

**Title**

Connect Configuration: Campaign Setup

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Article Detail

Connect Configuration – Campaign Setup

This document provides a comprehensive view of the procedures involved in creating and managing Connect campaigns.

Create a New Campaign

A campaign is a structured plan to contact a patient with a desired outcome. One of the first steps in configuring Brightree Connect is defining the details of your campaigns. This includes configuring all of the settings that dictate which patients to call, when and how frequently to call, as well as the Insurance providers associated with the campaign.

To create a new campaign, perform the following steps:

1. From the main menu, select **Ordering**, and then **Campaigns** (in the Connect subgroup).

Connect Campaigns

 [New Campaign](#)

 **Outbound calling is currently Enabled.** [Click here to pause](#) 

Criteria

[Include Disabled and Retired Campaigns](#)

	Campaign Name	Campaign Status	Survey Type	Survey Name	# Patients Subscribed	Min. Call Interval (days)
	A Demo Campaign	Active	CPAP Resupply	CPAP Resupply	58	30
	A Smart Contact Campaign	New	Urology Resupply	Urology	0	30

1. On the Connect Campaigns screen, click **New Campaign**. The Campaign: New screen opens showing available settings for the campaign. **Note:** Required fields are shaded yellow.

Campaign Setup Advanced Settings Add Subscriptions Subscriptions History [Return to Campaign List](#)

Campaign: New

[Delete](#) [New](#) [Copy](#) [Save](#) [Activate](#)

General		Contact Frequency	Delay Before Next Attempt (in days)					
Campaign Name		Call Interval (days)	Left Message [Select]					
Description		Call Attempts [Select]	Pt Unavailable [Select]					
Status	New	Incomplete Limit [Select]	Declined Order [Select]					
Campaign Type	[Select]	Left Message Limit [Select]	Emails [Select]					
Survey		Email Attempts [Select]						
Lead Time (days)	0	Non-responsive Limit						
Order History		System Exception Limit						
Search Interval (months)								
<input type="checkbox"/> Require CMN <input type="checkbox"/> Check Eligibility Before Contact <input type="checkbox"/> Roll through contact numbers		Flag Settings	Transfer To Agent					
		Unable to Connect Limit	<input type="checkbox"/> Allow Transfer To Agent					
			Multi-Channel Connect					
			<input type="checkbox"/> Email When Unable to Connect					
Supply Settings		Dialing Times						
Delay For Add'l Supplies (days)	0	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Template Order History Limit (months)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ignore No Charge SOs <input type="checkbox"/> Copy Payor Level Includes <input type="checkbox"/> Require Bundling Headgear		Morning (9 AM - 12 PM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Afternoon (12 PM - 4 PM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Late Afternoon (4 PM - 6 PM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Evening (6 PM - 8 PM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Each campaign has unique settings depending on the reimbursement schedule of the associated Insurance Company. Complete the fields as required, using information in the following drop-down lists as a guide.

General section

Field	Description
Campaign Name (required)	Enter a unique name for your campaign.

	Best practice is to name based on the campaign type and perhaps the insurance provider to make it easily recognizable in the campaign list. If you are using multiple surveys, it may be helpful to add each survey type to end of the Campaign name, like "Medicare - CPAP."
Description	Enter a detailed description for the campaign, i.e., "BCBS of GA Resupply Program – run every 90 days." This field is for internal purposes only.
Status	Select a Status of New, Active, or Inactive. The field will default to New status until the campaign is activated. Important: Do not activate prior to Go Live.
Campaign Type (required)	Select Resupply for the Campaign Type.
Survey	Select the correct survey for the campaign. This field determines the procedure codes associated with the campaign. If you select Multi-Therapy Resupply as the Survey, an additional Therapy Type drop-down list will appear (see next item). Note: After you have selected a survey, a View Survey Questions link appears, that you can click to view sample questions for the selected survey.
Therapy Type (for Multi-Therapy Resupply)	Use the checkboxes in the drop-down list to select all of the necessary therapy types for a Multi-Therapy Resupply campaign.
Lead time (days)	Specify the number of days prior to the reorder date that Connect will make a call to the patient. Allow ample time to contact the patient and ship the ordered items prior to the patient running out of supplies. Note: This field is not used for Apnea/CPAP supplies.
Order History Search Interval	Enter the number of months to have the IntelligentQ look back into the patient's order history to see if they have qualifying sales orders containing any or all of the procedure

