

# Landmark First

## Patient Care Coordinator (PCC) Guidebook

### Topic Selection

Click on one of the section titles below to get started:

[\*\*Job Overview & Policies\*\*](#)[\*\*Call Guidelines & HIPAA\*\*](#)[\*\*Appointments Updates Guide\*\*](#)[\*\*Administrative Workflows\*\*](#)[\*\*Local Metro Call Transfers\*\*](#)[\*\*Non-Urgent Clinical Calls\*\*](#)[\*\*Urgent Clinical Calls\*\*](#)[\*\*Call Documentation\*\*](#)[\*\*LM1 PCC Call Audits\*\*](#)

# Job Overview & Policies

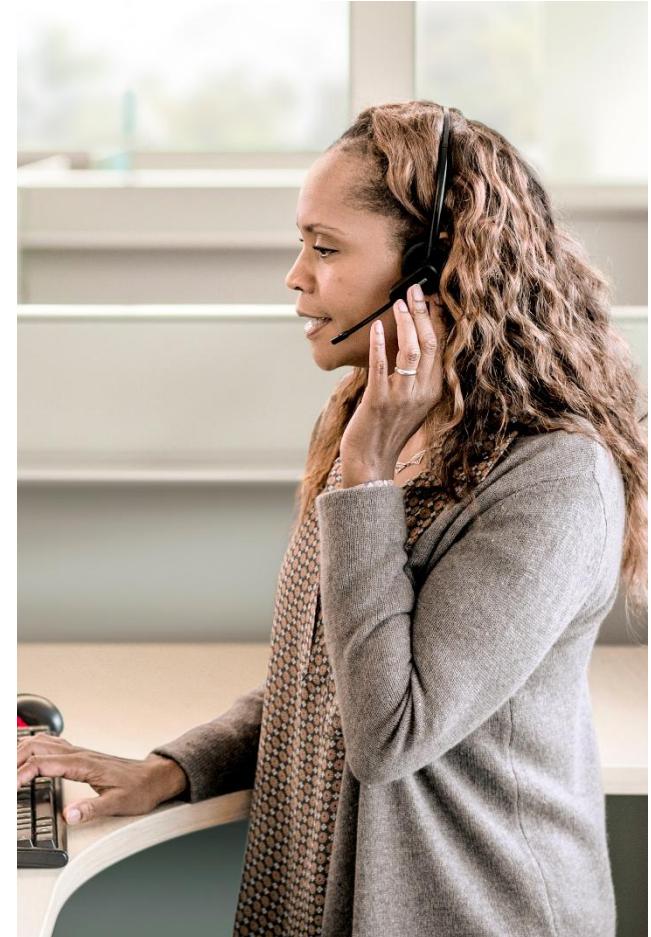
## Table of Contents

- [Policy Links for Job Performance & Work Expectations](#)
- [Absence Reporting](#)
- [View, Swap, & Pick-up Shifts in IEX Web Station](#)
- [PTO Requests & Reporting](#)
- [Holiday Guidelines](#)
- [Job Summary](#)
- [Resolution Scope](#)
- [Shift Start / Shift End Guidelines](#)
- [Genesys Status Tracking](#)

## Job Summary

Landmark First Patient Care Coordinators (PCCs) are the first point of contact for incoming calls from patients, caregivers, or community providers. Throughout a shift, LM1 PCCs can expect to:

- Answer and document incoming calls, callback requests, and messages.
- Administrative tasks including appointment updates, contact updates, confirmation updates, and fulfilling requests for information; if able.
- Transfer callers to local metro office staff or remote LM1 Clinicians.
- Follow urgent and non-urgent clinical call transfer workflows to secure patient care.



## Policy Links for Job Performance & Work Expectations

The information in this section is reviewed with all employees during initial onboarding. Trainings may be re-introduced as policies and guidelines are updated. Failure to adhere to the policies linked in this section may result in disciplinary action up to and including termination at the manager's discretion.

- To view the full catalog of HBMC policies, please visit: [Home and Community Care Solutions Website](#)
- To view UnitedHealth Group policies, please visit: [UHG Policy Site](#)

### Attendance Policy

Link: [Attendance—U.S.](#)

The Attendance Policy sets expectations for job attendance, tardiness, and the maximum approved absences within a 12-month cycle. Conditions for planned and unplanned PTO are also specified.

### Emergency Closures & Severe Weather Guidelines

Link: [Emergency Closing and Severe Weather Guidelines](#)

UnitedHealth Group will stay open unless weather conditions or an emergency make it impossible to continue business. For more information, please review the full policy on SharePoint.

### Additional Guidelines

*In addition to the policies linked in this section, additional job-related guidelines will apply to your daily workflows.*

*These guidelines include patient or caller interaction documentation, the operation of various web applications, call transfer workflows, and more.*

### Holiday Policy

Link: [nhH001P HS.88.01.021 Clinical Enablement Holiday Coverage.pdf](#)

Review the commitment and coverage we have promised during holidays.

## Telecommuter Policy

Link: [Telecommuter Policy–U.S.](#)

Review the conditions and standards of the Telecommute work model for employees including office location and privacy compliance, equipment usage, and expectations of dependent care.

## Remote Work Policy

Link: [Telecommuter Policy–U.S.](#)

Our workplace supports how and where employees work to maximize collaboration, innovation, and performance.

## Corrective Action Process

Link: [Corrective Action Process](#)

If, during your career with the company, you do not meet performance goals or follow company policy, the Corrective Action Process may be used by your manager to help you understand and correct your performance and / or behavior.

## Internal Dispute Resolution and Arbitration

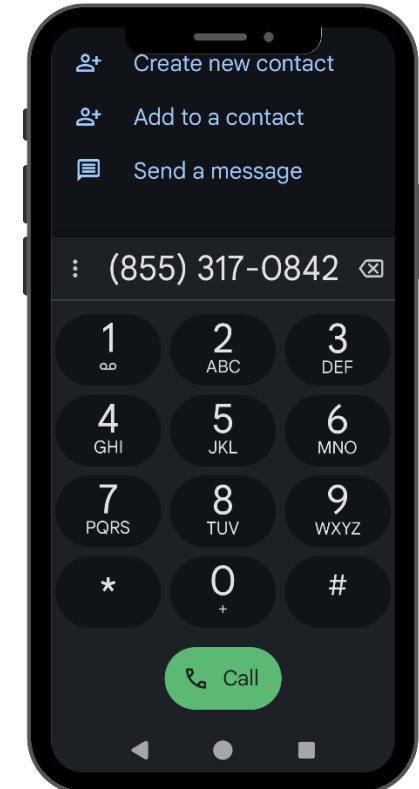
Link: [Internal Dispute Resolution and Arbitration](#)

You are encouraged to bring any work-related concerns to your direct manager, barring extenuating circumstances, within 10 days of any occurrence. For details, please review the full policy on SharePoint.

## Absense Reporting

### How to Call the Attendance Line (IVR)

1. Call: **(855) 317-0842** (add this contact to your phone for future use).
2. Use the keypad to your 9-Digit employee ID when prompted.
3. Follow the automated prompts to complete your submission. You must provide:
  - Date of Birth
  - Country
  - Time Zone
  - Confirm Time Zone Date & Time
  - Date of Absence
  - Full or Partial Day Absence
  - Reason for the Absence
  - Confirmation the Submission



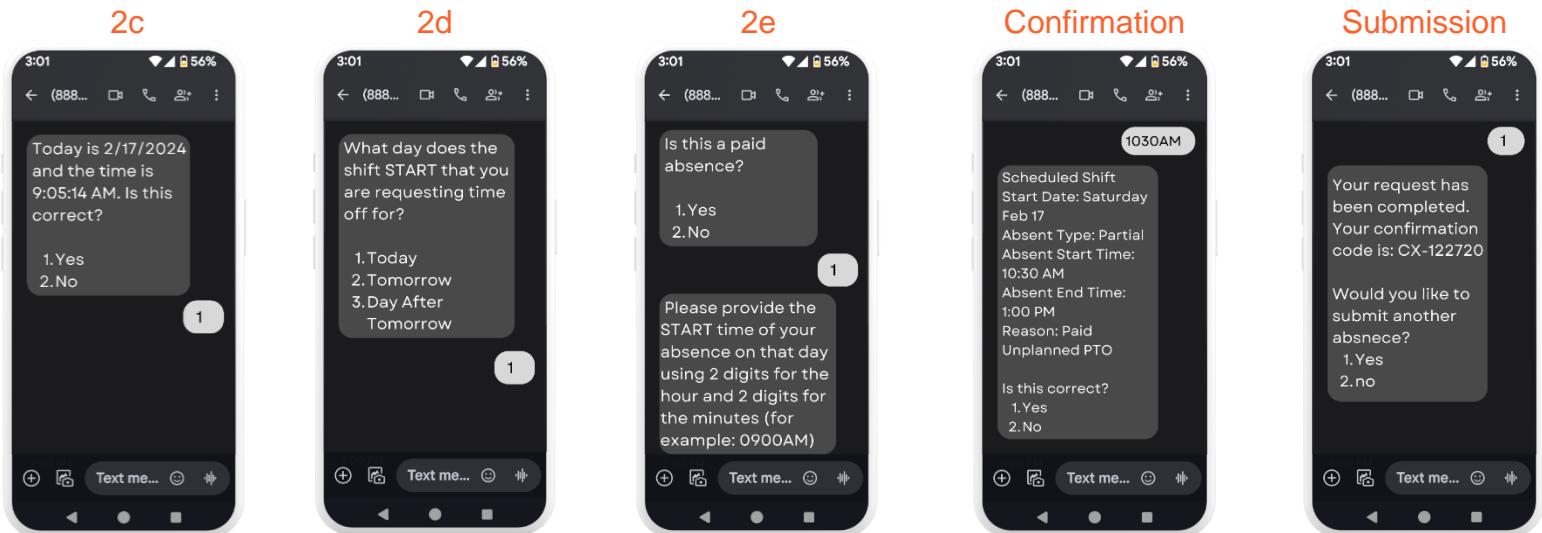
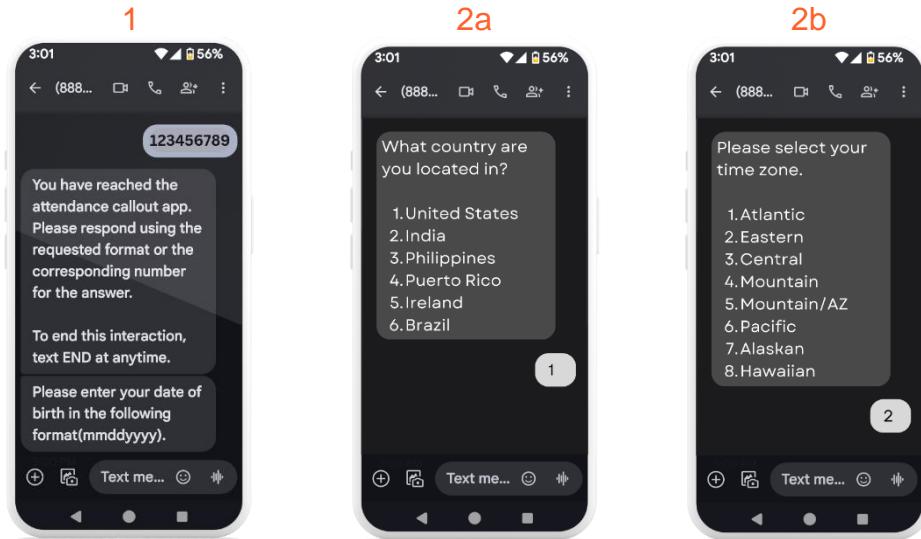
### Alternate Responses

- After 2 missed attempts, you may enter your information using the keypad.
- If you do not provide your time zone after 90 seconds, you will be prompted to provide your country as an alternate.
- All call out options are enabled for "partial" start and end times.
- If using "military" time for PM call outs, the user would not be prompted for AM / PM options. Be sure to speak "military" time in the following format:

For example, speaking "*Thirteen hundred.*" Will be confirmed as 1:00 PM.

## Contact the Attendance Line via Text Message

1. Text your 9-digit employee ID to:  
**(888) 863-0090** (save this contact)
2. Replies will prompt you for further information:
  - a. Country
  - b. Time Zone
  - c. Confirm Time Zone time / date
  - d. Date of Request
  - e. Paid or Unpaid Absence
  - f. Confirmation of Entry
  - g. Submission Complete



## Error Messages

If the employee cannot be found in IEX:

The entered date of birth does not match what is on file

Please enter your 9-digit employee or contractor ID. Your Employee ID can be found on your electronic paystub

If the employee does not have a schedule in IEX:

The requested time is not within the current schedule.  
Would you like to try again?

1. Yes
2. No

After 2 missed attempts of any response, or if the employee does not respond to the message within 90 seconds, the session will be ended:

I did not receive a valid response. Would you like to continue? Please respond with the number of your response.

1. Yes
2. No

Due to inactivity, your incomplete request has been closed. If you wish to try again, text your 9-digit employee ID to  
(888) 863-0090

## **Alternate Absence Reporting**

*In the event you are unable to reach the voice or text message attendance lines, send an email to the LM1 Attendance Mailbox at:*

[lm1attendance@optum.com](mailto:lm1attendance@optum.com)

## **Alternate DOB Entry**

*You can enter your birth date without the use of a "/" between numbers:*

*Format: MMDDYYYY*

*Example: 09271993*

## **Alternate Replies**

*When given a prompt with predetermined responses, you may reply with the response itself, or with the number used to list it:*

## Submission Confirmation Email

The employee and supervisor will receive confirmation emails when successful absences are submitted via IVR or text message.

### *Example: Absence Confirmation Email*

Agent Callout - Justin Testor - 8/11/2023

OmniChannel Attendance App <OmniChannelAttendance@cxone.co...  
To [REDACTED] Wed 8/9/2023 2:39 PM

 We could not verify the identity of the sender. Click here to learn more.

