ClinicOps

FREE CHECKLIST

Phone System Requirements Checklist

Score every vendor against what your phones must do, price your voicemail in staff hours, and cut over without losing a call.

Use this before any demo. Page 1 scores up to three vendors. Page 2 prices your voicemail in staff hours and grades it. Page 3 lists the answers to get in writing and the cases that go wrong. Page 4 holds the call-flow worksheet and the cutover checklist.

over 50%
of calls went to voicemail at some Valley View clinics before its phone changes; the goal was 10% or lower
MGMA case study, Sep 2023

Feb 16, 2020
systems installed after this date must dial 911 with no prefix and alert someone on site
47 CFR 9.15 and 9.16

$18.97
mean hourly wage of receptionists, so every voicemail you return is paid time
BLS OEWS, May 2025

The vendor scorecard

Write the three vendor names over columns A, B and C. Score each cell 2 if the vendor confirmed it in writing, 1 if only said in the demo, 0 if not offered. Any Must scored 0 rules the vendor out, however low the price.

#	Requirement	Priority	A	B	C
1	Signed BAA naming voice, voicemail and every recording, transcription, text or fax feature	Must			
2	Ring groups and a queue that overflows to a second team	Must			
3	Menu of four options or fewer, plus a direct path for pharmacies and offices	Must			
4	Missed and abandoned calls reported by hour, exportable	Must			
5	After-hours routing to the answering service or on-call line	Must			
6	911 with no prefix, on-site alert, location for every phone and softphone	Must			
7	Porting for every line, fax included, with a written port date	Must			
8	Voicemail to email can be turned off, or email is under a BAA	Must			
9	Callback option or queue-position message	Should			
10	Texting and fax under the same BAA	Should			
11	A term you can exit, with call data you can export	Should			
12	Menus, hours and holiday greetings you can change yourself	Should			
	Total (Musts must all score at least 1)				

What your voicemail costs: the worksheet

Pull last week's call report (or count one morning by hand), then work down the table. The middle column is a worked example for a three-physician practice (an illustration, not a client).

Line	How to work it out	Worked example	Yours
A. Inbound calls a day	From the call report	220	
B. Share to voicemail or missed	Missed plus voicemail, divided by A	20%	
C. Voicemails a day	A x B	44	
D. Minutes to return each one	Listen, note, call back, second attempt	4	
E. Staff hours a day	C x D, divided by 60	2.9	
F. Hourly wage	Yours, or the BLS mean of $18.97 (May 2025)	$18.97	
G. Cost a month	E x F x 21 working days	about $1,170	
H. Cost a month at a 10% share	G x (10% divided by B)	about $584	
I. Licenses a month	Seats x listed price per user	6 x $15 to $49 = $90 to $294	

Grade	Share to voicemail or missed (B)	What to do this week
Holding	10% or lower	Keep the weekly report and the two daily voicemail sweeps.
Leaking	11% to 25%	Staff the worst hour first; cut the menu to four options; answer instead of rolling to voicemail.
Broken	Above 25%	Fix the call flow and peak staffing before you buy anything; a new system will not answer the phone.

The 10% line is Valley View's organizational goal (MGMA, Sep 2023); the other thresholds and the 4 minutes per callback are ClinicOps estimates. Replace them with your own.

What moved the number at Valley View, at little or no cost

- Extra hands on the phones at the peak hours the report showed, and back-office tasks paused during them.
- One phone tree across every clinic, with refills routed to the pharmacy and a Spanish option.
- Staff answer the call instead of letting it roll to voicemail, asking the patient at the desk first, and hold no caller for more than 60 seconds.
- Headsets, longer ring times and hot keys, plus training for new and current staff. The result: about 48 fewer staff hours a month on the phone or checking voicemail (MGMA, Sep 2023).

Get these answers in writing

- [ ] **Send us the BAA and the list of services it covers: voice, voicemail, call recording, transcription, texting, fax, AI features.**
  A vendor that creates, receives, maintains or transmits patient information for you is a business associate (45 CFR 160.103).
- [ ] **Which features does your HIPAA setup disable or exclude?**
  Nextiva's HIPAA setup disables visual voicemail, voicemail to email and faxing from email (its HIPAA article, updated Dec 29, 2025). Expect a list like that from everyone.
- [ ] **Where are voicemails and recordings stored, for how long, and can we delete them?**
  Retention you cannot control is a risk you carry.
- [ ] **How does each desk phone and softphone send its dispatchable location to 911, and who gets the on-site alert?**
  Required for fixed phones since Jan 6, 2021 and non-fixed devices since Jan 6, 2022 (47 CFR 9.16).
- [ ] **What is the port date, and what happens to the old lines until every number works?**
  Keep the old service until each number, fax included, rings on the new system.
- [ ] **Show us the missed-call and abandoned-call report, by hour, from a live demo account.**
  This is the report that pays for the system.
- [ ] **What is the term, the exit fee, and how do we export our call data if we leave?**
  A system you cannot leave is priced like one.