	codes listed on the campaign. When building the Sales Order Template for patients you subscribe, Connect will look at a patient's entire order history to find matching supplies.
Default Contact Type	Select the default contact type that will be used in the campaign.
Require CMN	<p>For patients requiring a current CMN prior to resupply, selecting this option will direct the system to complete an active CMN validation check. If there is not an active CMN for one of the items on a sales order template, rather than blocking the entire call, Brightree will allow the call to proceed with the remaining items. In previous releases, Brightree would block the entire call if there was not a valid CMN for one of the items on the template.</p> <p>Notes:</p> <ul style="list-style-type: none"> • When this option is selected, items and related bundled items are removed when a valid CMN is not present. • If an item is not available, it is highlighted in yellow on the Contact History tab. <p>Best Practice: Don't attempt to use this feature with the "Must be Bundled" option. If both of these features are enabled, the patient may never be contacted if they have non-bundled items ready for resupply that do not have an active CMN in the system.</p>
Check Eligibility Before Contact	<p>When selected, prior to an outgoing IVR call being placed, Connect will check for insurance eligibility based on the applied site settings frequency. If Connect determines that eligibility should be checked, it will electronically check eligibility for the primary insurance prior to placing the resupply call.</p> <p>Note: You must be enrolled in eligibility for this feature to function.</p>
Roll through contact numbers	Select to have the system proceed through all configured contact numbers until either a contact is made, or all numbers have been used.
Sales Order section	
Field	Description

Delay for Add'l Supplies (days)	<p>Note: If any one of the three contact numbers (Billing mobile, or the delivery) are blank, when Connect calls to that number, it will create an exclusion and the patient will not be contacted through any number or method until that exclusion is resolved or headgear is deactivated.</p> <p>Best practice is to only enable this feature if the majority of patients have all three phone fields completed. Otherwise, patient contact may be blocked because of this setting.</p> <p>Note: This delay only happens when and if Brightree identifies another item on the template that will become eligible within the selected number of days. If there are no items identified that will become eligible, the call will not be delayed.</p>
WIP State	Allows you to select a specific Work In Progress state for orders created from Connect, i.e., "Connect PAP Resupply New Order." This can be campaign-specific or common across all campaigns.
Template Order History Limit (months)	<p>Enter the number of months that Connect will look back to see if orders have been placed for covered sales orders items. This will help limit the pull of those supplies that the patient is no longer using. The default is 0 and the maximum 99.</p> <p>Note: We generally no longer use this setting but use the Order History Search Interval (covered above) instead. Best practice is to leave this value set to 0 to ensure proper system function.</p>
Scheduled Date Needed	Option to indicate the requirement of a scheduled date, which is the projected delivery date.
Actual Date Needed	Option to indicate the requirement of an actual date needed, which is the date of service, or actual delivery date. If you are using a fulfillment center for your supply delivery, best practice is NOT to place a check mark in the check box to ensure no date will populate at the time the sales order is created.
Ignore No Charge SOs	When enabled, Connect will ignore any procedure code without a charge when searching history to determine next available date, leaving the Next Available Date on the SO template as the last billed date for that item. For example, if you sold a patient a mask on 1/31 and then swapped the mask out on 2/20, which generated a sales order with \$0.00 charge amount, Connect will use 1/31 as the last order date for determining when the patient is next eligible for the mask.
Copy Payor Level Includes	

