Call Workflows & Resources
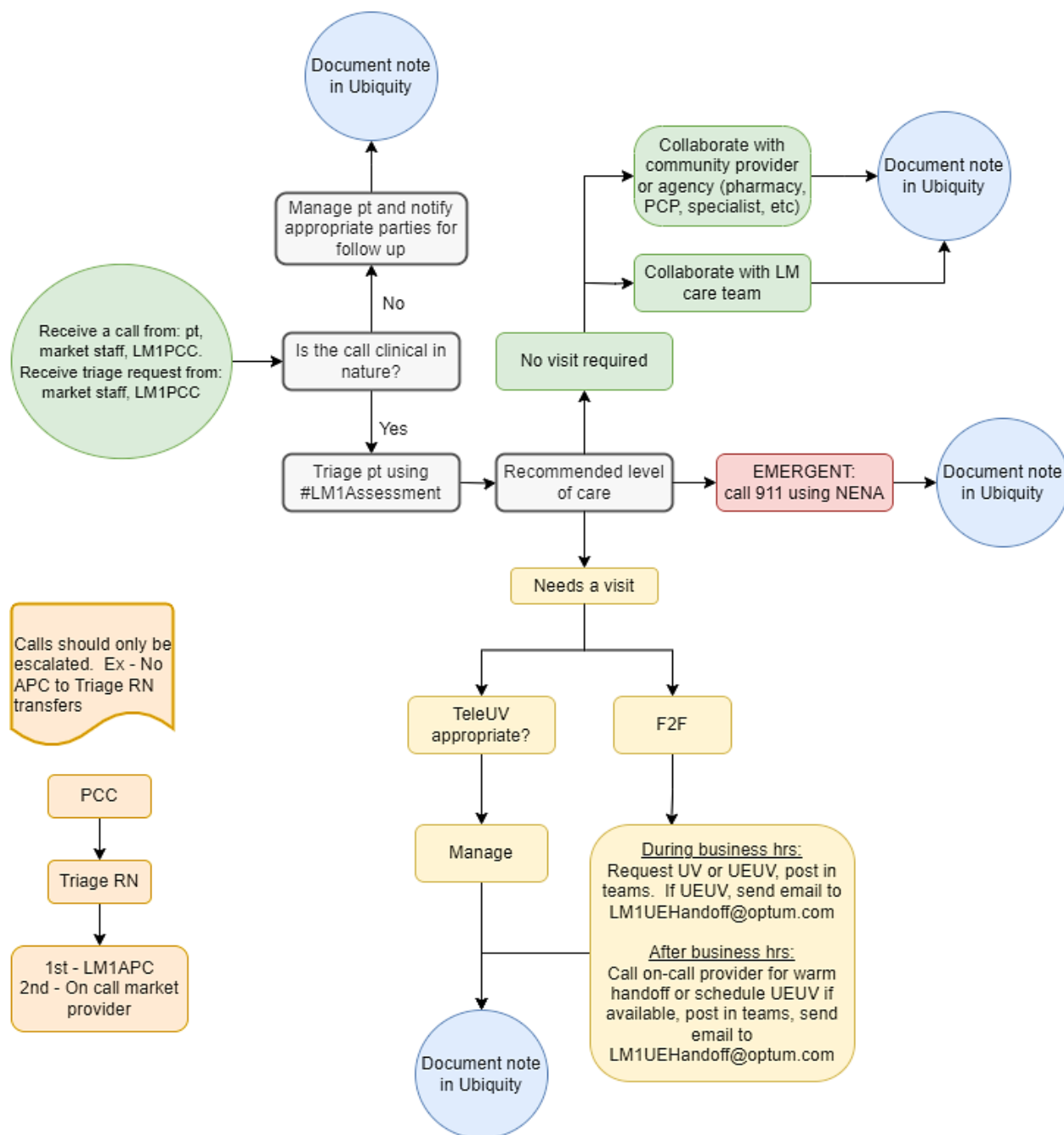