OmniChannel Attendance App Absence Confirmation

EmployeeId:999999124  
Employee: Justin Testor  
Absent Date:Friday, Aug 11  
Absent Type: Full  
Start Time:  
Reason: Unpaid Unplanned UTO  
Confirmation Code: CX-1000124

Thank you,  
OmniChannel Attendance App

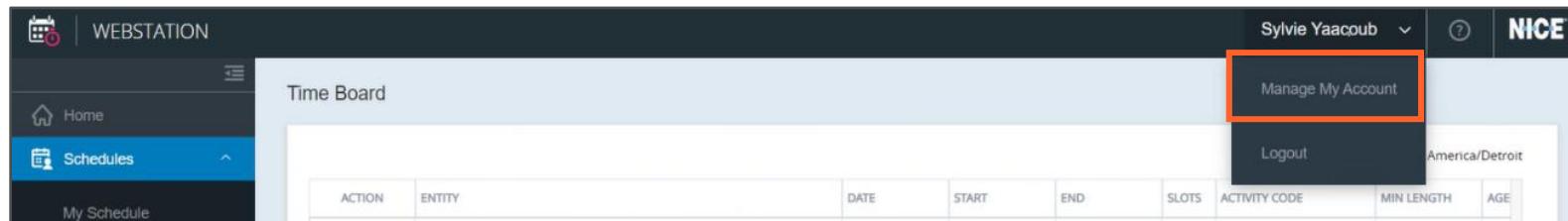
## View, Swap, & Pick-Up Shifts in IEX Web Station

At the start of each workday, you are expected to open [IEX web station](#) and run it in the background while completing other tasks. IEX is a real-time tracking software to coordinate breaks, lunches, holidays, and PTO with the rest of your team.

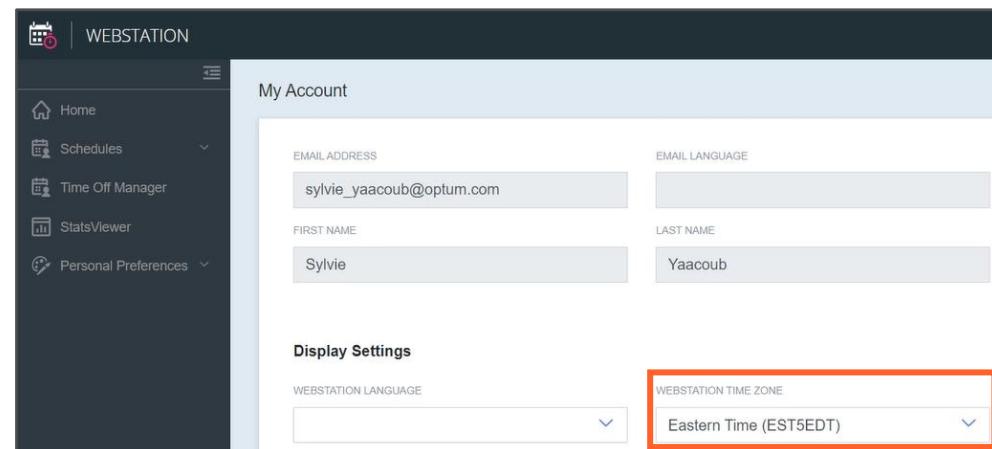
Managers & Supervisors will coordinate updates in IEX with Workforce Management at: [lm1\\_wfm@optum.com](mailto:lm1_wfm@optum.com).

### Set Your Time Zone

1. Click on your name in the upper-right corner of the Web Station window.
  - Select the “Manage Account” option from the drop-down menu.



2. Change the Web Station Time Zone to match your own.



## View Your Schedule

An overview of your schedule, assigned break, and lunch can be reviewed from the Home tab:

The screenshot shows the NICE WebStation interface on the 'Home' tab. On the left, a sidebar lists 'Schedules', 'Time Off Manager', 'StatsViewer', and 'Personal Preferences'. The main area displays a list of alerts for the week (5/6/24 to 5/27/24) and a detailed schedule for Wednesday, June 5, 2024. The schedule includes: Open Time (09:30 AM - 11:25 AM), Break (11:25 AM - 11:40 AM), Open Time (11:40 AM - 01:35 PM), Lunch (01:35 PM - 02:05 PM), Open Time (02:05 PM - 03:55 PM), Break (03:55 PM - 04:10 PM), and Open Time (04:10 PM - 06:00 PM). Below this is a weekly grid for June 6/2/24 to 6/8/24, showing 'OFF' for most days except Saturday which is 'ON'. At the bottom, there's a link to 'Open the ScheduleViewer'.

Select “My Schedule” from the “Schedules” drop-down menu for a detailed view:

The screenshot shows the NICE WebStation interface on the 'My Schedule' tab, selected from the 'Schedules' dropdown. The sidebar remains the same. The main area shows a detailed weekly schedule for June 9, 2024, through June 15, 2024. It includes a table of activities for each day and a calendar view on the right. Activities listed for Monday, June 10, 2024, include: Open Time (09:30 AM - 06:00 PM), Break (11:25 AM - 11:40 AM), Open Time (11:40 AM - 01:35 PM), Lunch (01:35 PM - 02:05 PM), Open Time (02:05 PM - 03:55 PM), Break (03:55 PM - 04:10 PM), and Open Time (04:10 PM - 06:00 PM). A 'Add An Activity' button is also visible.

## Breaks & Lunch

To best coordinate call coverage for all employees on shift, breaks and lunches are pre-determined by Workforce Management.

## Shift Swap IEX Web Station Tutorial

Open the [IEX web station](#):

1. Select the “My Trades” option located under “Schedules” in the main menu.
2. Select “Trade a Schedule” located to the right of the window:

The screenshot shows the IEX Web Station interface. On the left, there's a sidebar with options like Home, Schedules (which is selected and highlighted with a blue bar), My Schedule, My Schedule Changes, Time Board, and My Trades (which is also highlighted with a red box). The main content area is titled "Schedule Trade Board" and has tabs for DAILY, WEEKLY, MONTHLY, and ALL. Under the DAILY tab, there's a list of "Alerts" for "5/13/24" with five entries. To the right, it says "Sunday, June 9, 2024" and "There are no schedule trades to display." A large red box highlights the "Trade a schedule" button at the bottom right of the main area.

3. Complete the trade request form:

- Enter the date of the shift you are trading.
- You can trade your whole shift, or part of your shift.
  - For a partial day trade (minimum 2 hours), select “Trade part of the Schedule” and enter start and end times.
- If you want to post a trade for anyone to choose; select “Open Trade”.
- To trade with a specific individual, select “Trade with a Specific Agent”. Search and select the agent to continue.

The screenshot shows a trade request form. At the top, it says "Request a trade with Clifford Carter". Below that, it asks "Date of the schedule you're giving away:" with a link to "Change Your Date Selection". It shows "Wednesday" and "June 26, 2024" followed by "07:00 AM - 03:30 PM (All day)". At the bottom, it says "Trading with: Clifford Carter" and a link to "Choose A Different Agent".

4. Select your trade preferences under "What are you willing to work in return?":

- Option 1 – Same Date:
- Option 2 – Trade Days Off:
- Option 3 – Give Time Away.

When are you willing to work in return?

Option 1 - Same date  
I want to trade schedules for the same date.

Option 2 - Trade days off  
I want to work on my day off in return for this time.  
 Saturday, June 22, 2024  
 Sunday, June 23, 2024  
 Saturday, June 29, 2024

Option 3 - Give time away  
I want to give my schedule to Clifford Carter with no work time in return.

**Partial Schedule Trade Time Listings**

If you request a partial-schedule trade, enter the earliest start time and the latest stop time you want.

If the trade rules do not allow different schedule length trades, the system hides the stop time field. These times are in your preferred time zone.

5. Enter a Comment with the schedule trade request, if allowed by the trade rules.

Comment:

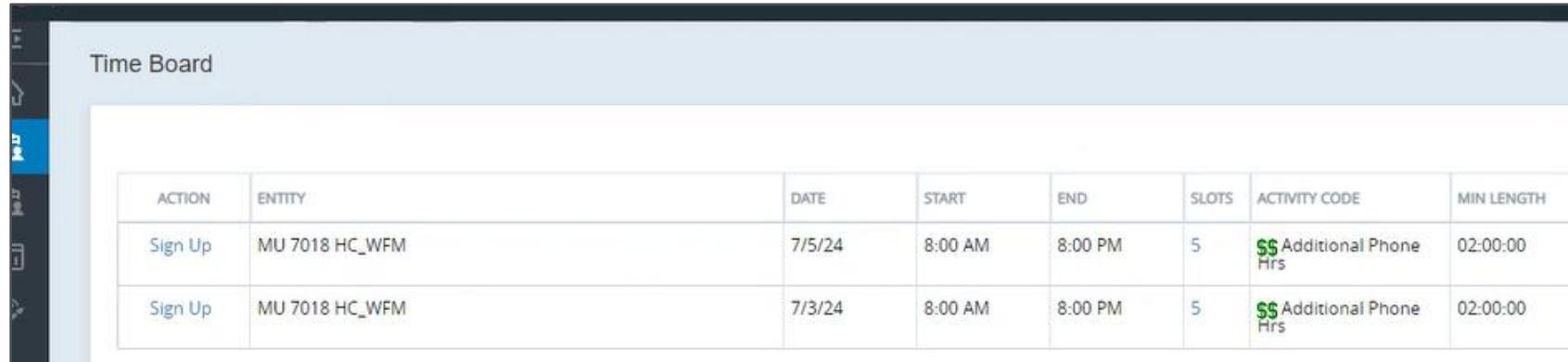
[Large text area for comment entry]

6. Click Send My Request. The target agent must approve the trade.

- The target agent receives an alert that a closed trade is pending approval.

## Open Trade

An Open Trade allows you to post a request on the Trade Board and everyone can view and sign up for your open shift.



ACTION	ENTITY	DATE	START	END	SLOTS	ACTIVITY CODE	MIN LENGTH
Sign Up	MU 7018 HC_WFM	7/5/24	8:00 AM	8:00 PM	5	\$\$ Additional Phone Hrs	02:00:00
Sign Up	MU 7018 HC_WFM	7/3/24	8:00 AM	8:00 PM	5	\$\$ Additional Phone Hrs	02:00:00

If you selected an Open Trade, identify the desired schedule and select one of the following options:

1. A different start time on the same day.
2. Enter your preferred range of start times or select Any time.
  - These times are in your time zone.
3. Select at least one of the checkboxes for a longer, the same length, or shorter schedule.

If requesting a different day off:

1. Select the day or days you would work.
2. Enter your preferred range of start times or select "Any Time". These times are in your preferred time zone.
3. If your preferred time zone is not your MU's time zone, the "Any Time" option is not available.
4. Select at least one of the checkboxes for a longer, the same length, or shorter schedule, if allowed by the trade rules.

When are you willing to work in return?

Option 1 - Same date

I want to trade schedules for the same date.

Option 2 - Trade days off

I want to work on my day off in return for this time.

- Saturday, June 22, 2024
- Sunday, June 23, 2024
- Saturday, June 29, 2024

Option 3 - Give time away

I want to give my schedule to [Clifford Carter](#) with no work time in return.

Comment:

Give the schedule away for nothing in return, if allowed by the trade rules:

1. (Optional) Enter a Comment with the schedule trade request, if allowed by the trade rules.
2. Click “Send My Request” to add the trade to the schedule trade board.

When another agent selects your trade, the system validates and processes it as defined by the trade rules.

## Shift Pick-Up IEX Web Station Tutorial

1. Open the [IEX web station](#):
2. From the left-side menu, select “Schedules” and choose “Time Board” from the expanded options:
3. This will open the Time Board.
  - A list of available shifts will appear with displayed start and end times.
  - Click “Sign Up” for any shifts you want to pick up.

ACTION	ENTITY	DATE	START	END	SLOTS	ACTIVITY CODE	MIN LENGTH
Sign Up	MU 7018 HC_WFM	7/5/24	8:00 AM	8:00 PM	5	\$\$ Additional Phone Hrs	02:00:00
Sign Up	MU 7018 HC_WFM	7/3/24	8:00 AM	8:00 PM	5	\$\$ Additional Phone Hrs	02:00:00

Request a slot

Schedule date  
7/5/2024

Activity  
\$\$ Additional Phone Hrs

Start  
08:00 AM

End  
08:00 PM

Submit Cancel

4. Use the “Request a Slot” pop-up window to enter the specific times you would like to sign up for:
  - Select “Start” and “End” time in two-hour increments.
  - Click “Submit” to complete the Sign Up process.
  - Approved time will appear in your IEX schedule.

## **Alternate Communication**

If you are unable to access IEX, please send shift coverage requests to the following email: [lm1\\_wfm@optum.com](mailto:lm1_wfm@optum.com).

## **Schedule Change Requests**

To request that your schedule be permanently changed to a different shift time, please send an email to: [lm1\\_wfm@optum.com](mailto:lm1_wfm@optum.com).

## **Request Additional Information**

Please submit any questions regarding the shift swap guidelines or coverage requests to the Workforce Management Team email: [lm1\\_wfm@optum.com](mailto:lm1_wfm@optum.com).

