Backline, Case, and Internal Transfers

While we can service most calls, such as scheduling and rescheduling appointments, we sometimes must transfer the call instead.

We can transfer calls to a clinic's backline, send messages to a patient's provider, and transfer calls to internal departments such as referrals and refills. These scenarios, including when to do a case and when to call the backline, are outlined in this job aid.

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Example Backline vs. Case Scenarios

Rows marked in **red** are scenarios that we sometimes see escalated.

Situation	1st Protocol	If Protocol Doesn't Work
Patient insists they will only talk with their provider	Backline	Clinical Questions Case
One provider wants to talk to another provider	Backline	Clinical Questions Case
Pharmacy calls	Clinical Questions Case	X
At-home facility reports a patient's alarming vitals	Backline	Escalate to Supervisor
Patient is out of medication, and requests refill • **If there is already an open case, transfer to refills**	Refill Case	Transfer to Refill
AZ Only – Patient is out of medication and requests refill	Transfer to Refill	Transfer to Supervisor
Pharmacist (not pharmacy) wants to speak to a provider	Backline	Clinical Questions Case
Any Trigae situation, including possible loss of life or limb • **If backline doesn't answer, transfer to supe**	Triage Protocol	Backline
A patient reschedules a TCM appointment, and the appointment is the same day	Backline	Other Case

Calls That We Service

Below is a list of <u>common</u> scenarios that are neither a case, backline, nor internal transfer. In other words, we do service the following calls:

Scheduling appointments	Rescheduling appointments	Questions about appointments
Clinic/provider location questions	Hours of operations questions	Flu shots
Callers confirming appointments	Referrals (if trained)	Copies of medical records
Patient running late for an appointment If more than 15 minutes—reschedule If less than 15 minutes—note in Athena	Return calls when there is a note in the case that indicates something we can do (such as schedule an appointment)	Questions about bills
Calls that you are not sure what the caller wants (probe first)	Pharmacy rep inquiries	COVID vaccine

NOTE: The above table is a list of common scenarios but is not complete. Check the protocols on SharePoint for more information on calls we service.

Backline Overview

Only attempt the backline once to reserve the backline for emergencies. If there is no answer, allow the phone to ring eight times before sending a case. For backlines that have a recording, hold the line for one minute before returning to the call. This will ensure that the caller does not hold for over two minutes in total.

When to call the backline

Below are specific situations in which PSRs should contact the backline number:

1. Provider to provider calls, including pharmacists.

   NOTE: Pharmacists are individual specialists, not to be confused with pharmacies themselves. Calls from pharmacies are cases.

2. Triage situations when Triage is not available.

3. A patient insists on talking with their provider. For example:

   a. Return phone calls where a patient returns a clinic's phone call, and the call center cannot help.

   b. If a clinic reached out to reschedule a lab or nurse appointment.

   c. If a patient is very insistent on speaking with a provider.

4. When an imaging facility calls for orders/order clarifications and the patient is on-site.

   a. If the patient is not on-site, send a **Clinical Questions** case.

5. If a patient calls to reschedule a TCM appointment and the appointment is the same day. For all other appointment types, we can reschedule.

6. At-Home Facility/Home-Based Nurse calling to report alarming vitals or patient updates.

Patient Case Overview

Occasionally, we cannot assist a caller on that call and must submit a follow-up case either by the clinic or other departments.

General case guidelines

- Do not re-open closed cases.

- Don't use case types other than the ones listed in the templates section.

- Inform patients of turnaround times:

  o **Urgent** cases may take ▮ **business days**.
  o **Non-urgent** cases may take ▮ **business days**.

- If a case is open for more than two business days, change the case status to urgent.

- Do not provide callers with any diagnosis, lab, or medical information.