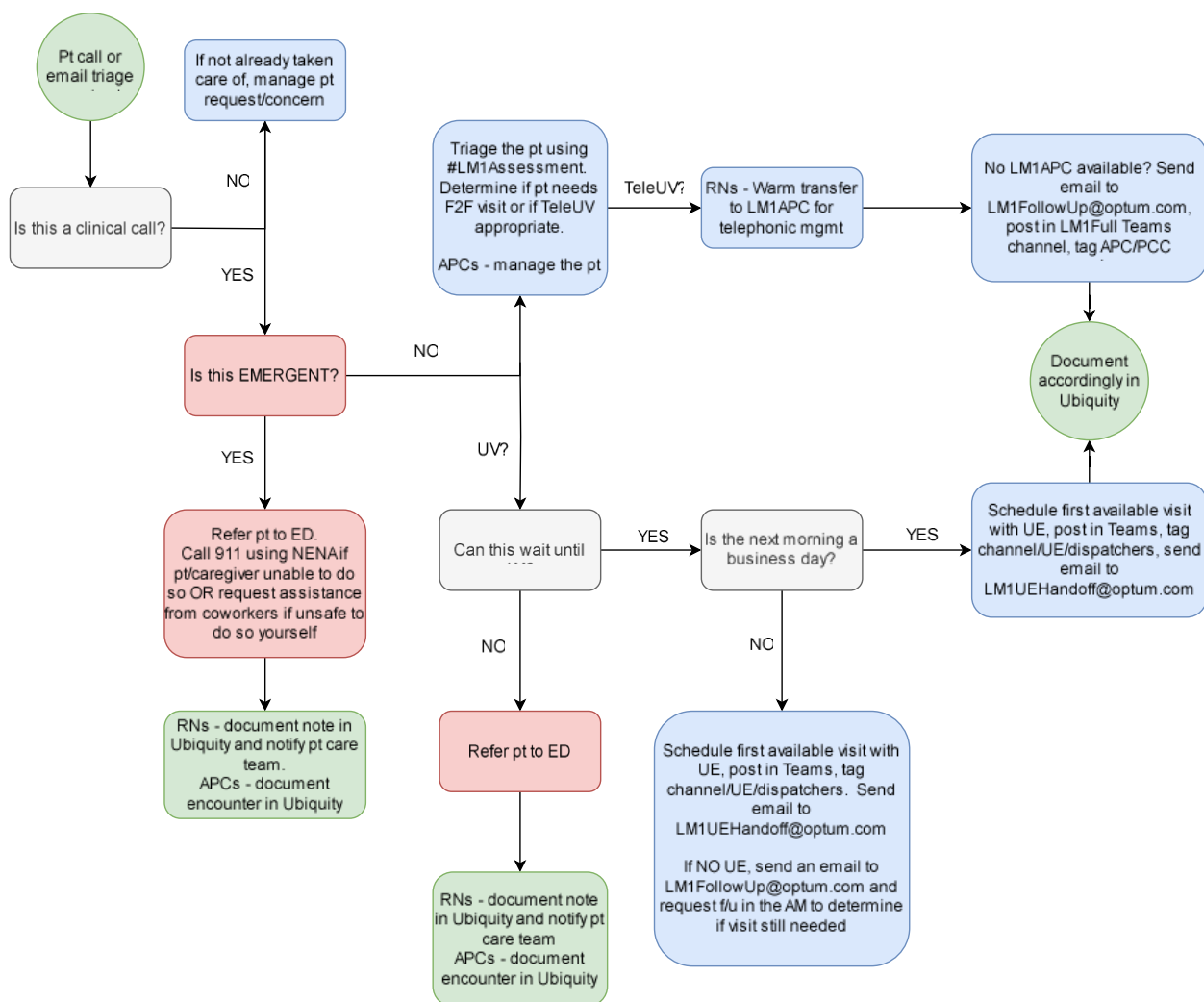
Quick Links:

- APC Call Workflow Overview
- APC & Triage RN Call Flow Overview
- Patient Support at Landmark
- LM1 Clinical Staff Call Determinations
- Patient Identification Authorization
- Patient Representative Authorization
- How to Verify a Patient's Landmark Status
- Standard Call Greeting & Verifications
- Outbound Call Greeting & Verifications
- Internal Transfers
- Accepting Transfers From LM1 PCCs
- LM1 APC Administrative Call Flow
- LM1 APC Recommended Care Call Flow
- Patient Calls for Specimen Collected
- The Traveling Patient
- Status Timeframe Guidelines in Genesys

APC Call Workflow Overview

APC & Triage RN Call Flow Overview

Pt call or email triage

If not already taken care of, manage pt request/concern

Is this a clinical call?

NO

YES

Is this EMERGENT?

NO

YES

Refer pt to ED.
Call 911 using NENA if pt/caregiver unable to do so OR request assistance from coworkers if unsafe to do so yourself

RNs - document note in Ubiquity and notify pt care team.
APCs - document encounter in Ubiquity

Triage the pt using #LM1Assessment. Determine if pt needs F2F visit or if TeleUV appropriate.

APCs - manage the pt

TeleUV?

RNs - Warm transfer to LM1APC for telephonic mgmt

No LM1APC available? Send email to LM1FollowUp@optum.com, post in LM1Full Teams channel, tag APC/PCC

Document accordingly in Ubiquity

UV?

Can this wait until

YES

Is the next morning a business day?

YES

Schedule first available visit with UE, post in Teams, tag channel/UE/dispatchers, send email to LM1UEHandoff@optum.com

NO

NO

Refer pt to ED

Schedule first available visit with UE, post in Teams, tag channel/UE/dispatchers. Send email to LM1UEHandoff@optum.com

If NO UE, send an email to LM1FollowUp@optum.com and request f/u in the AM to determine if visit still needed

RNs - document note in Ubiquity and notify pt care team
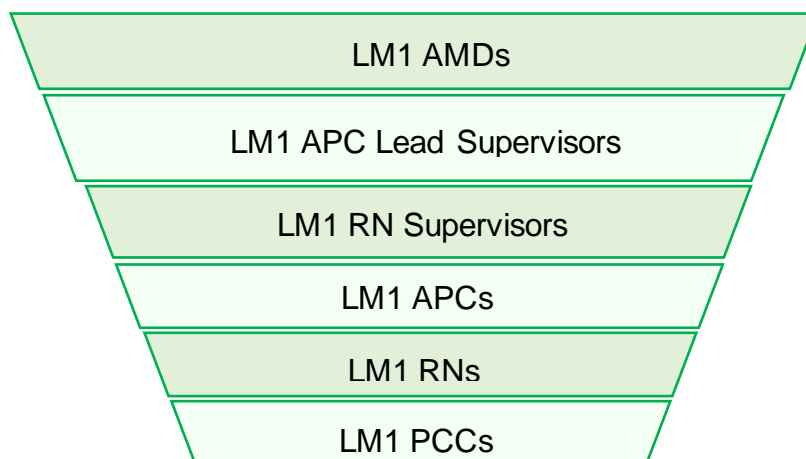APCs - document encounter in Ubiquity

Patient Support at Landmark

*In addition to the staff listed below, On-Call APCs and physicians provide coverage.

Landmark First Call Center:

| LM1 AMDs |
| LM1 APC Lead Supervisors |
| LM1 RN Supervisors |
| LM1 APCs |
| LM1 RNs |
| LM1 PCCs |

Market Staff Assigned to Patients:

Overseeing Physician	Longitudinal APCs	NCMs	CCs	Ambassadors

IDT Staff:

Pharmacy	Dietician	Social Work	Behavioral Health

LM1 Clinical Staff Call Determinations

1. Patient Verification
Standard
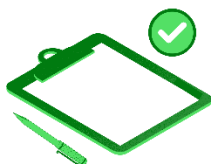
Actions:
- ➢ Verify the patient's identity with three (3) PHI data points:
  - Name
  - Date of birth
  - Visiting address

2. Determine Emergent Call
Required

Actions:
- ➢ Has the patient described or displayed any emergent symptoms?

3. Determine Landmark First Handling
Required

Actions:
- ➢ The LM1 clinician must determine the following:
  - Is this an acute CIC or chronic issue?
  - Is this IDT appropriate?

4. Determine Tele-UV Need
Required

Actions:
- ➢ Is this a minor complaint that does not require a face-to-face visit and can be managed telephonically by a LM1 APC?

5. **Determine Face-To-Face Necessity**
   Required

Actions:

➢ Does the patient require a face-to-face visit with a provider or UE to assess and treat?

6. **End-Of-Call Checklist**
   Required

Actions:

➢ Prior to hanging up with the patient:

- Verify callback number & visit address.
- Provide ETA for UEUVs

Patient Identification Authentication

A patient's identity MUST be authenticated using three PHI (3) data points:

- There is no need to reverify if warm transfer is from within Landmark or Optum.

- Complete verification needs to be done for ALL outbound calls.

Example – Patient Identification Authorization Data Points
• Patient's name • Patient's date of birth (DOB) • Patient's full visit address *(including city, state, and ZIP code)*

- Should an authorized individual join the call at any time, a verification of the patient's DOB is required.

Example – Patient's Caregiver Joins the Call
For example, if a patient becomes tired during a lengthy phone call and their designated caregiver joins the conversation, please require that individual to verify the patient's DOB before proceeding.

