

# Importance of Scripting

**Standardized scripts have been developed and will be required to be followed at all sites that schedule appointments throughout CHA.**

**This will allow CHA to achieve consistency throughout the Alliance when interacting with patients over the phone**



# Scheduling Scripts: Introduction

## **Phone rings:**

“Thank you for calling the \_\_\_\_\_ clinic/ health center, my name is \_\_\_\_\_.  
How may I assist you today?”

## **Patient indicates they wish to schedule appt with provider:**

“Could I get your first and last name please? Thank you Mr. / Ms.  
\_\_\_\_\_. In order to schedule your appointment today, I will need to  
collect some information from you at this time.”



**Customer Service is a Priority !**



# Scheduling Scripts: Information Gathering

**The scheduler will gather the information needed for the appointment by asking the following questions:**

“Can you please spell your (first and last) name for me”

“What Month, Day and Year were you born?”

“What is your social security number?”

**At this point, the scheduler has enough information to determine if the patient is a new patient or not.**

“What is your reason for making this appointment today?”

“Are you male or female?”

“What is your current address?”

“What is the best phone number to reach you? What is the second best phone number to reach you?”

“Who is your primary care physician? Who is the referring physician?” (specialty clinics only)

“Are your health concerns due to a motor vehicle accident or accident at your work?”

“What is the name of your health insurance?”



# Scheduling Scripts: Closing the Call

## Does the patient meets pre registration criteria (Yes / No)?

### **Yes - Patient will be transferred to the pre registration department**

“Before your appointment is complete, a registration specialist will have a few last questions for you in order to process your appointment. Thank you for choosing CHA. Please hold the line for just a moment.”

### **No - Call is completed – a pre registration is not necessary at this time.**

“Thank you for choosing CHA. Do you know where to go for your visit? *(if yes give directions)* At this time , do you have any additional questions for me? If not, we'll see you on the \_\_\_\_\_(date) at \_\_\_\_\_ (time). Please remember to bring a picture ID, insurance card and your copayment due.” Thank you and have a great day”



# Scheduling Transfer Compliance

- Mechanisms have been created in EPIC to track scheduler compliance with transferring appropriate calls to the pre registration department
- Data around the number of calls being transferred to pre registration will be compiled and shared with scheduling staff and managers in each area
- **IT IS VERY IMPORTANT THAT SCHEDULERS FOLLOW THE PRE REGISTRATION CRITERIA AND TRANSFER PATIENTS WHEN APPROPRIATE !**



# Additional Scheduling Notes

- EPIC alerts have been created. These alert messages will automatically appear on the screen immediately following the scheduling portion of the intake process.
- Given the importance of transferring calls from scheduling to pre-registration, **managers will monitor staff compliance very closely using QA reports** that have been developed. Feedback also will be provided to scheduling staff on a regular basis.
- In most cases, scheduling an appointment should not require additional time. Alerts in Epic will prompt and guide the schedulers based on the programmed criteria in EPIC.
- For appointments that are made by a provider office or other third party, the patient will be contacted by the pre registration department via an outbound call. The appointment will appear on an outbound call queue for pre registration staff to work. Several attempts will be made to contact the patient before the date of service.
- Pediatric “meet and greet” appointments should never be transferred to pre registration



“Hello, Cambridge Health Alliance Pre Registration Department, My name is \_\_\_\_\_; Mr. \_\_\_\_\_, Mrs. \_\_\_\_\_, or Miss \_\_\_\_\_.

I am going to help you today pre register for your appointment scheduled on \_\_\_\_\_ (date, time, location, & with provider). Who referred you to this appointment (or verify the information scheduling put in.) “I see “provider” referred you for this appointment.

Can you please state the month, date and year of your birth (wait for response), your current address is (wait for response), social security number (wait for response) and the best telephone number to contact you\_\_\_\_, second best telephone number. May I have your email address\_\_\_\_?

I need to verify the following information your sex, marital status, religion, race, and ethnicity, language spoken and written.

I need to also verify your veteran status, and ask if you have a healthcare proxy. (Answer questions regarding proxy).

Who is your employer, where are they located and what is their phone number? What is your occupation there? (Fulltime, part time, etc)

Who is your preferred emergency contact and next of kin?

*During the above process, the pre registration staff, should be able run verification of insurance listed on EPIC through Nehen, or Web MD.*

Can we please verify your insurance. Who is your insurer? ( policy #, group# ) Who is the subscriber or carrier of your health insurance? Do you have any other insurance?

*Depending on the information obtained through the insurance verification process the following will be addressed guarantor, referral/authorization, MSPQ, occurrence, accident guarantor, insurance product detail information, and PCP.*

**Based on the insurance product information obtained through the verification process the pre-registration process will follow the following scripted guidelines:**

- ✓ Self pay
- ✓ Insured CHA patient
- ✓ Insured Non-CHA patient
- ✓ Noncontract payer