	<p>Allows you to build SO templates with a secondary payer when the secondary payer is being billed as the primary payer. For example, if Medicare is the primary and Medicaid is the secondary, and the primary Medicare does not pay, then the secondary, Medicaid will be billed as the primary when this setting is enabled.</p> <p>Note: When this option is selected, Brightree will use information from the most recent sales order to determine if the template should copy the information. Only information on the Insurance tab of the SO is evaluated, and only information on the Insurance tab of the template would be affected, meaning this is not a line item-specific default setting.</p>				
Require Replacement Reasons (for CPAP Resupply)	When enabled, the replacement reasons column will become visible in the procedure code section of the campaign allowing you to add resupply reasons to the campaign and calling a script for each individual procedure code.				
Update Template Items	<p>When enabled, Connect will update template items per HCPC code, based on a confirmed order.</p> <p>Note: Updated items can't be edited, and can only be swapped with "like" HCPC items.</p>				
Require Bundling Headgear	Allows you to avoid offering headgear with every mask provided. An A7035 (headgear) will appear on the sales order ONLY if the patient is eligible for the headgear. The Contact History detail will never show the A7035 as a requested supply as it was never offered.				
Contact Frequency section	<table border="1"> <thead> <tr> <th>Field</th><th>Description</th></tr> </thead> <tbody> <tr> <td></td><td>When selected, this option tells Brightree that you are resupplying headgear with every patient, whether the headgear is billable or not. So, the patient will never be offered the headgear to avoid the risk of the patient saying "yes" to one and "no" to the other.</td></tr> </tbody> </table>	Field	Description		When selected, this option tells Brightree that you are resupplying headgear with every patient, whether the headgear is billable or not. So, the patient will never be offered the headgear to avoid the risk of the patient saying "yes" to one and "no" to the other.
Field	Description				
	When selected, this option tells Brightree that you are resupplying headgear with every patient, whether the headgear is billable or not. So, the patient will never be offered the headgear to avoid the risk of the patient saying "yes" to one and "no" to the other.				
Call Interval (days)	<p>Enter the interval (in days) between campaign runs that your patient should be contacted for resupply orders. When a patient accepts an order, or when Connect has reached the "Call Attempts" <small>This option is only visible when running a Sleep campaign.</small> the specified number of days.</p> <p>Notes:</p> <ul style="list-style-type: none"> • Brightree does not recommend you activate this feature on campaigns requiring replacement reasons, as the patient is never offered the A7035, so a replacement reason is not required. • Procedure code intervals dictate when a patient is called. So, if this setting is set to 30 when all procedure code intervals are set to 90, the patient will not be called every 30 days. <small>This is also not a recommended feature if you are using the kit substitution feature in Brightree.</small> They will be called when the procedure codes become eligible. The patient would be called every 30 days if they did not order and/or if the call attempts were exhausted in the last campaign run. 				

	<ul style="list-style-type: none"> Intervals in multi-therapy campaigns are set to 15 due to different schedules on the template. If this results in patients being called too often, it is recommended to change the interval to 30 days.
Call Attempts (required)	<p>Select the number of call attempts (3, 4, or 5) that should be made before the system stops trying to contact the patient and places them back into the queue for the next calling rotation.</p> <p>Best Practice: Do not select a number of calling times during a single day that exceeds your Call Attempts. If you have set your Call Attempts to 3 and have 4 calling times selected (see Calling Times below), Connect will never get the opportunity to attempt the 4th calling time on that day.</p>
Incomplete Limit (required)	<p>Limits the amount of “incomplete” (hang up) calls received from Connect before the system will reschedule the patient’s next contact according to the Call Interval setting (i.e., stop calling the patient for 90 days).</p> <p>Notes:</p> <ul style="list-style-type: none"> This field will override the Call Attempts setting and should be equal to or less than the Call Attempts specified. If this setting is greater than the Call Attempts setting, it will not be applied. If you do not want a flag created after this first run, set the Unable to Connect Limit to 2.
Left Message Limit (required)	<p>Limits the number of times Connect will leave a message for a single patient during a campaign run. Once the specified number of messages has been left for a patient, the system will reschedule the patient’s next contact according to the Call Interval setting.</p> <p>Notes:</p> <ul style="list-style-type: none"> This field will override the Call Attempts setting and should be equal to or less than the Call Attempts specified. If this setting is greater than the Call Attempts setting, it will not be applied. If you do not want a flag created after this first run, set the Unable to Connect Limit to 2.
Email Attempts (required) (Email portal only)	Select the number of call attempts (1-5) that should be made before the system stops trying to contact the patient and places them back into the queue for the next calling rotation. If this setting is greater than the Call Attempts setting, it will not be applied.