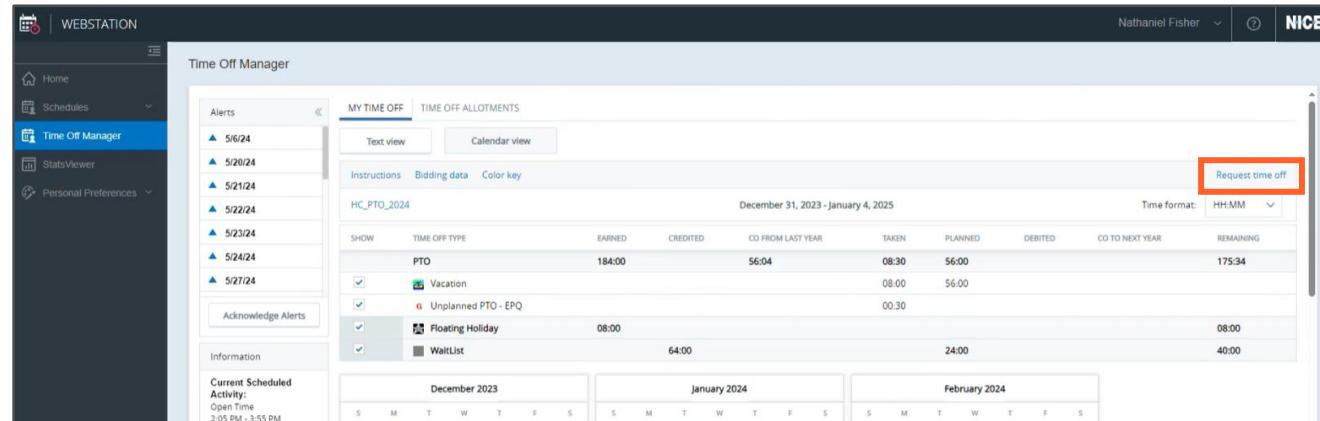
## **Escalated Assistance**

To receive assistance for escalated concerns after business hours, please call: (657) 502-6777

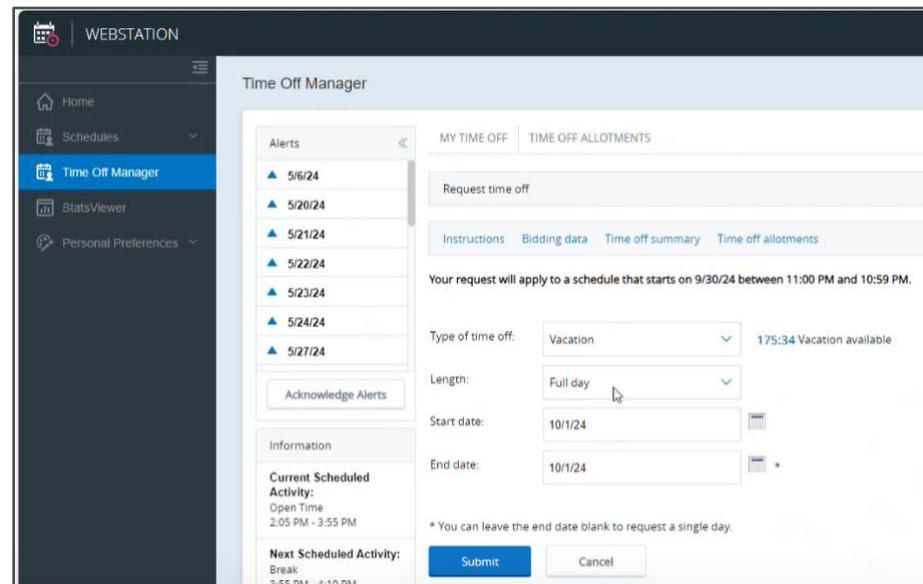
# PTO Requests & Reporting

## PTO Requests in IEX Web Station Tutorial

To request PTO in the IEX Webstation portal, navigate to the “Time Off Manager” tab and select “Request Time Off”:



The screenshot shows the IEX Webstation interface with the 'Time Off Manager' tab selected. On the right, the 'Time Off Manager' screen displays a table of PTO usage for the year. A red box highlights the 'Request time off' button in the top right corner of the main content area.



The screenshot shows the 'Request time off' form. It includes fields for 'Type of time off' (set to 'Vacation'), 'Length' (set to 'Full day'), 'Start date' (set to '10/1/24'), and 'End date' (set to '10/1/24'). Below the form, a note states: '\* You can leave the end date blank to request a single day.' At the bottom are 'Submit' and 'Cancel' buttons.

### PTO Request Approval

The submission of a PTO request does **NOT** guarantee that it will be approved by Workforce Management.

### Request Consideration

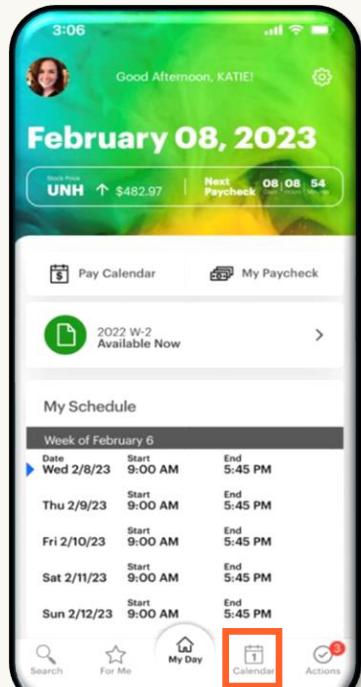
PTO requests are considered on a first-come, first-serve basis. To increase the chance of request approval, submit your PTO requests as early as possible.

### Call Coverage

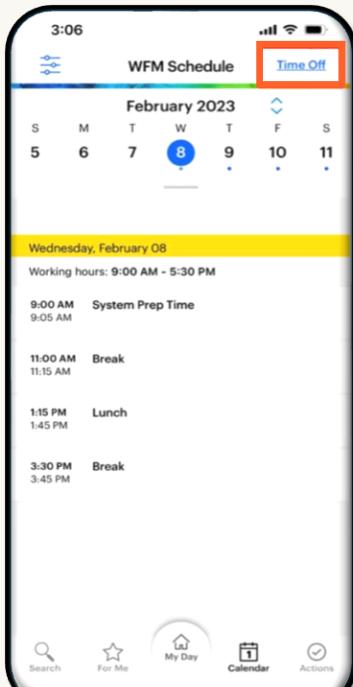
We have made a commitment to our partners and patients to provide 24 hour service 7 days a week. PTO requests may be denied to ensure this coverage is accounted for.

## Planned PTO on Mobile

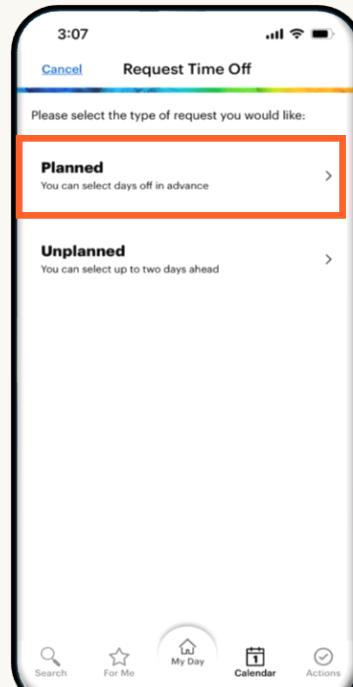
1. Select “Calendar” from the list of tabs at the bottom of the screen:



2. Select the “Time Off” option in the upper-right corner of the screen:



3. Select the “Planned” option:

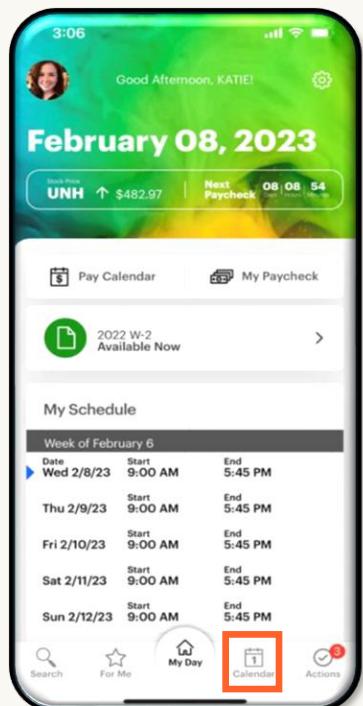


4. Login to IEX Web Station and complete the PTO request form:

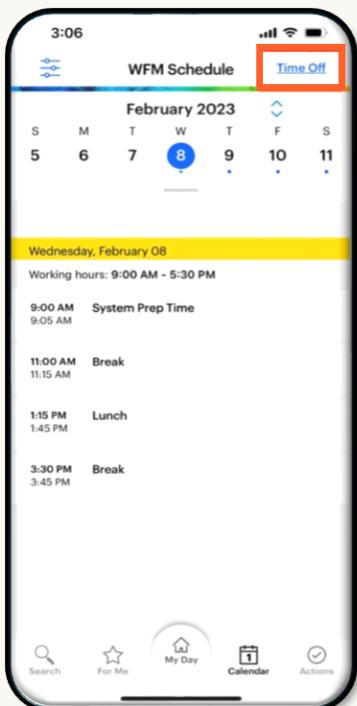


## Unplanned PTO on Mobile

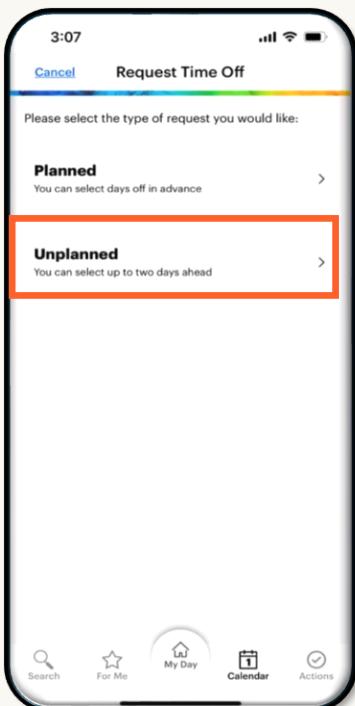
1. Select “Calendar” from the list of tabs at the bottom of the screen:



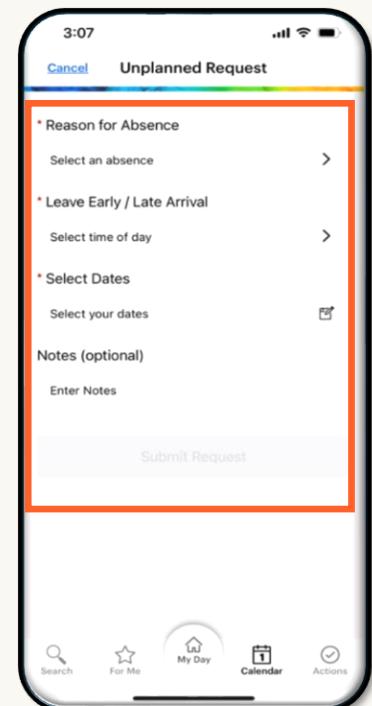
2. Select the “Time Off” option in the upper-right corner of the screen:



3. Select the “Planned” option:

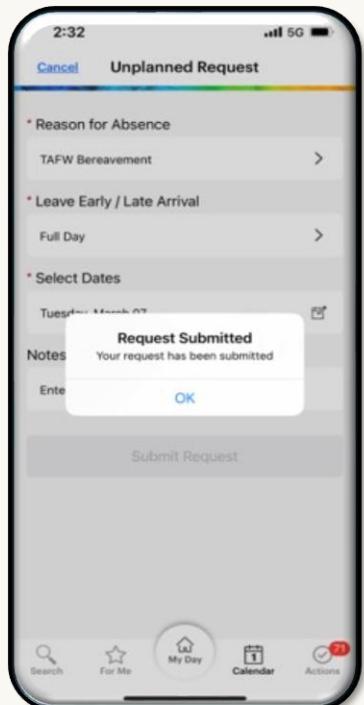


4. Fill in the requested information and then tap “Submit Request”:

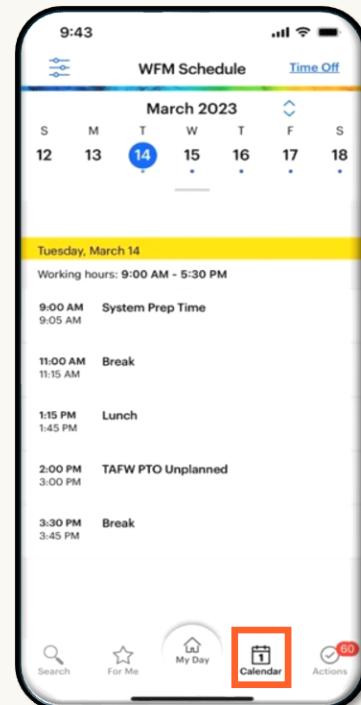


\*This workflow is continued on the next page.

5. A confirmation message will inform you of a successful submission:



6. If approved, your PTO will appear under "My Schedule" from the "Calendar" view of Sparq:



\*This workflow is continued on the next page.

7. You will also receive a confirmation email to indicate whether your PTO request was approved or denied:

*Example: PTO Confirmation Email*

New Sparq Callout - [REDACTED] (AUTO EMAIL - DO NOT REPLY)

To: [REDACTED] uhgsparkcalloutnotification@optum.com

Retention Policy: UHGIinbox (90 days) Expires: 6/8/2023

We removed extra line breaks from this message.

Start your reply all with: Thank you! Got it, thanks! Received, thank you.  Feedback

\*\*THIS IS AN AUTOMATICALLY GENERATED EMAIL SENT FROM SPARQ. PLEASE REACH OUT TO YOUR WORKFORCE FOR ANY QUESTIONS OR CONCERNs.\*\*

You have submitted a new callout through the Sparq mobile app.

Details:

Employee: [REDACTED]  
Employee ID: [REDACTED]

Notes:  
Length: Partial Day  
Code: TAFW FMLA Intermittent  
Date: 2023-03-12 01:30 to 2023-03-12 05:55 UTC Date Initiated: 2023-03-10 20:31 UTC Confirmation Code: 133

\*\*Please do not reply to this automated message.

## Holiday Guidelines

As part of your employment with Landmark First, and to comply with the [Clinical Enablement Holiday Coverage Policy](#), LM1 Clinicians (APCs & Triage RNs) are required to work a preset holiday schedule.

- Landmark First is committed to patient coverage 365 days a year.

The intent of this guide is to ensure this coverage is planned for, and provided, in a fair and consistent way among the Landmark First Team.