Patient Representative Authorization

The following guidelines are intended to clarify what it means for a caller to be an "authorized contact" as well as provide additional information regarding HIPAA compliance.

Authorized Caller:

Authorized Callers are legal representatives for the patient who can both provide and receive information on the patient's behalf. These individuals may be given information such as:

- Appointment dates / times.

- Patient's address information.

- Patient's contact information.

- Patient's engagement / enrollment status with Landmark / Optum Home Health.

- Previous messages left for the patient or if the contact attempts to reach the patient.

- Any other form of protected health information (PHI)

> **Training Tip:**
>
> If a caller is unauthorized. We are encouraged to obtain an authorization, or an ongoing authorization, from the patient, if the patient can provide one at that time. See the "Call Flow Transfer Process" section for more information.

You can find authorized callers listed in the patient's chart in Ubiquity under:

- Clinical Summary *(Alerts or Headline sections).*
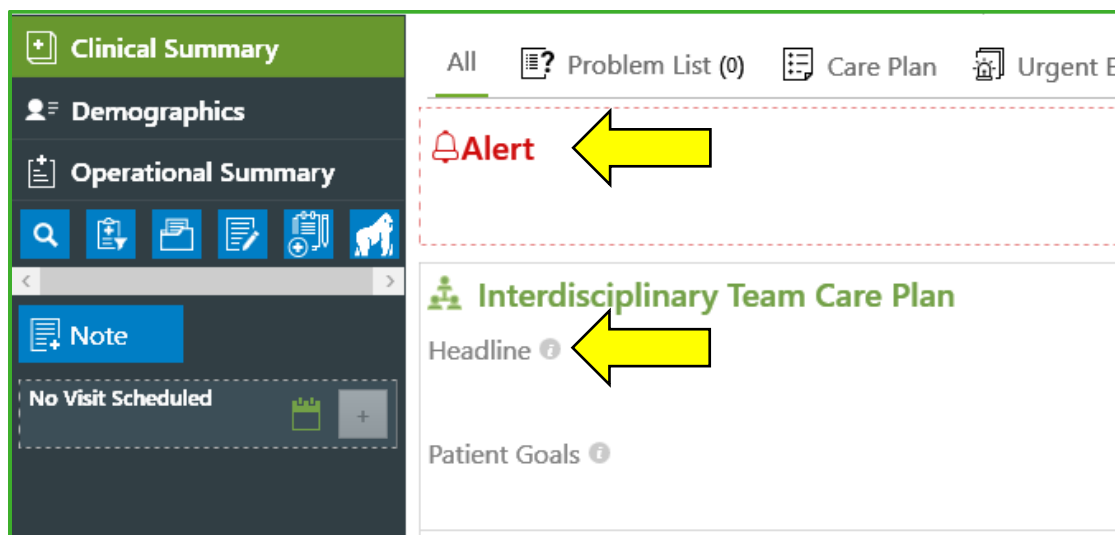
- Demographics *(Contacts section or Phone Numbers sections).*

(Check the "Notes" section under Phone Number listings as some Authorized Callers may appear there).

- Uploaded *(scanned)* consent forms in the chart's documents.

Example – Who are Authorized Callers
- Individuals specifically listed as contacts on the patient's chart   - Power of Attorney   - Legally designated caregivers or guardians

Unauthorized Callers:

Unauthorized Callers may call to request medical assistance for a patient, or report a change in condition for the patient, but they CANNOT be provided with any protected health information (PHI).

Attention – Unauthorized Caller Communication
UNDER NO CIRCUMSTANCES SHOULD PROTECTED HEALTH INFORMATION BE SHARED WITH AN UNAUTHORIZED CALLER!   Providing any protected health information (PHI) to these callers is considered a HIPAA violation, and an auto-failed scorecard for PCCs.

Example – Who are Unauthorized Callers
• Family, friends, or neighbors who are not listed in the patient's chart as authorized contacts and no legal documentation to support an Authorized Caller status.   • Pharmacists or medical equipment providers.   • Assisted living facility staff.   • Previous authorized callers who have been removed from the patient's chart.

Clinical Care Conditions:

Although these individuals are not privy to PHI, they can request medical assistance on behalf of patients. Therefore, the Call Transfer Flow Process is not altered when we are contacted by an unauthorized caller.

If an unauthorized caller indicates a clinical concern for the patient, please follow the clinical call transfer flows.

