder call**, but there are consistent errors calculating reorder eligibility, selecting catalogue codes, and applying payer rules.

These mistakes lead to:

- Reorder denials
- Reshipments
- Incorrect quantities
- Over/under-supplies
- Compliance issues (HCPCS inaccuracies)
- Customer escalation and frustration

2. What does success looks like (behavioral & business KPIs):

Behavioral:

- Agents download and use the newest DateSpanner version daily
- Correctly determine reorder eligibility (30/60/90 day) for every product
- Select accurate catalogue codes for Dexcom, Abbott, Medtronic, Tandem, Omnipod, Eversense, Mobi, and Beta Bionics
- Accurately choose correct HCPCS codes (A, K, E codes) per payer
- Follow ERP documentation rules and select correct status codes

Business KPIs:

- 95%+ accuracy in reorder date calculations
- 30% reduction in top error codes (C643, C650, C651; UP1–UP4; WN1/3/5)
- Fewer reships and escalations
- Improved payer compliance & fewer denials

3. What happens if we don't address this (risk/impact)?

Response:

- Increased financial leakage
- Higher denial & reship rates
- Customer dissatisfaction and lost trust
- Supervisor escalation workload increases
- Quality scores drop and compliance risk rises

Audience & Context

4. Who is the audience (roles, headcount, locations/time zones, languages)?

Response:

CSR Reorder Agents supporting:

- CGM (Dexcom G6/G7, Abbott Libre, Eversense)
- Insulin Pump supplies (Medtronic, Tandem, Beta Bionics)
- Testing supplies
- Ancillary diabetes products
- Primarily US-based, multiple time zones.

5. Any constraints we must design for (shifts/coverage, devices, bandwidth, accessibility)?

Response:

- Need *anonymized* ERP screenshots due to PHI

Tasks & Learning Objectives (post-training, learners can...)

6. What 5–7 tasks must learners perform immediately after training (prioritized)?

Response:

- Download the latest DateSpanner file and navigate key tabs.
- Determine correct reorder eligibility using date + supply + payer rules.
- Select correct catalogue codes for all CGM/IP brands.
- Apply correct HCPCS codes (A, K, E codes) based on payer and scenario.
- Correctly key kit codes (BHCIPWEEKLYM/T/B).
- Identify & apply correct ERP status codes.
- Use DateSpanner to locate warranty info, transfer contacts, and cash pricing.

Judgment Calls & Rules

7. What decisions/judgment calls must they make—and what rules guide those decisions?

Response:

Agents must make several judgment calls during each reorder interaction. These decisions rely on applying DateSpanner rules, payer guidelines, and ERP logic accurately. Key judgment calls include:

1. Determining which payer line applies

Agents must identify whether the customer's insurance falls under:

- Commercial
- Medicare FFS
- Medicare Advantage
- Medicaid
- UHC-specific plans

- Aetna MA-specific rules
Rule: Use the payer-specific row in DateSpanner; never assume payer behavior based on name alone.

2. Selecting the correct product cycle

Examples:

- Dexcom G7 (10-day vs 15-day sensor)
- Abbott 2+/3+/3+ Plus cycles
- Medtronic or Tandem infusion set replacement frequencies
Rule: Use DateSpanner's brand-specific rules and lifespan tables; do not rely on customer memory.

3. Calculating the next eligible reorder date

Agents must verify eligibility by comparing:

- Last shipped date
- Days' supply sent
- Plan-specific coverage rules
Rule: DateSpanner governs eligibility; follow it even if ERP shows a different date (unless SME guidance says otherwise).

4. Choosing correct catalogue codes

For CGM sensors, transmitters, receivers, and pump supplies.

Rule: Code selection must always match both the brand and the payer type (e.g., Medicare versions differ from commercial).

5. Deciding when exceptions apply

Examples:

- Vacation override
- Early refill approval
- HIPAA incident procedures
- Deceased customer processing
Rule: Follow the "Procedures & Templates" tab; escalate to TL when guidance is unclear.

6. Determining which status code to apply

C650 (quantity), C651 (date), C643 (future), UP1–UP4 (shipping issues), etc.

Rule: Status codes must match the *specific* error cause. Incorrect status coding can cause billing or inventory problems.