Non-responsive Limit (required)	<p>Limits the amount of “non-responsive” calls received from Connect before the system will reschedule the patient’s next contact according to the Call Interval setting (i.e., stop calling the patient for 90 days).</p> <p>Notes:</p> <ul style="list-style-type: none"> • A “non-responsive” call occurs when the system is unable to understand a patient due to loud background noise, softly spoken words, using language other than “yes” and “no,” etc. • This field will override the Call Attempts setting and should be equal to or less than the Call Attempts specified. If this setting is greater than the Call Attempts setting, it will not be applied.
System Exception Limit (required)	<p>Limits the amount of “system exception” calls received from Connect before the system will no longer attempt to contact the patient during a campaign run.</p> <p>Best practice is to always set this limit to 5.</p>

Flag Settings section

Field	Description
Unable to Connect Limit (required)	<p>Determines how many campaign runs to complete before creating a flag for an Unable to Connect call result. For example, with an Unable to Connect Limit of 2, if a patient is called 3 times in March without successfully connecting and the Minimum Call Interval is set to 90 days, Connect will reschedule the patient’s next contact for June without creating any flags. If the system is unable to connect with the patient after 3 attempts, an Unable to Connect flag is generated. If the Unable to Connect Limit had been set to 1, a flag would have been generated in March after the third failed attempt.</p>

Dialing Times section

Field	Description
Check/Uncheck All	<p>Click to check or uncheck (respectively) all time periods for all days.</p>

Day selectors	Click the Day header to select all time periods for that day.
Time period selectors	<p>Select the checkbox(es) for specific time periods for specific days. These times are defined at the branch level and applied at the campaign level.</p> <p>Time slots selected at the campaign level must also be enabled at the Branch level for patients subscribed to the campaign to receive calls during the desired timeframe. For all time slots not selected at the branch level, Connect will not make a call even if the time slot is checked in the campaign.</p> <p>When a successful connection is made with a patient, Connect analytics notes the day and time of the connection and uses the time selection again when attempting to connect with that patient in the future.</p> <p>Best Practices:</p> <ul style="list-style-type: none"> Consider religious affiliations and Sunday services when choosing the appropriate times to place calls. It is not recommended to select all available dialing times. Remember that leaving a message on an answering machine counts as a call attempt.

CPAP Compliance section

Field	Description
Minimum device invoice billing period	Specifies a minimum period Connect should wait before subscribing a patient. For example, Medicare requires both billing and usage compliance prior to the 91st day after CPAP setup, so they would not bill the fourth month until they had all compliance documentation. So in that case, this option would be set to 4 months, which tells Connect not to subscribe the patient until a fourth invoice has been created on the order.
Require ResMed Air Solutions Days Before Next Attempt	Not currently used. Functionality covered by other system options.
compliant Field	Description
Left Message (required)	Select the number of days (1-10) between attempts to contact the patient when Connect reaches an answering machine. Connect will leave a message, by default, when it reaches an answering machine.
	Best Practices:

	<ul style="list-style-type: none"> Set the delay between calls to 4 or 5 days to allow time for the customer to contact you or call the toll-free 24-hour inbound calling line to create a SO for the needed items. The IntelligentQ will then remove the patient from the active call list and return them to the next call cycle in the campaign. Avoid setting this to 7 days, as Connect will continue trying the patient on the same day of the week. Try to keep this window short and start with one day
Pt Unavailable (required)	Select the number of days (1-3) between attempts to contact the patient when the patient has been flagged as unavailable to come to the phone.
Declined Order (required)	At times, a patient may not need supplies and will decline the opportunity to reorder. Select the number of days (14, 30, 60, or 90) before they will be called again. This field will override the Call Interval (days) setting.
Emails (required)	Select the number of days (1-7) between email attempts to contact the patient during the same call cycle.

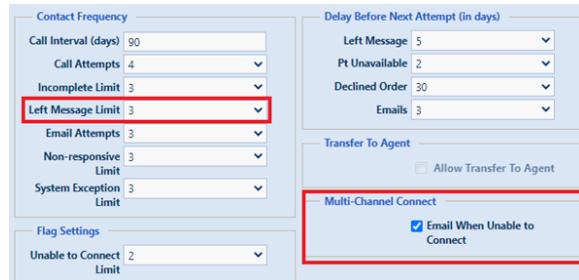
Transfer to Agent section

Field	Description
Allow Transfer to Agent	<p>Select to allow your patients to transfer to a designated person within the company at specific points of the automated call.</p> <p>Notes:</p> <ul style="list-style-type: none"> Transfer to agent is campaign specific and must be maintained at this level. This setting must be made available either by your implementation consultant or Brightree Support.