Attention – Clinical Care
WE CANNOT DENY CLINICAL CARE TO OUR PATIENTS REGARDLESS OF THE CALLER'S AUTHORIZATION STATUS!

How to Verify a Patient's Landmark Status

A patient's Enrollment and Engagement status with Landmark is shown in Ubiquity when the patient is first searched, and in the header of their chart:

View Engagement Status in Search Results:

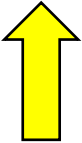| First Name	Last Name	Date of Birth	Phone No	Patient
		12/4/1947		

Health Plan ID	Last Contact Date			
	From M/D/YYYY To M/D/YYYY	Search Clear		

Name	Date of Birth	Primary Phone No	Patient ID	Engaged Status	Health Plan ID	Metro	Acuity	Intensi
AAAS L EKGBEK	12/4/1947		1945723	Non-Engaged	3003333	Dallas-Fort Worth	B-High	1

View Engagement & Enrollment in the Chart Header:

CMMAN AGYYYQYMU (1662217), 66 yrs, (7/18/1955), Female, (253) 424-3445 | Humana x0545455455 | Eligible | Cincinnati | Risk - Complexivist | Acuity D-Low | Intensity 1 | Full Code | Engaged

Landmark Status Definitions:

Engaged: The patient may receive Landmark services.

Non-Engaged: The patient cannot receive Landmark services at this time, or until they are enrolled.

Closed: This status is designated if:

1. The patient's health plan coverage has changed to the extent that they no longer receive Landmark services.

2. The patient has decided to cancel their Landmark services.

3. The patient is deceased.

> **Training Tip:**
>
> When we receive triage requests for Non-Engaged / Eligible patients, we need to triage them, but DO NOT provide medical attention.

Standard Call Greeting & Verifications

The standard greeting and verification apply to all external incoming calls:

1. Greeting
Standard

"Thank You for calling Landmark First. My name is (*Your Name*), (*Your Title*), with Landmark First."

> Actions:
> - ➤ Answer the incoming call.
> - ➤ Open Ubiquity and prepare to search for the patient.

2. Patient Lookup
Standard

"May I have the patient's Name and Date of Birth, please?"

> Actions:
> - ➤ Enter the patient's details in Ubiquity's search fields.
> - ➤ Open the patient's "Patient Summary".

3. Address Verification
Standard

"For security purposes, can you please provide me with the patient's full address including city, state, and zip code?"

> Actions:
> - ➤ Open the "Demographics" section of Ubiquity and check for accuracy.
> - ➤ Note the address given to you by the caller in your documentation.

4. Phone Number Verification
Suggested Dialogue

"In the event we get disconnected, is the number ending in (*Last four (4) digits of the caller's phone number*) a good callback number to reach you?"

> Actions:
> - ➤ Verbally confirm a primary phone or callback number for the caller.

Outbound Call Greeting & Verifications

There will be circumstances that require you to call a patient / caregiver. For example, patients should be called back in the event of call disconnection or as the result of a submitted Answering Service message. Please see the call flow below for details:
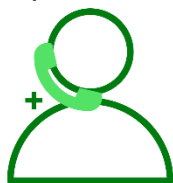
1. Patient Lookup
*Standard

Actions:

➢ Open the patient's chart before making the call.

- *This will help identify authorized contacts and complete the HIPAA verification steps.*

2. Call the Patient or Caregiver
*Required

Actions:

➢ Use Genesys to call the phone number provided.

- This number may be included in an Answering Service message or provided by a caller as a valid callback number.

3. Greeting
*Standard

"Good Morning / Afternoon. This is *(Your Name), (Your Title)* calling from Landmark First."

Actions:

➢ Introduce yourself and Landmark First when the call is answered.

4. Ask to Speak With the Patient / Caregiver
*Standard

"May I please speak to (patient / caregiver)?"

Actions:

➢ Do not assume that you are talking to the patient or caregiver. Request to speak to them by name.

➢ Do not provide any HIPAA protected information to an unauthorized caller.

5. Recorded Call Notification
*Suggested Dialogue

"Please be aware that we are on a recorded line for quality and training purposes."

Actions:

➢ Inform the patient / caregiver that the call is being recorded.

6. Address Verification
*Standard

"For security purposes, can you please provide me with the patient's full address including city, state, and zip code?"

Actions:

➢ Open the "Demographics" section of Ubiquity and check for accuracy.
➢ Note the address given to you by the caller in your documentation.