### Holidays

Optum observes eight (8) Holidays. These holidays have been divided into two groups “Group A” and “Group B” for scheduling purposes, as described below:

<i>Group A Holidays</i>	<i>Group B Holidays</i>
New Years' Day	Martin Luther King Jr. Day
Memorial Day	Independence Day (July 4 <sup>th</sup> )
Labor Day	Thanksgiving Day
Christmas Day	Day After Thanksgiving

*\*Holiday guidelines are continued on the next page.*

## Expectations

- All Employees of Landmark First (Full and Part Time) are required to work holidays within each holiday cycle.
  - Employees who work more than 30 hours a week will be required to work two (2) Group A Holidays and two (2) Group B Holidays per holiday cycle in a rotating pattern as described below.
  - Those employees who work less than 30 hours per week will be assigned two (2) holidays in advance.
- A holiday that falls on the employee's regular scheduled day will work their normal hours for that day.
- If a holiday falls on a day that the employee does not normally work, they will be required to work an eight (8) hour shift at Management's discretion to meet the needs of our patients.
- The 12-month holiday cycle is in line with the calendar year and resets in January.
- An employee may volunteer to cover more hours than their shift is scheduled for.

## Holiday Rotation

Once hired, an employee will be assigned a holiday rotation schedule. This schedule will ensure that the employee works alternate Group A and Group B holidays from year to year:

- For example, an employee may receive the following holiday rotation:

2025	2026	2027	2028
Group A	Group B	Group A	Group B
Christmas	Thanksgiving	Christmas	Thanksgiving

- In 2025, the employee will work Christmas day but is not assigned to work Thanksgiving day.
- In 2026, that same employee will work on Thanksgiving day but not on Christmas day.

*\*Holiday guidelines are continued on the next page.*

## Swapping Holiday Shifts

It is acceptable to swap shifts with another colleague with management approval:

- The hours of each employee must be covered and worked in full by the swap.
  - For example, if Employee A is scheduled to work 10 hours and swaps with Employee B, who is scheduled 8 hours; Employee B, must work Employee A's 10-hour shift.
- Employees who commit to a holiday shift swap are required to work each other's scheduled shift.
  - Shift times will not be altered in any way because of a swap.
- Swapping of shifts does not alter the employee's holiday rotation.
- The swapped holiday must fall within the same holiday cycle.

## Resolution Scope

Landmark First Patient Care Coordinator workflows include the resolution of:

### Appointment Reschedules

LM1 PCCs may reschedule the following appointments:

- Initial Visits (IV)
- Initial Visit 2 (IV2)
- Maintenance Visits (MV)
- Palliative Prognosis Visits
- Palliative Management Visits  
*(if not scheduled by a PCMD)*

### Internal Consult Transfers

If LM1 PCCs are unable to resolve a caller's request, or if resolution is included within LM1 PCC workflows, a remote or local office consult transfer may be necessary.

- Follow the Non-Urgent, Urgent, and Immediate Emergency Action Clinical call workflows.
- Contact Visiting Clinicians or local Care Coordinators to complete appointment scheduling or rescheduling outside of the LM1 PCC scope.
- Transfer callers responding to voicemails or messages to their original point of contact.

### Appointment Confirmations

LM1 PCCs may confirm all appointment types.

*(Need Screening Information)*

### Additional Administrative Work as Needed

Other administrative work may include:

Documenting general updates or messages.

Updating the patient's authorized contact, primary phone, or Visiting Address information.

Providing general information about the company and the services we provide to patients.

Creating Tasks or actions in Ubiquity for local follow-up.

# Shift Start / Shift End Guidelines

## Beginning Your Shift

- Review any changes to shift, breaks, or PTO requests in IEX, as needed.
- Greet your co-workers with a brief chat message in the LM1 PCCs team.
- Review any announcements or updates posted in Teams or received in Outlook.
- Put yourself “On Queue” in Genesys to start taking incoming calls and messages.

## Shift Expectations

- Set your meal and breaks statuses in Genesys and the IEX Web Station.
- Use your Teams PCC channel chat to inform your co-workers and Supervisor of when you are taking breaks or lunch.
- Follow all guidelines for “Personal Time” and [System Troubleshooting](#).

## Application Checklist



IEX Web Station



Genesys Cloud



Microsoft Teams



NENA 911 Database



Outlook



Athena

## Ending Your Shift

- Report your time using Global Self Service (GSS).
- Logout of Genesys.
- Finalize any open Notes you entered in Ubiquity.
- Check and respond to any emails addressed to you.
- Say goodbye to your peers in Teams chat.
- Close IEX Web Station

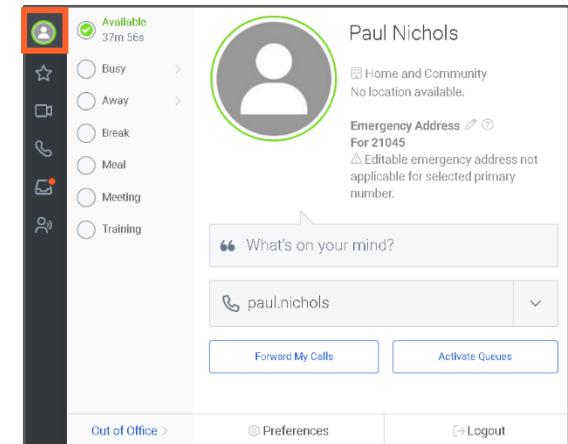
## Web Application Links

Links to Humanity, Genesys, and NENA may be retrieved from the [Company Resources & Employee Reference Job Aid](#) document. For ease of access, please bookmark these applications or save them as shortcuts on your desktop / task bar.

## Genesys Status Tracking

Throughout your workday, you will need to indicate your current activity using the status options available in Genesys:

Status	When to Use	Recommended Time Limit
On Queue	Used to take all incoming calls	Whenever you are working your shift and ready to take calls
Not Responding	Automatically assigned if you fail to answer an incoming call or message	Make yourself available for interactions as soon as possible
Available	Status to take Internal Calls Only	Do not use
Meal	Only to be used for lunch breaks.	30 minutes for a standard shift
Away	For bathroom breaks and misc.	Notify Supervisor
Breaks	Only to be used for scheduled breaks	15 minutes
Meeting	Only to be used for meetings.	Length of meeting
Training	Used during scheduled trainings	Length of training
Busy	Use sub-statuses only	(see the sub-status table)



### Going “On Queue” in Genesys

The On-Queue status can be set by switching the toggle in the upper-right corner of your Genesys window, or by clicking the “Go On Queue” button in the “Interactions” pane.

- Please note that “Available” and “On Queue” are two different statuses. If you change your status from “On Queue” to “Available”, you will be taken off queue immediately and no longer receive incoming calls.
  - The “Available” status will allow you to receive internal calls only.

## Sub-Statuses

Selecting the “Busy” or “Away” status will open an additional menu of sub-statuses to choose from:

Status	Sub-Status	When to Use	Recommended Time Limit
Busy	Answering Service	Used while reviewing / responding to an answering service message	While reviewing / responding
Busy	Busy	Do not use	(None)
Busy	Callback	While locating a patient in UB for a callback	-1 Minute
Busy	Documenting	Documenting Ubiquity + Email on patient's behalf	5 Minutes (Training / Onboarding)
			Set by Supervisor or Manager
Busy	Triage	When a triage request is received by a clinician	Determined by Clinical Leadership Teams
Busy	Urgent Visit Documentation	Used by clinicians documenting Urgent Visits	Determined by Clinical Leadership Teams
Busy	Urgent Visit Oversight	Used by clinicians providing oversight for an Urgent Visit	Determined by Clinical Leadership Teams
Away	Away	Do not use	(none)
Away	Personal	Bathroom breaks (example)	-10 minutes
Away	System Down	When there is a system or application issue that prevents call management.	Follow the <b>Troubleshooting Systems Issues</b> guidelines.

- If your ACW exceeds the recommended time limits, please notify your Supervisor immediately.

## Documentation & Idle Time

The following conditions may apply to after-call documentation:

- Unless otherwise instructed, use the Busy → Documenting status in Genesys while completing after-call documentation.

If call volume is low, you may be instructed to go On-Queue while completing after-call documentation. This is referred to as "Idle Time" and is initiated at the discretion of a Supervisor.

- Idle time is implemented to keep the call "Abandon" statistic low and allows us to best assist our patients.
- If you receive a call while documenting during Idle Time, save your current work and answer the call in Genesys. Live calls will take priority over after-call documentation until the call is ended.

## Personal Time

The following conditions apply to Personal Time applied during your shift. Supervisors will monitor an employee's use of personal time and ensure everyone is held accountable to the same standard:

- Personal Time should not be used daily.
- Personal Time should not exceed 10 minutes.
- Notify a Supervisor via Teams chat whenever you need personal time before leaving your desk.
- Personal time should not be used as an extra break.
- Personal time requests may be denied during high call volume periods or when short-staffed.
  - Please use breaks and lunchtime wisely.



### Teams Communications

. LM1 PCCs are expected to check Teams groups and chats periodically for tags, mentions, or important announcements throughout their workday.

*Teams is the primary communication tool between supervisors and agents when status or queue activity must be updated to meet patient / caller needs.*

## Completing Call Wrap-Up

After each call, you must complete a Wrap-Up Code to provide a brief record of the call type that was handled. The full list of Wrap-Up Codes will become available in Genesys automatically after a call ends. Please match your Wrap-Up Code to the type of call that was handled:

- LM1 – 911 Activated
- LM1 – Call Disconnected
- LM1 – Cancel Appt
- LM1 – Clinically Managed
- LM1 – Confirm Appt
- LM1 – ER Advised
- LM1 – In-Person UV Dispatched (Clinicians Only)
- LM1 – Market Request
- LM1 – No Answer
- LM1 – Non-Patient Related
- LM1 - Outreach
- LM1 - PCC - Urgent Clinical Transfer (Buzz)
- LM1 – Reschedule Appt
- LM1 – Return Call
- LM1 – Transfer to LM1 Clinician
- LM1 – Transfer to Market Clinician
- LM1 - Voicemail
- LM1 – Wrong Number

The screenshot shows a software interface for selecting a wrap-up code. At the top, there are icons for user profile, messaging, calendar, and a checked checkbox. The title 'After Call Work' is displayed along with a timestamp '0:57'. Below the title is a search bar labeled 'Find wrap-up code' with a magnifying glass icon. A vertical list of wrap-up codes is shown, each preceded by a blue link. The list includes: LM1 - 911 Activated, LM1 - Call Disconnected, LM1 - Cancel Appt, LM1 - Clinically Managed, LM1 - Confirm Appt, LM1 - ER Advised, LM1 - In-Person UV Dispatched, LM1 - Market Request, LM1 - No Answer, LM1 - Non-Patient Related, LM1 - Outreach, LM1 - PCC - Urgent Clinical Transfer (Buzz), LM1 - Reschedule Appt, LM1 - Return Call, LM1 - Transfer to LM1 Clinician, LM1 - Transfer to Market Clinician, LM1 - Voicemail, and LM1 - Wrong Number. At the bottom of the screen, there is a message 'Wrap-up code is required' followed by a 'Select wrap-up code' button with a checkmark icon, and a 'Done' button.

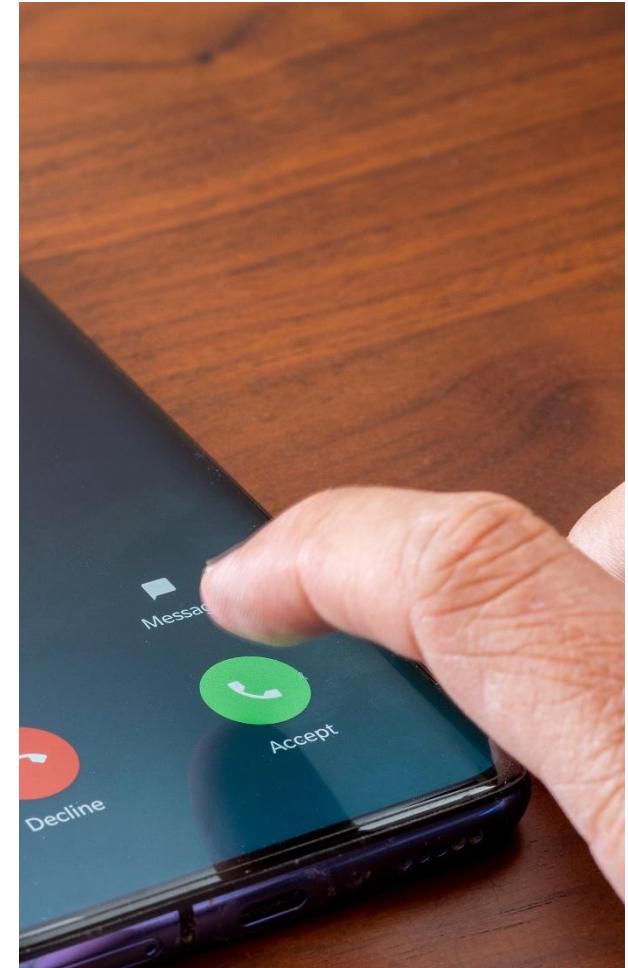
# Call Guidelines & HIPAA

## Table of Contents

- [3-Step Patient Verification](#)
- [Patient & Caregiver Authorization Job Aid](#)
- [Valid Verbal Consent Job Aid](#)
- [3<sup>rd</sup> Party PHI Disclosure to Primary Care Offices or Health Plans](#)
- [Unauthorized Caller Guidelines](#)
- [Inbound Call Greeting Guidelines](#)
- [Outbound Call Greeting Guidelines](#)
- [Voicemail Guidelines](#)
- [Courtesy, Empathy, & Active Listening](#)
- [Manage Verbally Abusive Calls Guidelines](#)
- [How to Contact the Interpreter Line](#)
- [Email, Messaging, & Phone Call Communications Cheat Sheet](#)
- [Patient Engagement & Eligibility Guidelines](#)
- [Patient Communications Troubleshooting](#)

### [3 Patient Identifier Verification Procedure](#)

The standard procedure for patient identification during recorded calls.