When it goes wrong

When this happens	Do this
The port date slips	Keep the old service live, move the go-live date, and tell the team in writing. Never cancel the old lines first.
The fax line was forgotten	List every number on the old bill before porting, including fax, alarm and elevator lines, and port or keep each one on purpose.
Voicemail to email is on and email is not covered	Turn it off today, or sign a BAA with your email provider first. Check every user, not just the main box.
A softphone user works from home	Their 911 location must update when they move; confirm how the system asks for it and test it.
The after-hours route fails silently	Call the main number at 6:01 p.m. on day one and every holiday. Put the test on the closing checklist.
Calls show up as spam on patients' phones	Ask the vendor how it registers your outbound numbers so carriers do not label them as spam, and use one consistent outbound number.
Staff call patients from personal cells	Give them the app on a covered account, or a desk line. Personal numbers leave the practice with the employee.
The demo looked good but the report is empty	No missed-call report, no purchase. Ask for a live account, not slides.

The call-flow worksheet

Design the flow on paper before you port. Four options or fewer, the most common first, and no caller left ringing: every route has an overflow and an owner. The first rows are a filled sample.

Option	Caller need	Route	Overflow after	Owner (role)
1	Appointments	Front-desk ring group	30 sec to back office	Front desk lead
2	Prescription refills	Refill line	Voicemail, called back in 1 business day	Nurse or MA
3	Pharmacies and other offices	Direct line	30 sec to front desk	Front desk
4	Payments and account	Front desk lead	Voicemail, called back same day	Front desk lead
After hours	Everything	Answering service	On-call clinician for urgent	Practice manager

Cutover checklist

- [ ] **Two weeks before: signed BAA on file, with the covered services listed.**
  No patient call touches the new system before this.
- [ ] **Two weeks before: call flow approved by the practice manager and the lead physician.**
  Use the worksheet above.
- [ ] **Two weeks before: port request submitted for every number, fax included.**
  Get the port date in writing.
- [ ] **One week before: phones delivered and labeled by station; a 911 location set for each desk phone and softphone.**
  47 CFR 9.16.
- [ ] **One week before: voicemail to email off for every user unless email is covered by a BAA.**
- [ ] **Port day: test every number, the after-hours route and the fax line.**
  Call from an outside cell phone and listen to what a patient hears.
- [ ] **Port day: arrange a 911 test call with the vendor and confirm the on-site alert reaches the front desk.**
- [ ] **Port day, noon: pull the first missed-call report.**
  If it is empty, the report is not set up, not perfect.
- [ ] **End of week one: cancel the old service only after every number is verified.**
- [ ] **Week two: start the weekly report review and the two daily voicemail sweeps.**
  The words callers hear: front desk phone scripts.

The full guide, with what five vendors publish about their BAAs and prices: Medical Office Phone System: What to Require.

Sources

Checked against the original source on Nov 17 and 18, 2026. Vendor terms and prices change often: confirm on the vendor's page before you sign.

1. Anderson, Enhancing patient access by empowering front desk staff through phone system improvements, MGMA (Valley View case study) (Sep 26, 2023). mgma.com/articles/enhancing-patient-access-by-empowering-front-desk-staff-throug

2. 47 CFR 9.15 and 9.16, multi-line telephone systems: direct 911, notification, dispatchable location (eCFR, current). ecfr.gov/current/title-47/section-9.16

3. 45 CFR 160.103, definition of business associate (eCFR, current). ecfr.gov/current/title-45/section-160.103

4. BLS Occupational Employment and Wage Statistics, Table 1, receptionists and information clerks (May 2025). bls.gov/news.release/ocwage.t01.htm

5. Nextiva, Is Nextiva HIPAA compliant (HIPAA configuration features) (updated Dec 29, 2025). nextiva.com/blog/is-nextiva-hipaa-compliant.html

6. RingCentral, RingEX and HIPAA (Apr 2024). assets.ringcentral.com/us/resources/ringex-and-hipaa.pdf

Where this checklist stops

The checklist helps you buy the right system. Here is what it cannot do for you:

- **It cannot measure your phones at the busiest hour: someone has to pull the report and listen.**
- **It cannot tell you whether callers reach a person, only whether the system is able to route them.**
- **It cannot train staff to answer instead of letting calls roll to voicemail.**
- **It covers the purchase, not the scripts, reminders and recall that decide whether a call becomes a kept visit.**

Practice Diagnostic: a fixed-price review of your front door, team handoffs and numbers, with mystery calls at busy hours, and the three fixes that pay back first, ranked in dollars.

Book the free 20-minute Chaos Audit >

It is a diagnostic call, not a sales call: we walk back the last thing that slipped, put an hours or dollar figure on it, and you leave with the first fix whether or not you hire us.

Not ready to talk? Score your practice in 3 minutes, or get more free tools and templates.
Follow ClinicOps for one useful fix a week: LinkedIn | YouTube | X | Instagram | Facebook