Multi-Channel Connect section

Field	Description
Email When Unable to Connect	The Multi-Channel Connect setting—Email When Unable to Connect—will send an email to a patient when a contact cycle ends without a complete call result. In the example shown below, the Left Message Limit for the campaign is set to three. After calling the patient and leaving three voicemails, Connect will send the patient an email. If the patient does not have an email address or the email address on record is not in the correct format (i.e., johndoe@email.com), no email will be sent.

If you would like for your patients to receive email contact, you must select the Multi-Channel Connect box as shown, and then enter the email attempts and enter the number in days you wish for Connect to wait before we send the next email.



Multi-Channel Connect will only send one email if the call attempts were not successful. The email attempts and the number of days between emails only apply to patients whose preferred contact type is set to "email," or if they have Smart Contact turned on and email is one of the contact types.

- Once you have completed all settings, click **Save**.

Add Insurance to a Campaign

The selection of insurance providers is a key detail that determines how many campaigns you create. An insurance provider can be selected individually or as part of a group, and then added to a campaign.

There are no limits to the number of insurance providers that can be added to a single campaign and a single insurance can be added to more than one campaign. However, a patient cannot be added to more than one campaign per survey.

To select one or more insurance providers, perform the following steps:

- Scroll to the bottom of the Campaign Setup tab and click **Insurances**.
Note: This section will appear once you have set up and saved a campaign.
- Click the Insurance Name or ID field and select a provider from the list that appears. Or you can begin typing the provider's name or ID, which will filter the available list. Select a provider, and then click **Add**.

1. You can also add an Insurance Group to a campaign which will populate all associated insurances to the campaign. Click the Insurance Group field and select a group from the list that appears. Or you can begin typing the group's name or ID, which will filter the available list. Select a group, and then click **Add**.

You can run an ad hoc report for Insurance Groups to determine if all payors are in a specified insurance group.

1. Click **Save** to save your changes.

Set Up Procedure Codes

Brightree Connect contains pre-loaded procedure codes tied to specific surveys. To set up procedure codes on a campaign, perform the following steps:

1. On the Campaign Setup tab, scroll to the bottom of the screen and click Procedure Codes.
Note: This section will appear once you have set up and saved a campaign.
2. Procedure codes configured for the campaign appear in the list that opens.
 - To remove a procedure code from the campaign based on patient or insurance provider supply requirements, click the red X at the end of the Procedure Code's row.
 - To add a new (or previously removed) Procedure Code to the campaign, select the code from the Survey Proc Code drop-down list and then click **Add**. **Note:** You cannot add codes to the campaign other than those that appear Survey Proc Code list.

Edit Procedure Codes

You can edit procedure codes on a campaign to make sure that the correct items are discussed during a call, and that the combination of supplies ordered is cost effective. To edit procedure codes on a campaign, perform the following steps:

1. Open the Procedure Codes section as described above, and then click **Edit All**. The list will expand and the fields for each code will become editable.

Procedure Codes

Survey Proc Code: A7045		Add	Save All	Cancel			
Procedure Code	Description	Interval	Interval Type	Use Latest SO Pricing	Required On Template	Default Item	Must Be Bundled
A4604	Tubing with heating element	90	Days	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
A7027	Combination oral/nasal mask	90	Days	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
A7028	Repl oral cushion combo mask	30	Days	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

1. Edit the fields as needed, using the field descriptions in the following drop-down list as a guide.

Procedure Code field descriptions

Field	Description
Procedure Code	Standard Procedure codes as defined by the Survey Type specified for the campaign. Click to view additional details on the Procedure Code screen.
Linked Items (link icon)	Procedure codes are linked to similar code items so that when the IntelligentQ searches an SO history and locates more than one of these linked items, it will pull the most recently purchased one onto the SO Template.
Description	The procedure code description as defined in Brightree.
Interval and Interval Type	Designates the frequency a supply is allowed to be included in the campaign script. Interval frequency is commonly determined by the payor's reimbursement guidelines. Increase or decrease the interval by entering a value, or by using the up and down arrow keys to change the number. Click the Interval Type field and select Days, Weeks, or Months from the list that displays.
Use Latest SO Pricing	Click to enable this feature. For items set up with multiple price options in the price table, this will cause Connect to override the default price option for an item instead of selecting the price option used on the most recent SO for the patient. Manual changes made to a template will always be applied to new SOs created from the template. Note: Special pricing and price overrides are NEVER copied to Connect SO Templates. This setting will only ensure that the correct price option is selected, based on the patients most recent sales order for the item.
Required on Template	Click to enable this feature. The item will be required on every new sales order template.
Default Item	