## 3-Step Patient Verification

Use the following guidelines to complete patient verifications at the start of incoming calls:

- Within Landmark First, it is considered best practice to request the patient's full name, date of birth, and address to fulfill HIPAA identification requirements during calls. Other forms of identification listed below may be used, if necessary.

1

### Request The Patient's First / Last Name

The caller should provide the patient's first and last name. Ask for specific spelling as necessary.

2

### Obtain HIPAA Identifier #1

Ask the caller to provide the patient's:

- Full Date of Birth
- Full Phone Number
- Full Address

3

### Obtain HIPAA Identifier #2

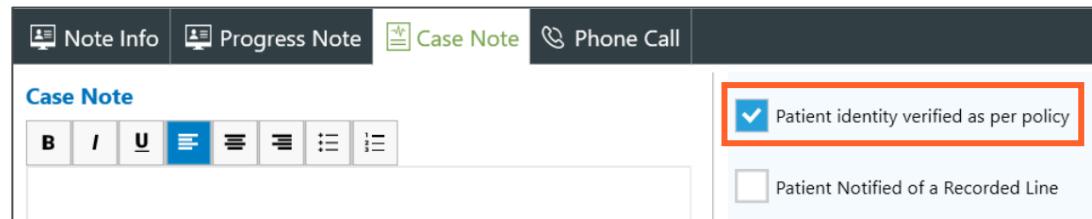
Ask the caller to provide the patient's:

- Full Phone Number
- Full Address
- Health Plan / Member ID

4

### Confirm Patient Identity Verification in Ubiquity

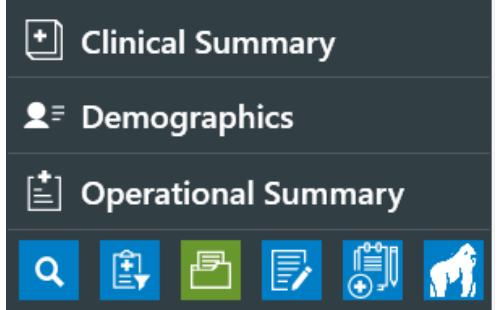
If the patient's full name and two HIPAA identifiers are confirmed by the caller, check the "Patient identity verified as per policy" confirmation box in your Ubiquity documentation.



# Patient & Caregiver Authorization Job Aid

Once the patient's chart has been verified, the caller's authorization status must be confirmed.

- **DO NOT** assume that the caller is the patient. Ask the caller to identify themselves and their relationship to the patient. Review the chart to verify the caller's information.
- The caller's information, relationship to patient, and authorization status should be shared with company staff during call transfers / warm handoffs.

<b>1</b> Check the "Alerts" and "Patient Notes" in the Clinical Summary   <p>The Clinical Summary interface shows the "Alerts" section containing a message: "Call patient's son, Josh, to schedule appointments. Prefers afternoon appointments. Flu Screen Negative – 4/17/2024". Below it is the "Patient Notes" section with the message: "Son's number is listed as primary in Demographics." Both sections have a dashed red border.</p> <p>Authorized callers may appear in the "Alerts" or "Patient Notes" section of the patient's chart in the "Clinical Summary" section.</p>	<b>2</b> Check for Contacts Listed in the Chart's "Demographics" Section   <p>The Clinical Summary interface highlights the "Demographics" section in green. It includes icons for search, clipboard, file, pen, and a gorilla icon. Below the summary are the "Operational Summary" and other functional icons.</p> <p>Contacts may be listed in the "Phone Numbers" or "Contacts" section of the "Demographics" section of Ubiquity. The patient's Primary Care Provider (PCP) will also be listed here.</p>	<b>3</b> Check for Signed Uploaded Consent documents   <p>The Clinical Summary interface shows the "Demographics" section with a green bar at the top. It includes icons for search, clipboard, file, pen, and a gorilla icon. Below the summary are the "Operational Summary" and other functional icons.</p> <p>The patient may have a Health Care Proxy, Durable Power of Attorney, or other authorized contact listed in uploaded consent documents.</p>
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## Valid Verbal Consent Job Aid

If an unauthorized caller requests the patient's Protected Health Information (PHI), valid verbal consent must be obtained from the patient or the patient's legal representative. If valid verbal consent is granted, the contact can be added to the patient's chart:

1

### Inform the caller that Authorization is Required

Inform the caller that the patient will need to provide valid verbal consent before you can release the requested PHI.

Ask if they are with the patient, and if so, is the patient available to provide authorization?

2

### Verify the Patient's Identity

If the patient joins the call, ask them to confirm their first name, last name, and two of the following:

- Full Date of Birth
- Full Address
- Full Phone Number
- Health Plan / Member ID

3

### Request Valid Verbal Consent

Once the patient is verified, request the following information:

- Contacts Name
- Relationship to Patient
- Phone Number
- One-Time or Ongoing Authorization

If ongoing authorization is granted, inform the patient that you will add the requested contact to their chart for future reference.

#### Suggested Script

*"Unfortunately, I am unable to provide that information as you are not listed as an authorized contact on the patient's chart. If the patient is with you, are they available to complete a brief authorization?"*

#### Suggested Script

*"Thank you for taking the time to speak with me. Before I can authorize a new contact on your chart, or provide them any information, I need to verify your identity."*

#### Suggested Script

*"Thank you for that information, may I speak to (caller's name) on your behalf?"*

*"Thank you, I have added their information to your chart, but you can call and update this information at any time."*

#### 4

#### Update the Contact Information in the Patient's Chart

Navigate to the “Demographics” section of the patient’s chart and click the “edit” button to the right of the “Contacts” category.

- Use the pop-up window to add the new authorized contact
- Check the “Valid Verbal Consent to Share” option

Fill in the contact’s information and click “Add”

You can also use the pop-up window to edit or remove existing contacts.

The screenshot shows the Clinical Summary interface with the Demographics section selected. On the right, there is a list of contact information: Contacts, Previous Address, and Previous Name, each with an edit icon. Below this is the 'Edit Contacts' pop-up window. The window has fields for First Name, Middle Name, Last Name, Relationship, Phone Numbers, Email, Type, and several checkboxes. A checkbox for 'Valid Verbal Consent to Share' is checked and highlighted with a red box. At the bottom of the pop-up are 'Add', 'Cancel', 'Discard Changes', 'Close', and 'Save & Close' buttons.

## 3<sup>rd</sup> Party PHI Disclosure to Primary Care Offices or Health Plans

Optum's [Authentication and Verification of Individuals, Members, Patients and Consumers](#) policy allows for Protected Health Information (PHI) to be shared with primary care providers (PCP), health plans, and other organizations within the patient's health network:

1	2	3
<p>Obtain the Caller's First Name, Last Name, &amp; Organization / Office</p> <p>The caller should provide their first and last name along with the company, organization, or doctor's office they are calling from.</p>	<p>Obtain the Organization's Relationship to the Patient</p> <p>Ask the caller to provide a brief summary of the organization's relationship to the patient for documentation purposes.</p>	<p>Obtain Patient's First &amp; Last Name</p> <p>The caller must provide the patient's first and last name.</p>

4	<p><b>Verify Two (2) Additional Identifiers</b></p> <p>Obtain and verify two of the following HIPAA Identifiers:</p> <ul style="list-style-type: none"><li>• Health Plan ID Number</li><li>• Date of Birth</li><li>• Social Security Number (SSN)</li><li>• Full Address including City, State, &amp; ZIP Code.</li></ul>
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### PHI Restrictions

- Only PHI related to the scope of the 3<sup>rd</sup> party should be shared.
  - For example, a pharmacy may receive a patient's medication information, but not their appointment schedule unless it is reasonably related to the scope of care the pharmacy has committed to the patient.
  - If unclear, ask the caller to provide a brief summary of why the requested PHI is needed by their organization.
- **DO NOT** verify a patient's Social Security Number (SSN) if making an **OUTBOUND** call.
- Report any wrongful disclosures of PHI to your Supervisor as soon as possible after the event.
- If a Primary Care Provider (PCP) does not appear in the **Demographics** section of the patient's chart, that office **MUST** obtain and submit signed consents from the patient before we can provide PHI.

## Unauthorized Callers

The following callers are considered unauthorized and are unable to receive PHI without the patient's Valid Verbal Consent:

- Friends, family, neighbors, or other personal contacts who do not appear in the patient's chart as authorized contacts.
- Representatives from medical facilities, pharmacies, or PCP offices that fail to complete patient verification.
- Representatives from medical facilities, pharmacies, or PCP offices that fail to provide a reasonable explanation for why the PHI is being requested or how it relates to the patient's care.
- All other callers not applicable to the patient's care.

Without Valid Verbal Consent, legal guardians or a patient's Power of Attorney **MUST** be listed on the patient's chart, or have submitted a legal consent document uploaded to the chart, to be considered authorized.

### Documentation Audits

Regular call documentation audits **MUST** check to confirm that caller and patient identification and verification steps were completed and documented according to Optum and UnitedHealth policy.

### Recorded Call Audits & Performance Assessments

Disclosure of PHI to an unauthorized call **WILL** result in a failed call audit and **MUST** be reported to the PCC's Supervisor for follow-up. Repeated breaches of PHI **WILL** result in disciplinary action up to, and including, job termination.

### Unauthorized Callers Seeing Medical Care for Patients

If an unauthorized caller indicates a medical concern, question, or symptom on behalf of an Engaged patient, follow call transfer workflows as outlined in the LM1 PCC Guidebook.

- During the call transfer handoff, inform the clinician or staff member that the caller is not authorized.

## Inbound Call Greeting Guidelines

LM1 PCCs are expected to use the following suggested script to greet callers:

1

### Organization & PCC Introduction

The inbound call greeting should introduce the following:

- Organization
- LM1 PCC by first name
- LM1 PCC by Job Title

#### Suggested Script

*"Thank you for calling Landmark First. My name is (your first name), Patient Care Coordinator."*

2

### Obtain Caller & Patient Details

Follow the Patient & Caregiver or 3<sup>rd</sup> Party Organization verification steps according to the workflows in this guidebook and linked Optum Policies.

- [3 Patient Identifier Verification Procedure](#)
- [Authentication and Verification of Individuals, Members, Patients and Consumers](#)

#### Suggested Script

*"May I have your name and relationship to the patient?"*

*"To complete required verification steps, may I please have the patient's first name, last name, and full address to access their chart?"*

3

### Callback Number Verification

Obtain a valid callback number in case of call disconnection.

*\* Please note that the phone number displayed by Caller ID may not be the caller's preferred contact number.*

#### Suggested Script

*"Thank you. As a final step, can you provide me with a callback number where I can reach you if we get disconnected?"*

## Outbound Call Greeting Guidelines

When starting an outbound call to a contact outside the organization, LM1 PCCs are expected to:

- Request to speak to the specified contact as listed in the callback request, answering service message, or chart.
- Inform the contact that they are on a recorded line

1

### Organization & PCC Introduction & Contact Specification

The inbound call greeting should introduce the following:

- Organization
- LM1 PCC by first name
- LM1 PCC by Job Title

In addition, indicate that you are calling on a recorded line and ask to speak to the specified contact.

2

### Gather Contact & Patient Details

Follow the Patient & Caregiver or 3<sup>rd</sup> Party Organization verification steps according to the workflows in this guidebook and linked Optum Policies.

- [3 Patient Identifier Verification Procedure](#)
- [Authentication and Verification of Individuals, Members, Patients and Consumers](#)

3

### Callback Number Verification

Obtain a valid callback number in case of call disconnection.

**\*Please note that the phone number displayed by Caller ID may not be the caller's preferred contact number.**

#### Suggested Script

"Good morning / afternoon. My name is (your first name) and I'm a Patient Care Coordinator with Landmark First calling on a recorded line. May I please speak to (specified contact)?"

#### Suggested Script

"May I have your name and relationship to the patient?"  
"To complete required verification steps, may I please have the patient's first name, last name, and full address to access their chart?"

#### Suggested Script

"Thank you. As a final step, can you provide me with a callback number where I can reach you if we get disconnected?"

## Voicemail Guidelines

If you are unable to reach a patient, caregiver, community provider, or any other specified contact outside the organization:



### Voicemail Specifications

#### Leave a Brief Voice Message for the Specified Contact

Your message should include:

- Your first name and job title
- The organization you are calling from
- Provide the toll-free Landmark phone number: 657-400-2480

#### Suggested Script

*"Good morning / afternoon. My name is (your first name), calling from Landmark First to follow up on the message that you left for us. Please give us a call back at 657-400-2480 and our staff will be able to continue this conversation with you. Thank you.*

#### Never Share PHI in Voicemails

**DO NOT** share any protected health information (PHI) when leaving voicemails. Doing so is in violation of HIPAA and may result in disciplinary action up to, and including, termination of employment.

#### Leave Voicemails For:

- Patients & Caregivers
- Community Providers
- Social Workers
- Home Health services
- All other callback requests

#### **DO NOT** Leave Voicemails for:

- APC Queue in Genesys
- RN Transfer Queue in Genesys
- On-Call Providers

## Courtesy, Empathy, & Active Listening

Please use at least one (1) empathy phrase and 2 (two) courtesy statements during your patient / caregiver calls. Using such language can:

- Deescalate a call
- Help a caller feel more comfortable communicating their concerns
- Build a caller's confidence in our ability to resolve their concerns
- Indicate to the caller that they have been listened to

Both empathy and courtesy phrases are required items on the PCC Call Audit Score Card. Please see the Call Quality Review & Scoring section for more information

### Courtesy

A statement to convey politeness and respect.

### Empathy

A compassionate statement made to acknowledge, affirm, and validate the emotions of others.

- The most effective empathy statements are born from active listening and should be made in direct response to a caller's concern.