- Do not submit cases for:

  o Work-in appointments—check for same-day appointments through the web scheduler.
  o Prescription antibiotics—prescriptions require diagnosis by a clinician, so schedule an appointment.
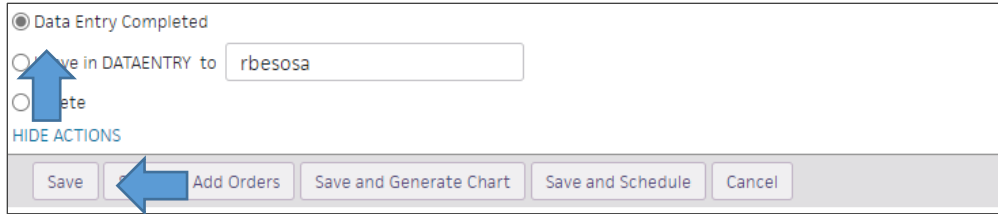
Submitting a case

Please remember that a case is a part of the member's history, so it should be professional and factual.

1. In the patient's chart, submit a case using the following drop-down menus when available:

Recipient	Who is leaving the message?
Type	Select the type of case, such as clinical questions or refill. This selection controls routing, so double-check for accuracy.
Provider	Always select the provider's name—never after-hours or nurse.
Department	The provider or office location. This field also controls routing, so double-check for accuracy.
Provider/Lab/Pharmacy	Enter the phone number of the provider, lab, or pharmacy. If the text box does not show a match, manually enter the number.
Person to Call	Enter the caller's information if the caller is someone other than the patient.
Call-back Number	Enter the patient or caller's call-back number.
Subject	Relay the caller's message, concern, or problem and what they want.
Priority	Mark only if urgent.
Case Description	Choose a case template from this job aid and fill in the information.

2. Click **Save**. The message forwards to the provider's staff inbox for processing.

3. Summarize the patient case details to the caller.

   o "Mr. Smith, I sent a message to your provider requesting your refill on amlodipine, to be sent to the pharmacy on file, ███████, at ██████████."

4. Ensure all documentation is complete before closing the call.

Adding notes to cases

Add notes to cases as needed. A few other guidelines:

- When submitting case documentation, scroll down to ensure the case is being forwarded to the last recipient.

- Do not add notes to submitted patient cases in the Patient Portal, pharmacy refill requests, lab orders, and existing patient referrals.

- If a patient calls regarding something they have an open case for, add a note to indicate the patient called back. Provide any additional information.

For example, suppose a patient calls in for a refill—you would do the following:
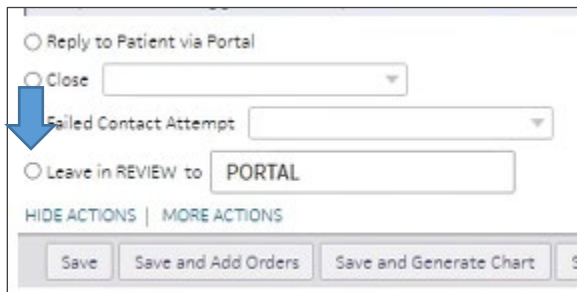
1. Review the patient's chart.

2. If there is a patient case regarding the refill, scroll down and click **View actions**.

3. In the **Action Note** field, document any updated information from the recent call.

4. Check the **Leave in REVIEW to** bullet point; this ensures the case does not route back to the provider and staff.

5. Click **Save**.

Case Types and Templates

Clinical questions

Use the **Clinical questions** template below for general questions, test results, and unique physicals (Visa Physical, Coast Guard Physical).

What is the question or information needed? Be specific:
Did you attempt the backline (if applicable):

- Urgent if the caller has a Triage situation, but the nurses are unavailable.
- Urgent if a patient is in treatment with another provider who requires medical history.

Medication

Use the **Medication** template below for medication clarification and requests, injections, immunizations, and vaccinations (including travel vaccines).

Medication or injection name:
Upcoming appointment (if applicable):
What clarification or question does the caller have:
Did you attempt the backline (if applicable):

- Urgent if a pharmacy calls to speak with a doctor regarding a patient's prescribed medicine.

Refill

Use the **Refill** template below for refill requests. Remember to include the name of the medication in the subject line for refill cases.

