

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA
POLICY / PROCEDURE**

Policy/Procedure Number: MP301			Lead Department: Member Services		
Policy/Procedure Title: Assisting Providers with Missed Appointments			<input checked="" type="checkbox"/> External Policy <input type="checkbox"/> Internal Policy		
Original Date: 01/22/1999			Next Review Date: 09/13/2024		
			Last Review Date: 09/13/2023		
Applies to:	<input checked="" type="checkbox"/> Medi-Cal		<input type="checkbox"/> Employees		
Reviewing Entities:	<input checked="" type="checkbox"/> IQI		<input type="checkbox"/> P & T		<input checked="" type="checkbox"/> QUAC
	<input type="checkbox"/> OPERATIONS		<input type="checkbox"/> EXECUTIVE		<input type="checkbox"/> COMPLIANCE <input type="checkbox"/> DEPARTMENT
Approving Entities:	<input type="checkbox"/> BOARD		<input type="checkbox"/> COMPLIANCE		<input type="checkbox"/> FINANCE <input checked="" type="checkbox"/> PAC
	<input type="checkbox"/> CEO	<input type="checkbox"/> COO	<input type="checkbox"/> CREDENTIALING		<input type="checkbox"/> DEPT. DIRECTOR/OFFICER
Approval Signature: Kevin Spencer				Approval Date: 09/13/2023	

I. RELATED POLICES:

MP316 – Provider Request to Discharge Member & Assistance with Inappropriate Member Behavior

II. IMPACTED DEPTS:

N/A

III. DEFINITIONS:

N/A

IV. ATTACHMENTS:

A. Missed Appointments Notification Form #29

V. PURPOSE:

To preserve the provider/patient relationship, assist providers with patient compliance and educate the member about the importance of keeping scheduled appointments.

VI. POLICY / PROCEDURE:

Members who miss two (2) or more consecutive appointments within the previous three (3) month period are contacted by PHC staff, upon request of the member’s provider (includes Wellness and Recovery providers). If the request is initiated by a specialist, the specialist is expected to notify the member’s PCP of the missed appointments.

A. Routing the Missed Appointment Notification Form

1. Providers request PHC's intervention by faxing the Missed Appointment Notification Form (attachment A) to the PHC Member Services (MS) department.

B. Processing the Missed Appointment Notification Form

1. Designated MS staff informs the member of the importance of keeping scheduled appointments and possible discharge from the practice as outlined below:
 - a. MS staff attempts to contact the member by phone or sends letter #66A to determine if the member has had any barriers to care, if they are in treatment or have any scheduled tests. The member is advised of the importance of keeping their appointments, if they continue to miss appointments, the PCP can request to discharge the member from their practice.
 - b. When a member or provider identifies a medical condition, the case is referred to PHC’s Care Coordination (CC) department.

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- c. The MS staff completes the “PHC Use Only” section of the Missed Appointment Notification Form (Attachment A) and faxes it back to the provider’s office.
- d. All actions are noted in the member’s record and completed within five (5) business days.

VII. REFERENCES:

N/A

VIII. DISTRIBUTION:

- A. PowerDMS Policy and Procedures Folder
- B. PHC Department Directors
- C. Provider Manual

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Senior Director of Member Services.

X. REVISION DATES:

01/22/99; 01/10/01; 01/16/03; 07/22/03; 08/10/04; 08/10/05; 06/16/06; 12/09/08; 02/01/10; 04/21/10; 03/12/13; 01/30/15; 04/12/16; 03/15/17; *05/09/18; 08/14/19; 08/12/20; 08/11/21; 09/14/22; 09/13/23

*Through 2017, Approval Date reflective of the Quality Utilization Advisory Committee meeting date. Effective January 2018, Approval Date reflects that of the Physician Advisory Committee’s meeting date.

PREVIOUSLY APPLIED TO:

Healthy Kids
11/01/2005 to 12/31/2016

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA
Missed Appointment Notification Form**

Providers fax this form to PHC's Member Services Department:

Northern Region (530) 223-2508
Southern Region (707) 863-4415

Patient Name:		Date of Birth (MM/DD/YYYY):	
Parent/Guardian Name (if applicable):		Phone Number:	
Primary Diagnosis:		PHC ID# (on the PHC ID Card):	
Dates of missed appointments within the last 3 months:		Dates of the last kept appointments:	
If your request is from a specialist, PCP office has been notified of missed appointments <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was the patient notified or reminded of appointment date and time: <input type="checkbox"/> Yes <input type="checkbox"/> No			
When was the patient notified or reminded of the last scheduled appointment? _____ (date)			
How was the patient notified/reminded of the last scheduled appointment? <input type="checkbox"/> at the physician's office <input type="checkbox"/> over the phone <input type="checkbox"/> by mail <input type="checkbox"/> by email			
List interventions done when member missed appointments:			
What was the member's response to your interventions?			
Name of Provider:			
Person completing form Name:		Phone:	
Date form was completed:		Fax:	

PHC USE ONLY

Member was contacted by phone on (date):
Letter was sent to member on (date):
Reasons for missing appointments:
Comments:

Form #29 (Rev. Date 05/09/2018)

Care Coordination Referral: _____

CC: Provider Relations: _____