### Call Audits & General Performance Feedback

Your use of courtesy statements, empathy statements, and active listening skills will be assessed during regular call audits and may affect your overall score rating.

If a lack of courtesy, empathy, or active listening leads to poor call performance, supervisors will provide coaching and feedback during one-on-one meetings.

Courtesy Examples	<i>Empathy Examples</i>
<ul style="list-style-type: none"><li>• <b>May I please have the patient's name?</b></li><li>• <b>"Thank you for that information."</b></li><li>• <b>"Have a nice day."</b></li><li>• <b>"I'm sorry, I didn't catch the last thing you said."</b></li></ul>	<ul style="list-style-type: none"><li>• <b>I'm sorry you having trouble refilling your prescription.</b></li><li>• <b>I'm glad your headache is gone.</b></li><li>• <b>I hope you recover from your cold soon.</b></li><li>• <b>I appreciate that you called us with this update.</b></li></ul>

## Active Listening

Active listening is a must-have skill when speaking to callers as it leads to:

- Building trust in your ability to resolve the concern, and in the organization.
- Resolving frustrations and impatience during wait times.
- Better understanding of the problem a caller is facing.
- Increasing probability of concern resolution with a single call.

When contacting Landmark, our callers:

- Are struggling with multiple ongoing health conditions.
- Might be experiencing physical or mental anguish.
- Are looking for guidance from someone they have never met in person.
- May be overwhelmed with information or emotion.
- Need to hear a compassionate voice.

The best active listening is achieved when:

- Personal distractions are removed from the work environment.
- The caller is not interrupted while voicing their concerns.
- Repeat / mirror the caller's concern to clarify understanding.
- Ask the caller to clarify / repeat themselves when necessary.



### Communication & Understanding

*We all communicate differently and with that, we all face challenges and barriers when expressing our thoughts and ideas.*

*Some of our patients may have physical or mental impairments that effect speech. Alternatively, they may speak with inflections or use phrases that you are unfamiliar with.*

*You can facilitate clear communication by asking follow-up "yes" or "no" questions to better understand their concern.*

*Finally, **NEVER** raise your voice to a caller in anger or frustration.*

## Manage Verbally Abusive Calls Guidelines

If a patient, caregiver, or any other caller becomes verbally abusive during a call:

- **DO NOT** raise your voice to the caller or reciprocate their abusive language.
- Remember that the patients we serve may suffer in ways we do not know about due to their clinically complex conditions.
- Lead with kindness.

1	2	2
<p><b>Attempt De-Escalation</b></p> <p>Acknowledges the caller's frustration:</p> <ul style="list-style-type: none"><li>• Inform the caller that you are making every effort to address their concerns.</li></ul>	<p><b>Establish Boundaries</b></p> <p>Establish a boundary by clearly stating the behavior you find offensive.</p> <ul style="list-style-type: none"><li>• Kindly ask the patient to refrain from behaving in an offensive manner.</li></ul>	<p><b>Establish Boundaries</b></p> <p>Inform the caller that you are ready to end the call due to their continued use of profanity or abusive language.</p> <ul style="list-style-type: none"><li>• If the situation does not improve, end the call.</li></ul>

### Suggested Script

*"I understand that this is frustrating and I will try my best to resolve this for you as quickly as possible."*

### Suggested Script

*"I would like to assist you, but please refrain from using profanity."*

### Suggested Script

*"I am disconnecting the call due to your continued use of profanity. Please call back at a later time."*

## Reporting

1. Use a private chat in Teams to notify your supervisor of the call escalation immediately.
2. Follow **Call Documentation** guidelines when noting the interaction in Ubiquity:
  - **DO NOT** include details of the verbal abuse in your Ubiquity Note as Notes should be care-focused.

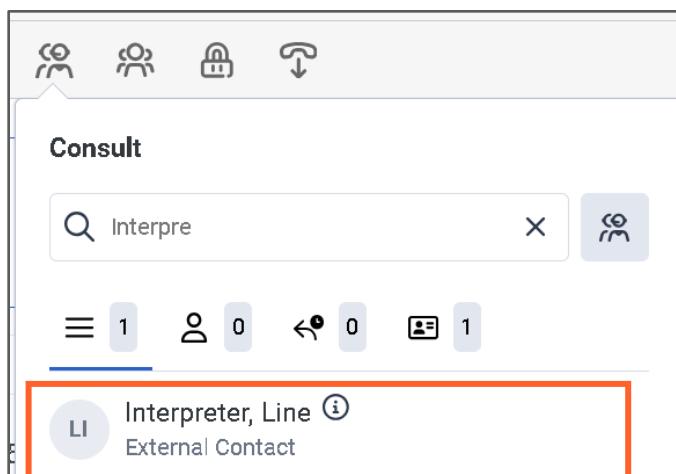
## How to Contact the Interpreter Line

The interpreter line can be called from the Interactions pane in Genesys or consulted as part of an ongoing call. Search "Interpreter Line" in the pop-up address book or dial (844) 447-1667.

- Use of the Interpreter Line does **NOT** alter any administrative or clinical workflows.

**1**

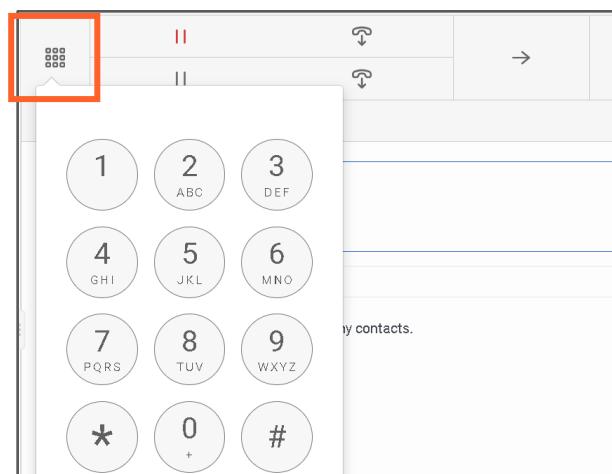
### Call / Consult the Interpreter Line



If part of an ongoing call, use the **Consult** option in Genesys. Search and select the **Interpreter Line** contact in the address book.

**2**

### Language Selection

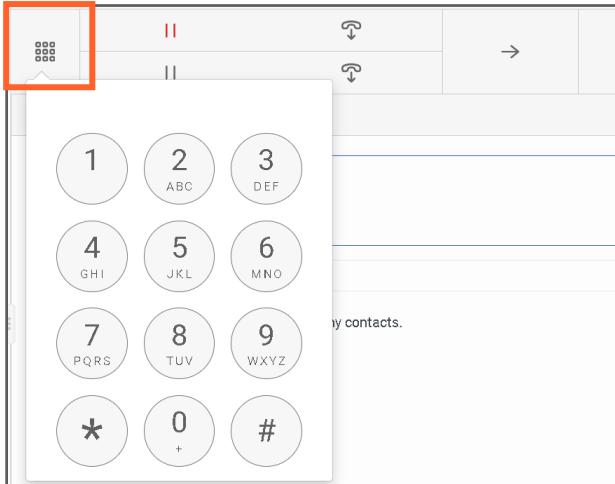


When prompted, use the on-screen dial pad to press **1** for Spanish, or **2** to specify a different language.

\*Continued on next page →

3

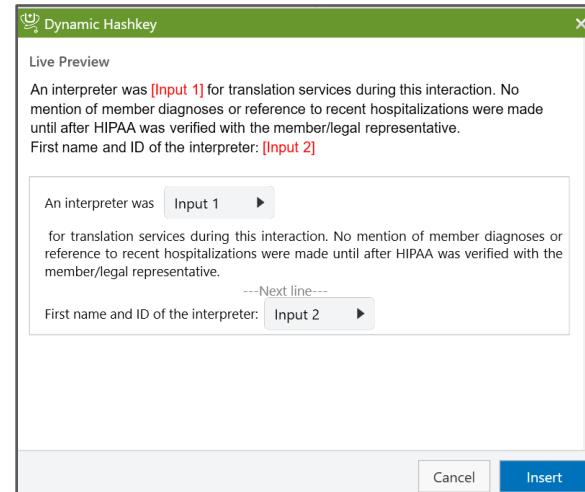
### Employee Identification



When prompted, use the on-screen dial pad to enter your **9-digit** employee ID. Include any 0's that appear at the beginning.

4

### Interpreter Introduction



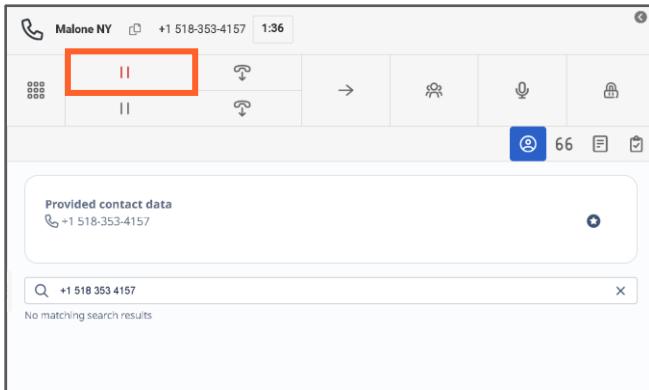
An interpreter will join the call.

- They may ask for the patient's state / region. Please provide the market / metro information for the patient.
- Ask the Interpreter to provide their name and ID. Note this in your after-call documentation.

\*Continued on next page →

5

## Resume the Call

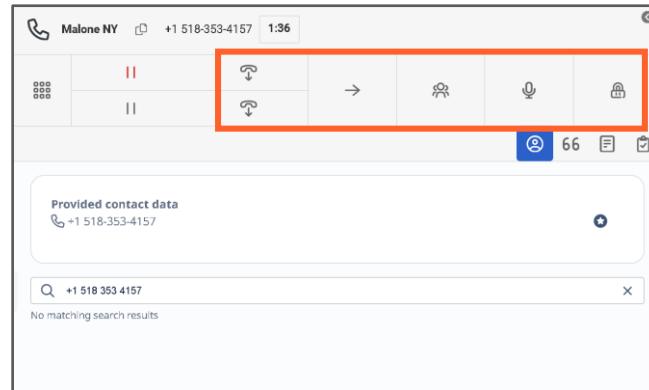


When ready, take the original caller off hold so that you, the interpreter, and the caller can speak to, and hear, one another.

Allow time for the interpreter to introduce themselves.

5

## Complete the Call



Proceed with the call normally while allowing time for the interpreter to translate your words and the caller's responses.

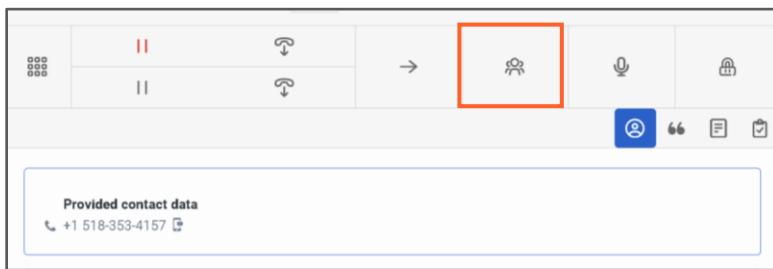
- End or transfer the call as needed.

## Interpreter Line Handoff / Transfer Guidelines

During a call, it may become necessary to transfer the caller and interpreter to an available LM1 Clinician or market staff. Unfortunately, there are no quick options to do this in Genesys, but the following workflow makes it possible:

1

### Switch Your Consult Call to a Conference Call

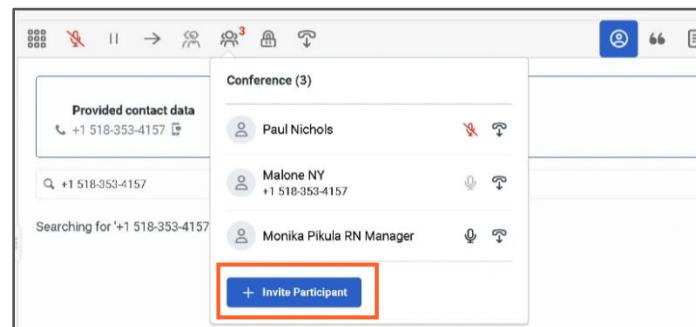


While in a **Consult** call with a patient and interpreter, select the "Conference" option from the dashboard.

Please note that selecting the **Conference** option will allow all participants to speak to, and hear, one another.

2

### Use the "Conference" Option to Add Contacts to the Call



From the new dashboard, select the **Conference** option again to open a list of current call participants. Click "Invite Participant" to search for new contacts to bring into the call.

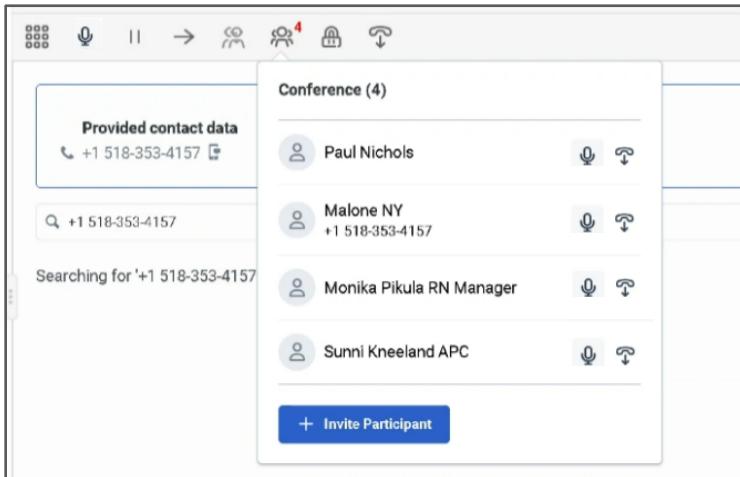
The participant you add should align with current call transfer workflows based on the caller's request.

You may select queues or contacts from the address book or enter a phone number manually.