	The default item that will be used for the selected procedure code. Refer to the <i>Use Default Item</i> section below for more information.
Must be Bundled	<p>Click to enable this feature. This setting designates the item can only be sold when bundled with other items. For example, you may not want to allow filters to be sold and shipped separately due to the low reimbursement margin.</p> <p>The automated survey script will not offer items which are flagged as “Must be Bundled” unless one or more items NOT flagged has been offered and accepted. Once a patient accepts any of the “non-bundled” items, they will be offered all of the bundled items.</p>
Replacement Reason (when SO option is selected)	Replacement reasons through Brightree Connect were designed to help CPAP suppliers stay in compliance with Medicare guidelines for documentation of resupply reasons. Replacement reasons may be enabled on any campaign, although they are not required by Brightree. They can be enabled at the discretion of the provider. For additional information, see the <i>Use Replacement Reasons</i> section below.

Use Default Items

You can configure default items for a specific procedure code that will automatically populate to a SO Template provided they were not found in a patient's sales order history. To set up default items, perform the following steps.

1. Click **Edit All** above the procedure code list.
2. Click to select the **Required On Template** checkbox for the desired procedure code, and then click **Save All**.
3. Click **Ok** on the confirmation message.
4. Click the **Add** link that appears in the Default Item column of the selected code, as shown in the following image.

Procedure Codes										
Survey Proc Code:		Please Select	Add	Edit All						
Procedure Code	Description	Interval	Interval Type	Use Latest SO Pricing	Required On Template	Default Item	Must Be Bundled	Replacement Reasons		
A4604	Tubing with heating element	180	Days	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Add	<input type="checkbox"/>	Add		
A7030	Cpap full face mask	30	Days	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Edit		
A7034	Nasal application device	30	Days	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Add		

1. The Default Item search popup appears. Search for and select the default replacement item, and then click **Save**.



If you don't select an item, no item will be added to the template. However, a warning flag will be displayed on the patient subscription.

Note: Item linking will continue to function as it does currently. Only one mask or tubing will be added to a sales order template. The same default item will be attached to the same linked items.

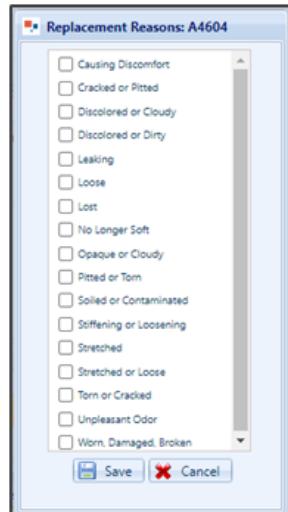
Use Replacement Reasons

You can configure replacement reasons for a specific procedure code that can be addressed during a call to a patient. To set up default items, perform the following steps.

1. To attach replacement reasons to a procedure code, in the Replacement Reasons column of the Procedure Code list, click **Add**.

Procedure Codes									
Survey Proc Code:		Please Select	Add						
Procedure Code	Description	Interval	Interval Type	Use Latest SO Pricing	Required On Template	Default Item	Must Be Bundled	Replacement Reasons	
A4604	Tubing with heating element	180	Days	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Add	<input type="checkbox"/>	Add	
A7030	Ccpap full face mask	30	Days	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Edit	

1. On the Replace Reasons dialog that opens, select up to three (3) reasons to be asked during the call regarding the selected procedure code.



For every procedure code that a replacement reason is attached to, Brightree will add an additional replacement reason of Other to be asked during the call. This is designed to assist you in gathering information on all other experiences that the patient may be having outside of those options provided during the call. This is not applicable for Guided Call patients.

Note: Keep in mind, best practice is to keep the call as short as you can. The current automated call length (without replacement reasons) is approximately 2 minutes. The more replacement reasons you add to each code the longer the call will be for the patient.

URL Name

Connect-Configuration-Campaign-Setup