7. Phone Number Verification
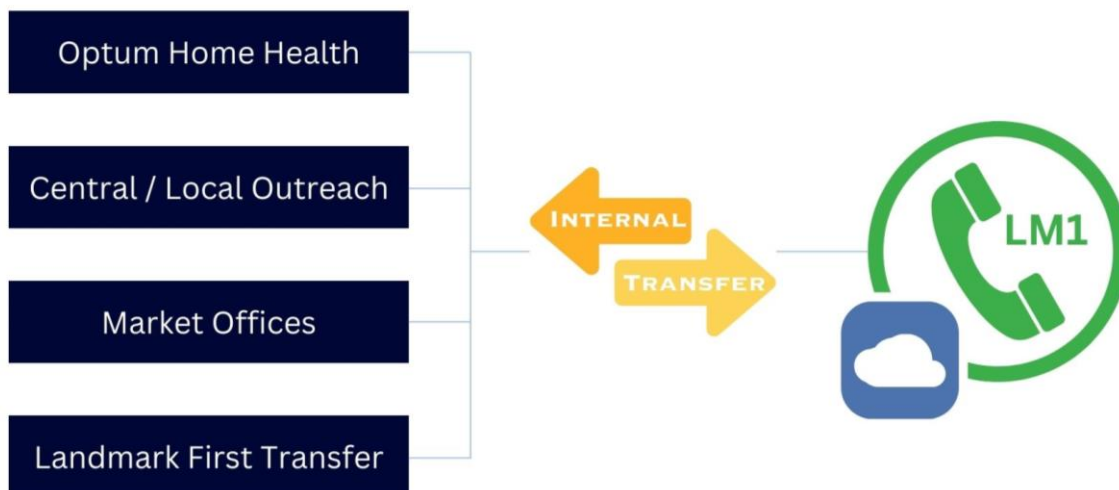**Suggested Dialogue*

"In the event we get disconnected, is the number ending in (*Last four (4) digits of the caller's phone number*) a good callback number to reach you?"

Actions:

➢ Verbally confirm a primary phone or callback number for the caller.

Internal Transfers

Some calls will come from within the organization:

Call Flows to Complete		
Greeting	*Yes*	(Standard Greeting)
Patient Lookup	*Yes*	
HIPAA Verification	No	(If HIPAA verification was done prior to transfer)
	Yes	(If HIPAA verification was NOT done prior to transfer)

Accepting a Warm Transfer:

✓ Document the caller's **name** and **department** (Local Outreach, Optum Home Health, etc….).

✓ Locate the patient in Ubiquity using the name and date of birth (DOB) provided.

✓ Find out who is calling on behalf of the patient (this may be the patient, caregiver, or provider's office).

✓ Inform the caller that they can transfer the contact when ready.

Accepting Call Transfers From LM1 PCCs

Expectations:

If you are listed as *On Queue* in Genesys, you are communicating your readiness to receive calls, and perform the work involved when handling calls. This applies to any timeframe throughout your shift. Please ensure that "away" or "busy" statuses are managed according

Handoff Procedure:

When a call is received from a Landmark First PCC, please adhere to the following guidelines:

APC / Triage RN   *PCC*

1.	"Hello, this is (Clinical Staff Name), (Title). How can I help you?"
	"Hello, this is (PCC Name), Patient Care Coordinator with Landmark First. Are you ready for the patient's ID number?" **2.**
3.	"Yes, ready."
	(PCC Provides Patient ID and Eligibility Status) **4.**
5.	*(Confirm patients' name and DOB once pulled up in Ubiquity)* • *Confirm RN licensure, APC credentialling, patient eligibility*
	(Summarize patient request) • *Include History of Present Illness (HPI) present concern / complaint* **6.**
7.	*(APC / Triage RN agrees to the handoff)* • *Do NOT decline the call handoff (see exceptions below)*
	"Transferring Now" **8.**

Handoff Exceptions

A clinical staff member may refuse a call if:

- The patient's chart is closed.
- There is a conflict in RN licensure or APC credentialling.

Additional Procedural Guidelines

During the Handoff process, APCs should **NEVER**:

- Leave the patient on hold for extended periods of time.
- No small talk / no personal chatting.
- No commentary on patient's request.
- Give clinical advice of any kind.

Voicemails

🚫 If redirected to a provider's voicemail, **DO NOT LEAVE A MESSAGE**. Move to the next stage of the Call Transfer Flow Process. This also applies to same-day appointment cancellations.

Non-Eligible Members Expressing Medical Concerns

If Non-Urgent

Please take a message for the **Local Outreach Team**.