*\*This workflow is continued on the next page.*

3

### Prepare the Added Participant for Call Transfer



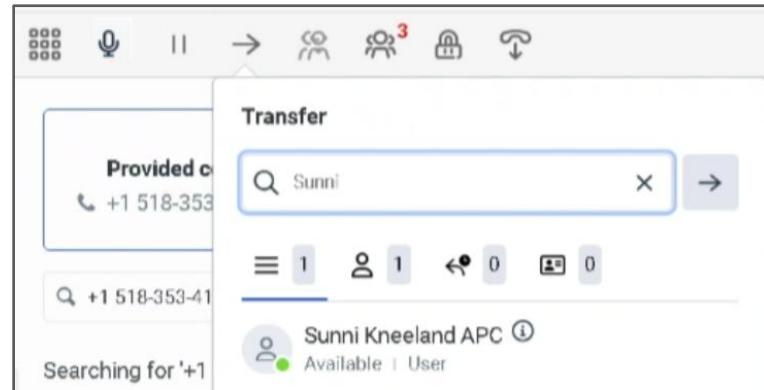
When your call is answered, inform the added participant that they are in a conference call for an interpreter line transfer.

- Introduce the caller and summarize their relationship to the patient and authorization status.
- Ask them to make themselves **Available** in Genesys and wait for them to verbally confirm this status change.
- Once confirmed, remove the added participant from the call by selecting “End Call” by their name.

You can toggle the **Conference** menu on and off to view all call participants.

3

### Complete a Cold Transfer to Hand Off the Call



Your contact will now expect an incoming cold transfer which will include the caller and interpreter.

- After removing your contact from the call, open the “Transfer” option from the dashboard and search for them in the address book.
- They should be listed as “Available”.
- Select their name to complete the cold transfer and end your portion of the call.

Your transfer is now complete.

## Email, Messaging, & Phone Call Communications Cheat Sheet

The following table outlines general call communications and follow-up to be completed through Teams messaging, emails through Outlook, or Phone call based on a caller's concern. See the [Metros Summary](#) for all email listings.

- Any time a market clinician or staff member is contacted via teams for patient / caller follow-up, also send an email to the Care Team and Metro Call Center mailbox.
- LM1-specific transfers **DO NOT** change based on business hours or after hours calls.

	<b>Call Transfer #1 (Business Hours)</b>	<b>Call Transfer #2 (No Answer / After Hours)</b>	<b>Teams Message (No Answer / After Hours)</b>	<b>Outlook Email (No Answer / After Hours)</b>
<b>Call or Return Call for Central Outreach</b>	Central Outreach Queue			Email the Central Outreach Team
<b>Metro Care Coordinator Action Required</b>	CC Transfer Queue			Care Team + Metro Call Center Mailbox
<b>Metro Clinician / Staff Message or Return Call</b>	Consult Original Caller for Transfer		Message Original Caller in Chat	Care Team + Metro Call Center Mailbox
<b>Same Day Appointment Cancellation or Reschedule</b>	Call Visiting Clinician		Message Visiting Clinician in Teams	Care Team + Metro Call Center Mailbox
<b>Non-Urgent Clinical Call</b>	RN Transfer Queue			Email Triage Callback
<b>Return Call to LM1 Clinician</b>	RN Transfer Queue			Email Triage Callback
<b>Labs / Lab Test Results</b>	RN Transfer Queue			Email Triage Callback
<b>Medication Refill or Calls from a Pharmacy</b>	APC Transfer Queue			Email LM1 APC Escalation Mailbox

## Patient Engagement & Eligibility Guidelines

The header of a patient's chart in Ubiquity will include tags such as Engaged, Eligible, or Closed to indicate their current enrollment and participation in Landmark / HBMC services:

- Use these tags **AND** the information provided in the Alerts section and HPSI tab to determine the patient's current enrollment status and ability to receive HBMC services.

A screenshot of the Ubiquity patient chart header. At the top, there are various icons and the patient's name, ARVIN JOLLY JR. Below the name, the patient's details are listed: Sam Cotter (0000000), 69yrs, (3/11/1955), Male (481) 118-3537. To the right of these details are buttons for UHG -, Columbus, Risk - Complexivist, Acuity D-Low, and Intensity 1. A green button labeled "Engaged" is highlighted with a red arrow pointing to it. Below the header, two boxes provide more information: one asking if the patient is able to receive HBMC services with options Eligible, Non-Eligible, or Closed; and another asking if the patient is engaged with HBMC services with options Engaged, Non-Engaged, or Closed.

### Example – HPSI Tab on a Closed Chart

A screenshot of the HPSI tab on a Closed chart. The tab title is "Health Plan Specific Information Notes". Inside the tab, there is a note titled "Home Address Note (94621)" which contains the following text in red:  
\*\*Brown & Toland is no longer partnering with Landmark Health. Please refer the patient to their PCP, Urgent Care or Emergency Department as Appropriate\*\*

If a chart is Closed, the HPSI tab may offer additional information to explain why the patient no longer receives HBMC services such as change in the patient's insurance, a change in an insurer's relationship with HBMC.

### Example – Alert for Deceased Patient

A screenshot of the Alert section of a patient chart. It shows a red alert icon followed by the word "Alert". Below that, it says "SA Safety Alerts: Admitted to Avalon Hospice on 4/11/2024. LM-HL, 4/12/2024, passed away on 7/3/2024. LM-HL. 7/11/2024"

Review the Alert section of the chart carefully as any notification of a patient's change in service or end of life will be listed here.

## Patient Engagement & Eligibility Cheat Sheet

<b>Eligibility</b>	<b>Engagement</b>	<b>Workflow</b>
<i>Eligible</i>	<i>Engaged</i>	<p>Patient participates in services and may receive home visits and telephonic support.</p> <ul style="list-style-type: none"> <li>• Receives LM1 PCC, LM1 Clinician, and Market Care Team support.</li> </ul>
<i>Eligible</i>	<i>Non-Engaged</i>	<p>Patient receives services and telephonic support, but may be new or in early stages of enrollment or communication with the Central Outreach team:</p> <ul style="list-style-type: none"> <li>• Check for upcoming appointments in the chart.           <ul style="list-style-type: none"> <li>◦ Reschedule Initial Visits or Initial Visit 2s upon request.</li> </ul> </li> <li>• Patient may speak to LM1 Clinicians for medical concerns or questions.</li> <li>• If no Care Team assigned, email Central Outreach if follow-up is needed.</li> <li>• May require explanation of services.</li> </ul>
<i>Non-Eligible</i>	<i>Engaged</i>	Patient receives services if an exception is made by their health plan or by other means.
<i>Non-Eligible</i>	<i>Non-Engaged</i>	Caller does not receive services. Refer the caller to their health plan.
<i>Closed</i>	<i>Closed</i>	<p>Patient cannot receive HBMC Services.</p> <ul style="list-style-type: none"> <li>• Check Alerts and HPSI tab.</li> <li>• Patient may be deceased or their insurance changed.</li> </ul>

## Caller Communications Troubleshooting

Use this cheat sheet if you encounter communication barriers when assisting callers:

### Trouble Obtaining Patient Details from the Caller or Trouble Locating a Chart in Ubiquity

- Solution #1** Ask the caller if anyone in the home receives regular home visits for their medical care.
- Solution #2** Ask the caller if they, or anyone in the home, has been talking to their insurance company, Optum, or Landmark about setting up or enrolling regular home visits for medical care.
- Solution #3** Ask the caller for a valid callback number and enter into the **Phone Number** search field in Ubiquity with all other fields blank.
- Solution #4** Ask the caller to spell the patient's name. When searching for the chart, only enter the first letter of the first and last name provided into the corresponding search fields. Add the patient's DOB to complete your search.
- Solution #5** If there is a language barrier, immediately offer Interpreter Line services.

### Caller is Unwilling to Provide Patient Details or Callback Phone Number

- Solution #1** Explain that, to protect patient records and comply with company quality standards, you must confirm the requested patient detail in order to assist the caller.
- Solution #2** Explain that caller IDs are not always reliable for callback. Some callers, companies, and patients mask their true phone numbers, call from a temporary number, or have a preferred primary phone number other than the one they are calling from.

# Appointments Updates Guide

## Table of Contents

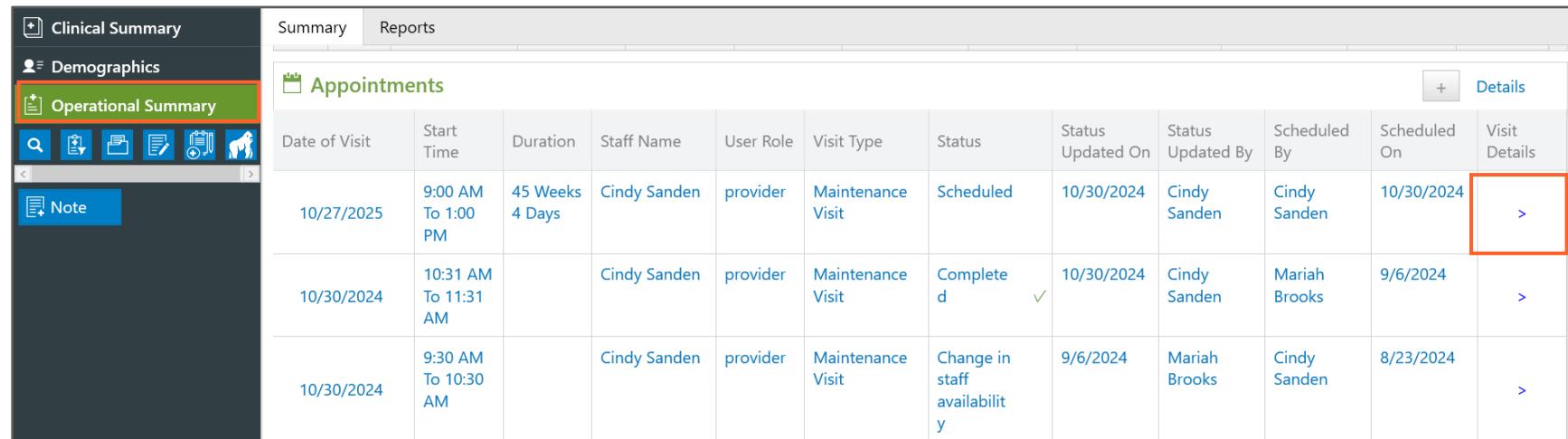
- [Appointment Administration in Ubiquity](#)
- [Appointment Confirmation Guidelines](#)
- [Telemedicine Alternative to Face-to-Face Visits](#)
- [Available Appointment Start Windows](#)
- [Appointment Rescheduling by Type](#)
- [Appointment Rescheduling for Couples & Partners](#)
- [Cancelled Appointment Rescheduling](#)
- [Appointment Acuity & Intensity Conditions](#)
- [Enter & Save TCPA Acknowledgements](#)
- [HouseCalls Appointment & Schedule Requests](#)
- [Appointments within HBMC Safety Zones](#)
- [Transition Program Patients](#)



# Appointment Administration in Ubiquity

When patients or authorized contacts request general appointment information, or to adjust an appointment:

- Take note of the Date of Visit, Start Time, Staff Name, and User Role to prepare for general questions related to the visit.
- To cancel or reschedule an appointment, select the arrow under **Visit Details**.



Date of Visit	Start Time	Duration	Staff Name	User Role	Visit Type	Status	Status Updated On	Status Updated By	Scheduled By	Scheduled On	Visit Details
10/27/2025	9:00 AM To 1:00 PM	45 Weeks 4 Days	Cindy Sanden	provider	Maintenance Visit	Scheduled	10/30/2024	Cindy Sanden	Cindy Sanden	10/30/2024	>
10/30/2024	10:31 AM To 11:31 AM		Cindy Sanden	provider	Maintenance Visit	Completed ✓	10/30/2024	Cindy Sanden	Mariah Brooks	9/6/2024	>
10/30/2024	9:30 AM To 10:30 AM		C Cindy Sanden	provider	Maintenance Visit	Change in staff availability	9/6/2024	Mariah Brooks	C Cindy Sanden	8/23/2024	>

## Start Times

When first scheduled, start times may span a 2-5 hour window to account for travel time, traffic, and any other appointments the visiting clinician might have that day.

- This window will be narrowed to 1-2 hours a few days before the appointment's scheduled date.

## Cancelled Appointment Statuses

Occasionally, an appointment's Status may be listed as **Change in Staff Availability** or **Moved Patient to Optimize Schedule**. These appointments are considered cancelled.

## Visit Details

1. Visit Type (determine whether appointment adjustments are within the LM1 PCC scope)
2. Staff Type (may be listed as provider or palliative care medical director (PCMD) for Palliative Management visits)
3. Visit Address (if blank, this indicates a telemedicine visit)
4. Check to indicate a patient or Landmark appointment cancellation.
5. Check to confirm the appointment
6. Use the "Note" section to indicate why the appointment is being cancelled.
7. Cancel changes made to the appointment, reschedule the appointment, or cancel the appointment.

The screenshot shows the 'Visit Details' window with the following fields and their values:

- Patient Name: [empty]
- Staff Type: provider
- Travel Time: 26 Mins
- Geographical Note: -
- Visit Type: Maintenance Visit (highlighted with a red box labeled 1)
- Staff Name: [empty]
- Duration: 60 Mins
- Visit Address: [empty] (highlighted with a red box labeled 3)
- Visit Note: [empty]
- Patient Cancelled:  (highlighted with a red box labeled 4)
- Landmark Cancelled:
- Status:
  - Scheduled
  - Confirmed (highlighted with a red box labeled 5)
- Confirmation details: [empty]
- Note: [empty] (highlighted with a red box labeled 6)

At the bottom are three buttons: 'Cancel' (highlighted with a red box labeled 7), 'Reschedule Visit', and 'Cancel Visit'.

### Appointment Documentation

Your Ubiquity note should indicate the appointment type, rescheduled date, or cancellation reason if an appointment is adjusted.