7. Identifying when to escalate

For unclear payer rules, missing documentation, limited inventory, or discrepancies between DateSpanner and ERP.

Rule: Escalate when the tool does not provide the answer or contradicts itself.

8. Where are the current gaps (skills, process, tools) that training should close?

Response:

Training is needed to address the following skill, process, and tool gaps:

1. Inconsistent use of DateSpanner

Some agents rely on memory, old versions, or ERP alone.

Gap: Agents are not consistently downloading or navigating the most current DateSpanner.

2. Incorrect payer interpretation

Frequent confusion between:

- UHC Commercial vs UHC MA vs UHC Medicare
- Medicare FFS vs MA rules
- Medicaid K-code requirements

Gap: Agents need clearer rules for identifying the correct payer line.

3. Catalogue code errors

Incorrect codes used for:

- Dexcom G7 Commercial vs Medicare
 - Abbott Libre 3+ vs 3+ Plus
 - Tandem vs Mobi infusion sets
 - Medtronic sensor types (Simplera, Guardian, Instinct)
- Gap: Agents need deeper familiarity with the brand tabs and code distinctions.

4. Eligibility date miscalculations

Errors include:

- Incorrect days' supply

- Misread last ship date
- Wrong cycle (10-day / 15-day / 30-day / 90-day)
Gap: Agents need structured practice on calculating reorder dates using DateSpanner.

5. Incorrect status code usage

Examples:

- C650 (quantity) vs C651 (date) mix-ups
- Overuse of general “customer preference” codes
Gap: Agents lack confidence applying specific status codes.

6. Missing awareness of “special scenarios”

Examples:

- Vacation overrides
- HIPAA incidents
- BO cancellation procedures
- Deceased customer protocols
Gap: These workflows exist in the workbook but are not widely understood.

7. Limited understanding of “what changes vs. what doesn’t”

Agents do not know:

- Which parts of DateSpanner update frequently
- Which codes are stable
- Which rules are evergreen (e.g., Medicare FFS cycles)
Gap: Training must provide guidance on version control and update awareness.

8. ERP vs DateSpanner contradictions

When dates or codes conflict, agents do not know which has authority.

Gap: Training must clarify escalation vs. decision-making paths.

9. Navigational gaps

Agents may not know where to find:

- Warranty information
- Manufacturer contact lists
- Transfer extensions

- Pharmacy cash pricing
Gap: Training must walk through all critical support tabs.

Delivery & Experience

9. Preferred or required modality (**self-paced**, vILT, ILT, blended) and target seat time?

Response:

- Primary modality: Rise 360 eLearning (self-paced) with embedded screen-recorded video demos and knowledge checks.
- Seat time target: 35–45 minutes
- Demos recorded in a training tenant or masked ERP using sample accounts.

10. What real-world scenarios or data can we use for practice?

Response:

Real-world scenarios for practice

- Dexcom G7 Medicare reorder calculation
- Abbott 3+ 15-day cycle eligibility
- Medtronic guardian sensor + reservoir kit combination
- UHC 84-day cycle example
- Medicare FFS CGM reorder frequency
- Status code troubleshooting (C651, C643)

Assessment & Measurement

11. What must learners demonstrate to pass (critical behaviors and errors to avoid)?

Response:

- Accurate navigation of DateSpanner
- Correct eligibility date calculation
- Proper catalogue code selection
- Correct use of HCPCS codes
- Recognition of correct status codes
- ≥80% on final knowledge check

12. How will we measure impact post-launch (KPIs, baseline, reporting cadence)?

Response:

- 2-week post-launch audit (50 orders/agent)
- Reduction in error/status codes (compare baseline vs post)
- Quality score improvements
- Fewer reships and escalations

Rollout & Sustainment

13. Key dates/milestones (pilot, go-live) and audiences for the first release?

Response:

- Pilot with 8–12 CSRs across regions; iterate based on feedback.
- Target Go Live Date Feb 20; reinforce with desk-reference PDFs (Status Codes; HCPCS quick chart; Kit code guide).

14. Who owns content updates and how frequently will things change?

Response:

- Content owner: TBD (proposed: Rodney Cheshire + CS Ops). Review cadence: quarterly or as payor rules change.