Email Subject:

Patient's Name, ID, Market

Email Body:

- Caller's name & relationship to the patient
- Reason for calling
- A callback number where they can be reached

> **If Urgent Medical Situation** 🚑
>
> Advise the caller to contact 911 or emergency services in their area.
>
> If the caller is unable to call 911, follow Steps 6 – 9 in the Urgent Calls / Contact 911 section.
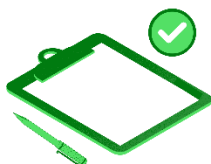
> **Attention – Eligible Patient Transfers**
>
> Landmark First Clinicians should accept *Eligible* patients transferred to them if they are listed as *Non-Engaged*.

LM1 APC Administrative Call Flow

1. Patient Verification
Standard

Actions:

➢ Verify the patient's identity with three (3) PHI data points:
- Name
- Date of Birth
- Visiting Address

2. Admin Request
Suggested Dialogue

Actions:

➢ Listen to the caller's request and ask for more information when needed.

➢ Follow the correct workflow according to the caller's request. Administrative requests may include:
- *Appointment Date / Time verifications.*
- *Appointment cancellation / reschedule.*
- *Noting messages for the Care Team.*
- *Noting messages for the Outreach Team.*
- *Updating demographic information.*
- *Other administrative tasks as needed.*

➢ Consult the Administrative Workflows section of the Administrative Process Manual for more information.

3. End the Call
Suggested Dialogue

Actions:

➢ Check to see if the caller needs any further assistance before ending the call.

➢ End the call.

4. Documentation
Required

Actions:

➢ Document and finalize your note in Ubiquity.

➢ Complete additional follow-up as needed.

Patient Insists on Speaking with Member of IDT:

1. Assist If Possible
Standard

Actions:

➢ Attempt to assist the patient / caregiver.
➢ Determine clinical need and attempt to resolve.

➢ Continue to the next step if the patient / caregiver demands to speak with their IDT.

2. Identify Caller in Ubiquity
Standard

Actions:

➢ Open Ubiquity and search for the requested Care Team member.
  • *Review recent notes and the "Landmark Team" section as necessary.*

➢ Care Team members should not be contacted outside of standard market operating business hours between 8:30 AM and 5:00 PM

3. Warm Transfer to Care Team
Conditional

Actions:

➢ Once the individual is located in Ubiquity, attempt a warm (consult) transfer using Genesys.

➢ Proceed to the next step of your transfer is not answered.

4. Warm Transfer to Care Team
Conditional

Actions:

➢ Send a message to the individual in Teams requesting a patient callback.
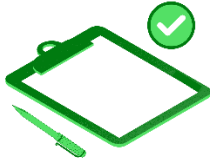➢ Send a follow-up email requesting a patient callback.

5. Documentation
Required

Actions:

➢ Document and finalize your note in Ubiquity.
➢ Complete additional follow-up as needed.

Health Plan POC Calls:

1. Patient Verification
Standard

Actions:

➢ Open the patient's chart in Ubiquity
➢ Verify the patient's identity with three (3) PHI data points:
- Name
- Date of Birth
- Visiting Address

2. Note Caller Details
Standard

Actions:

➢ Obtain the following information from the caller:
- *Name*
- *Health Plan*
- *Callback Number + Extension (if needed)*

3. Warm Transfer to NCM
Standard

Actions:

➢ Attempt a warm transfer to the patient's Care Team NCM.
- *If there is no response, attempt to resolve the question / concern.*
- *If you are unable to resolve, include the caller's message in your documentation.*

➢ Care Team members should not be contacted outside of standard market operating business hours between 8:30 AM and 5:00 PM

4. Documentation
Required

Actions:

➢ Document and finalize your note in Ubiquity.
➢ Complete additional follow-up as needed.

LM1 APC Recommended Care Call Flow

1. Patient Verification
*Standard

Actions:

➢ Verify the patient's identity with three (3) PHI data points:
- Name
- Date of Birth
- Visiting Address

2. Determine Clinical Need
*Required

Actions:

➢ The patient or caregiver has a clinical concern.

3. Manage Using Hashtags
*Required

Actions:

➢ Triage the patient / caregiver call using Hashtags:

4. Recommend Level of Care
*Required

Actions:

➢ LM1 APC will recommend a level of care based on the caller's concern:
- Manage tele-UVs as needed.
- Request face-to-face appointments as needed.
- Collaborate with LM1 care team.
- Collaborate with community provider or agency.
- Emergent 911 call request in teams:
  Call Flow: Contacting Emergency Medical

Patient Calls for Specimen Collected

Patients or caregivers will sometimes call to report that a specimen has been collected and needs to be picked up.