For initial calls regarding refills, send a case. If the patient has an open case already, transfer the call to the refill team.

NOTE: The only exception is for Arizona—if the caller lives in Arizona, always transfer to refills.

Name of medication(s):
Name of pharmacy:
Phone number to pharmacy:
Is the patient out of medication? If so, for how many days:
Additional notes:
Did you attempt the backline (if applicable):

- Urgent if the patient is entirely out of medication.

Referral

For calls regarding new referrals or changing the diagnosis of a referral, send an **Other** case type, but use the **Referral** template below.

For calls regarding updating an expired referral, changing the provider on a referral, adding more office visits to a referral, or faxing a copy of a referral, send a **Referral** case type with the template below.

If you are not trained to take referral calls (this is a small number of PSRs hired before June 2022), transfer to referrals.

Specialist provider name:	
Address:	
Phone and fax number:	
Reason for the referral:	
Appointment date (if applicable):	
Diagnosis code:	
Provider NPI:	
Did you attempt the backline (if applicable):	

- Urgent if the patient has an upcoming appointment with the specialist within three days.
- Urgent if the patient has already completed an appointment with the specialist and needs a referral.

Other

Use the **Other** template for items not covered in the other case types.

For example, if a member is checking the status of requested forms, for call-backs, virtual visits, worker's compensation exams, or if a patient needs translation services.

Name of doctor:	
What is requested:	
Appointment time (if virtual):	
Did you attempt the backline (if applicable):	

- Urgent if the patient is currently in treatment with another provider who needs medical history.

TCM appointments

Use the **Other** case for hospital follow-up (TCM) appointments if you cannot schedule the patient within three days of discharge.

Refer to the TCM Follow-up Protocol for more information.

Patient name:
Hospital discharge date:
Is the appointment within 3 days of discharge:
Are there no available appointments within 3 days of discharge:
Did you attempt the backline (if applicable):

- TCM cases are always urgent.

Lab appointments

We don't schedule lab appointments—send an **Other** case with the template below instead.

Patient name:
Provider name:
Type of lab:
Did you attempt the backline (if applicable):

- Lab appointment cases are never urgent.

Statement or Billing Questions

Use the statement or billing questions template for billing questions that only the provider can answer.

Date(s) of service:
Question:
Did you attempt the backline (if applicable):

- **Statement or** B**illing** Q**uestions** cases are never urgent.

Internal Transfers

All transfers must be warm; you cannot transfer a call and then hang up. You must wait and provide details to whomever you are transferring to.

You can find the numbers for each department in Avaya Oceana using the appropriate pulldowns.

Referrals

If you are trained, use the referral case template. If you are not trained, transfer to referrals.

Billing

Transfer all billing-related questions to the billing department via the Avaya extension.

If the patient calls with a question related to what their insurance covers, refer them to their insurance.

If the patient asks for Village's out-of-pocket prices, you can provide them with the following:

New patients' appointment starting price	██
Established patients' appointment starting price	██
New patient physicals starting price	██
Established patient physicals starting price	██
Consults	██

Triage

Refer to the ████████ job aid for transferring to triage. These calls are urgent and emergencies and should not be treated lightly—read the job aid *thoroughly*.

Refills

Most refill calls can be solved utilizing the **Refill** case template. However, if the patient not only wants to refill their medication, but also has a question about it, transfer to refills.

Escalations

We occasionally receive constructive feedback about our clinical practices—this information must be emailed to ██ ████████. Provide the following information:

- Patient ID:

- Patient name:

- Caller name (if different than the patient):

- Contact number:

- Market:

- Clinic name:

- Description of issue or concern:

Village at Home

At Village at Home calls must be transferred, including but not limited to scheduling, rescheduling, or cancelling appointments. This does not include home health agencies, which is a different department and requires you to send a case to the patient's provider.

Should no one answer the transfer, stay on the line, and leave a voicemail with the patient's name, date of birth, best call-back number, and reason for the call.

> **NOTE**: While Village at Home Houston is managed by different people, the process remains the same.