The specimen **MUST** be ordered by Landmark provider.

Correct Specimen Storage + Patient / Caregiver Transport Call Flow:

1. Specimen Storage Check
Standard

Actions:

➢ APC will determine if the specimen was, and currently is, stored correctly.
- Also verify that the lab order is in the home.

2. Check Specimen Dropoff Details
Standard

Actions:

➢ APC confirms the specimen was stored and handled correctly and can be taken to a lab:
- APC checks patient's / caregiver's ability to transport and deliver the specimen to a lab within 24 hours.

3. Finalize & Verify Delivery Details
Standard

Actions:

➢ APC verifies the patient / caregiver will transport the specimen.
- Verify lab hours with caller.
- Verify the specimen has been properly labeled.
- Verify the specimen is properly stored.
- The lab slip will need to be dropped off with the specimen.

4. Documentation
Required

Actions:

➢ Document and finalize your note in Ubiquity.
➢ Complete additional follow-up as needed.

Patient / Caregiver CANNOT Transport the Specimen Call Flow:

1. Specimen Storage Check
Standard

Actions:

➢ APC will determine if the specimen was, and currently is, stored correctly.

- Also verify that the lab order is in the home.

2. Check Specimen Dropoff Details
Standard

Actions:

➢ Patient or Caregiver indicates they **_CANNOT_** transport the specimen to a lab.

- APC will need to request that a market provider visit the patient for specimen pickup.

3. Post UV / UEUV Request in Teams
Standard

Actions:

➢ DURING BUSINESS HOURS:
- Post a request in the market UEUV Team.
- "Need specimen pickup and transport to lab"
- Include patient ID.
➢ AFTER BUSINESS HOURS:
- Post a request in the correct market UEUV Team for next-day follow-up.
- Include patient ID.

4. Documentation
Required

Actions:

➢ Document and finalize your note in Ubiquity.
➢ Complete additional follow-up as needed.

Specimen Incorrectly Handled or Stored Call Flow:

1. **Specimen Storage Check**
   Standard

   Actions:

   ➢ Patient or Caregiver indicates the specimen was mishandled or stored improperly.
   - The APC will need to request a new specimen collection kit be delivered to the patient by the market.

2. **Post UV / UEUV Request in Teams**
   Standard

   Actions:

   ➢ DURING BUSINESS HOURS:
   - Post a request in the market UEUV Team.
   - "Need specimen collection supplies delivered"
   - Include patient ID.
   ➢ AFTER BUSINESS HOURS:
   - Post a request in the correct market UEUV Team for next-day follow-up.
   - Include patient ID.

3. **Documentation**
   Required

   Actions:

   ➢ Document and finalize your note in Ubiquity.
   ➢ Complete additional follow-up as needed.

The Traveling Patient

The following workflow is appropriate for Landmark patients who will be away from their primary residence for less than 30 days:

Travel Type:	Who Can Manage	Pharmacy
Within the State *Away from Home Market*	Telephonic Management: • Home Market • LM1 Clinician Licensed in the home market.	Send directly to Pharmacy in the patient's visited area.
Out of State	Telephonic Management: • Home Market • LM1 Clinician Licensed in the home market.	Send to NATIONAL CHAIN: • Hold it local and transfer to the patient's visited area
Out of Country	We **_DO NOT_** manage: • Refer the patient to local medical resources.	We **_DO NOT_** manage: • Refer the patient to local medical resources.

Status Timeframe Guidelines in Genesys

Status:	Description:	Duration:
Wraup-Up	An automatic wrap-up is required to complete after every call, callback, or email interaction. It is required to complete in less than one minute.	<1 minute
Meal	Meal break.	30 minutes
Busy	Includes charting in Ubiquity, follow-up email communications, and other after call work.	≤15 minutes
UE Documentation	Documentation that occurs after a UE	≤30 minutes
Urgentivist Extender	For visit with UE and patient.	≤30 minutes
Training	Set during the onboarding period while practicing calls with your Trainer	As Needed
Meeting	Please set this status is you are meeting with your APC Lead or Supervising AMD.	Duration of Meeting
Break	Set this status during your regularly scheduled breaks while on shift.	15 minutes

*Note: Your Genesys statuses are tracked and monitored by your APC Lead Supervisor and may be pulled during routine audits.