Reference the Call Documentation section for details, and templates.

## Cancellation

1

Select “Patient” or “Landmark” Cancelled in Visit Details.

The Visit Details window displays appointment details. At the bottom, there are two checkboxes: "Patient Cancelled" and "Landmark Cancelled". Both checkboxes are currently unchecked. A red box highlights this area.

- Indicate whether the patient or Landmark requested to cancel the appointment.
- Enter a brief note to indicate a reason for cancellation.

2

Select “Cancel Visit”

The Visit Details window shows the same appointment details. Now, the "Patient Cancelled" checkbox is checked, while the "Landmark Cancelled" checkbox remains unchecked. A red box highlights this area. At the bottom, the "Cancel Visit" button is highlighted with a blue border.

- Click the “Cancel Visit” button
- Inform the caller that the visit was cancelled.
- Note the visit cancellation in your Ubiquity Note.

## Reschedule

1

Select “Patient” or “Landmark” Cancelled in Visit Details.

The Visit Details window displays appointment details. At the bottom, there are two checkboxes: "Patient Cancelled" and "Landmark Cancelled". Both checkboxes are currently unchecked. A red box highlights this area.

Patient Name: [redacted] Visit Type: Maintenance Visit

Staff Type: provider Staff Name: [redacted] Date and Time: [redacted]

Travel Time: 26 Mins Duration: 60 Mins Visit Address: [redacted]

Geographical Note: [redacted] Visit Note

Patient Cancelled  Landmark Cancelled

\* Status: Scheduled  
Confirmed:  Confirmation details: [redacted]

Note: [redacted]

Cancel Reschedule Visit Cancel Visit

- Indicate whether the patient or Landmark requested to reschedule the appointment.
- Enter a brief note to indicate a reason for the reschedule.

2

Select “Reschedule Visit”

The Visit Details window displays appointment details. The "Patient Cancelled" checkbox is now checked, while the "Landmark Cancelled" checkbox remains unchecked. A red box highlights this area.

Patient Name: [redacted] Visit Type: Maintenance Visit

Staff Type: provider Staff Name: [redacted] Date and Time: [redacted]

Travel Time: 26 Mins Duration: 60 Mins Visit Address: [redacted]

Geographical Note: [redacted] Visit Note

Patient Cancelled  Landmark Cancelled

\* Status: Scheduled  
Confirmed:  Confirmation details: [redacted]

Note: [redacted]

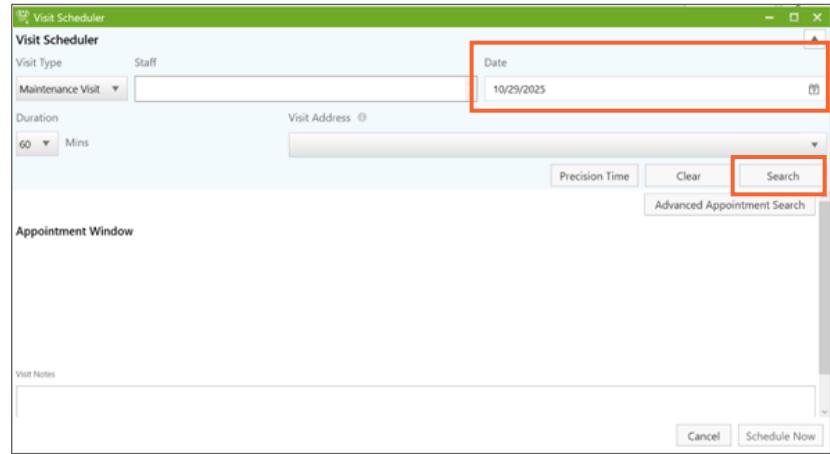
Cancel  Cancel Visit

- Click the “Cancel Visit” button
- Inform the caller that the visit was cancelled.
- Note the visit cancellation in your Ubiquity Note.

*\*This workflow is continued on the next page.*

3

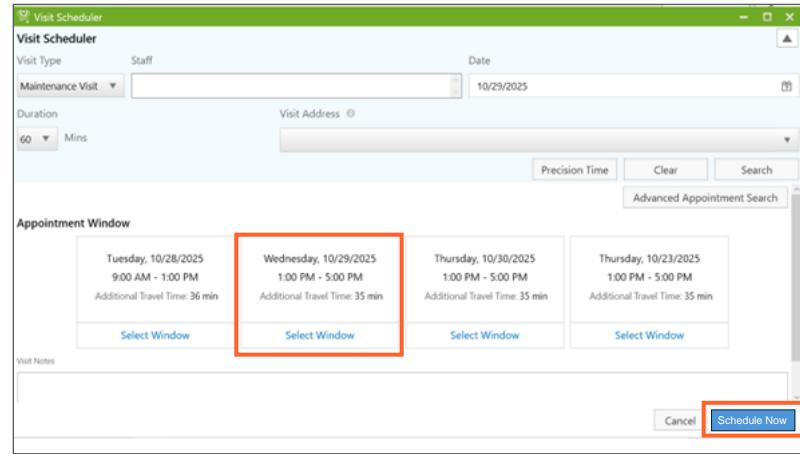
### Search for Available Appointments



- Click the calendar under “Date” to target appointment date. Click “Search” to view any open start windows.
- If no appointments are available. Select a new date and search again.

4

### Select the Appointment Start Window and Reschedule



- Offer the available start windows to the caller.
- Select the desired window.
- Click “Schedule Now” to complete the workflow.

# Appointment Confirmation Guidelines

Landmark First may confirm all appointments within **ONE WEEK** of the appointment.

## Appointment Access

A record of past and upcoming appointments can be viewed in the ***Operational Summary*** section of the patient's chart:

- Select the arrow under "Visit Details" to access confirmation, cancellation, and reschedule options for the appointment.

The screenshot shows the 'Operational Summary' section of a patient chart. On the left, there is a sidebar with icons for Clinical Summary, Demographics, Operational Summary (which is selected and highlighted in green), and Note. The main area is titled 'Appointments'. It displays a table with columns: Date of Visit, Start Time, Duration, Staff Name, User Role, Visit Type, Status, Status Updated On, Status Updated By, Scheduled By, Scheduled On, and Visit Details. A row for an appointment on 12/12/2024 is shown. The 'Visit Details' button at the bottom right of the table is highlighted with a red box.

Date of Visit	Start Time	Duration	Staff Name	User Role	Visit Type	Status	Status Updated On	Status Updated By	Scheduled By	Scheduled On	Visit Details
12/12/2024	9:58 AM To 10:58 AM	1 Day	Kathy White	provider	Maintenance Visit	Scheduled	12/9/2024	Jennifer Dupye	Kathy Y White	11/5/2024	>

The screenshot shows the 'Visit Details' window. It includes fields for Patient Name (Kathy White, NP), Staff Type (provider), Travel Time (58 Mins), Geographical Note (Address updated by member), Visit Type (Maintenance Visit), Staff Name (Kathy White, NP), Duration (60 Mins), Visit Note (-), and Date and Time (12/9/2024 02:34 PM EST). At the bottom, there are checkboxes for Patient Cancelled, Landmark Cancelled, and Status (with 'Confirmed' checked). The 'Confirmed' checkbox is highlighted with a red box. There are also 'Cancel', 'Reschedule Visit', and 'Cancel Visit' buttons at the bottom.

## Confirmation Process

1. Open the Visit Details window for the appointment you need to confirm.
2. Check the "Confirm" option under the "Status" section.
3. Your selection will be saved automatically. Close the window when complete.

LM1 PCCs may need to complete pre-confirmation screenings if a specific metro experiences outbreaks of respiratory illness or other contagions that may jeopardize the safety of our visiting clinicians.

- Metro-specific screenings will be announced in Microsoft Teams channels.

## Appointment Confirmation Calls

Patients or caregivers may call to indicate they received a missed call from us. Recent notes in Ubiquity should show that an appointment confirmation call was attempted. Request additional details from the caller as necessary.

## Telemedicine Alternative to Face-to-Face Visits

When a patient or authorized caregiver requests to cancel a **Maintenance** or **Post Discharge** visit, LM1 PCCs should offer a telemedicine alternative. This option allows the patient and visiting clinician to complete the visit over the phone.

- Telemedicine visits are **NOT** the same as Telephonic visits.
  - Telemedicine visits preserve the type and duration of the original appointment.
  - Telephonic visits are short check-in visits held over the phone (typically about 10 minutes).
- Please see the [Post Discharge Visit \(PDV\) guidelines](#) for Telemedicine Rescheduling.
  - Telemedicine PDV Visits may only be scheduled within three **(3) days** after patient's discharge from a facility.
- Confirm the phone number to be called for the appointment. If different than the callback number provided, include it in your documentation.

### How to Identify Telemedicine Visits

In the Visit Details window, Telemedicine visits do not display a patient's Visit Address:

*Example - Face-to-Face Visit Details*

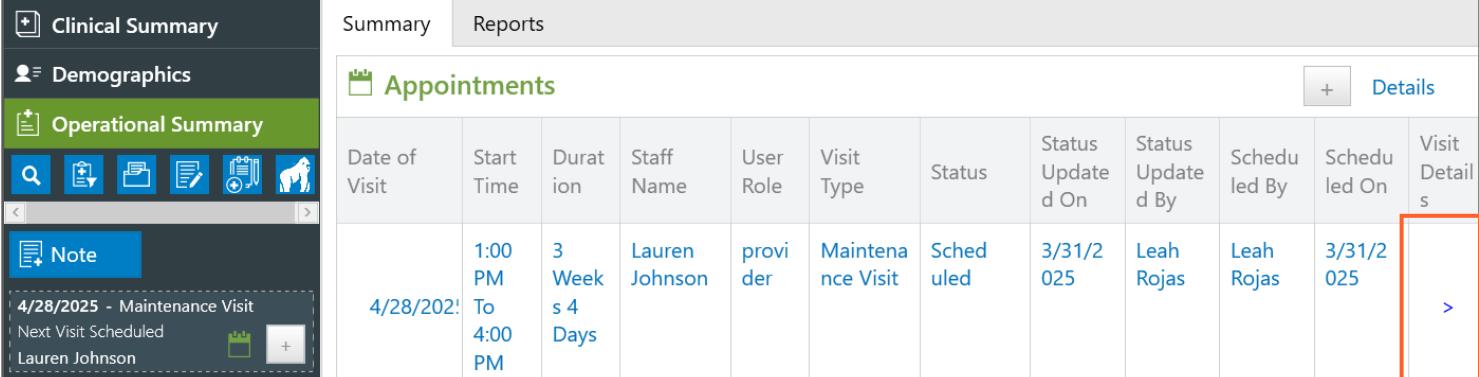
Visit Details	
Patient Name Diana Rust	Visit Type Maintenance Visit 
Staff Type provider	Staff Name Lauren Johnson, PA
Travel Time 43 Mins	Date and Time 4/28/2025 01:00 PM To 04:00 PM
Geographical Note -	Visit Address 713 Kiwi Road, Apt. 5. Chambers, FL 33109
Geographical Note -	Visit Note 

*Example - Telemedicine Visit Details*

Visit Details	
Patient Name Diana Rust	Visit Type Maintenance Visit 
Staff Type provider	Staff Name Lauren Johnson, PA
Travel Time 43 Mins	Date and Time 4/28/2025 01:00 PM To 04:00 PM
Geographical Note -	Visit Address -
Geographical Note -	Visit Note 

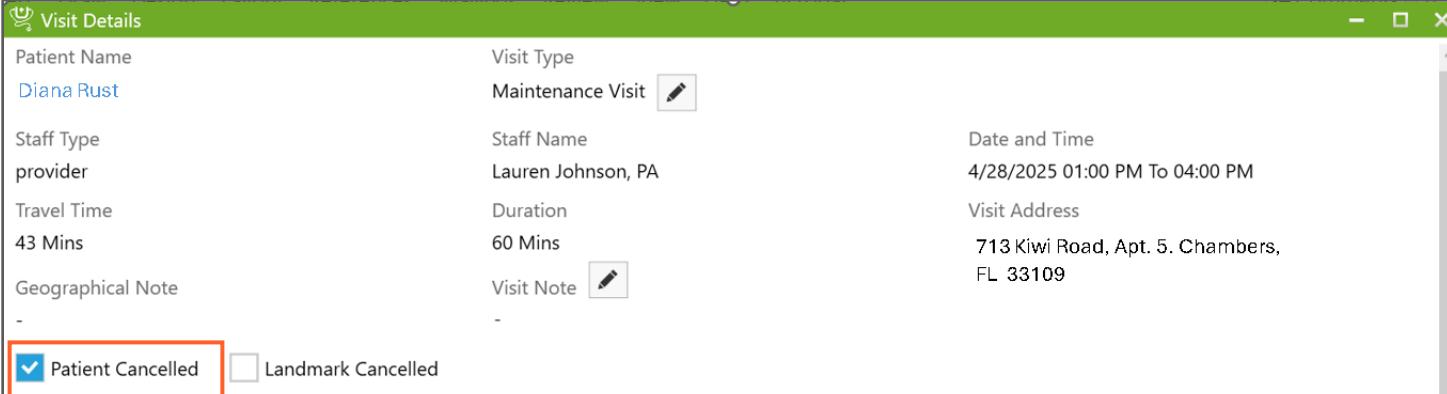
## How to Reschedule Face-to-Face visits as Telemedicine

1. Find the appointment to reschedule in the **Operational Summary** of the patient's chart and select **>** to open the visit details window:



The screenshot shows the 'Operational Summary' section of a patient chart. On the left, there are navigation links for Clinical Summary, Demographics, and Operational Summary. The Operational Summary section contains icons for search, edit, and add. Below these are notes: '4/28/2025 - Maintenance Visit', 'Next Visit Scheduled', and 'Lauren Johnson'. The main area is titled 'Appointments' and lists one appointment: '4/28/2025' at '1:00 PM To 4:00 PM' by 'Lauren Johnson' as a 'provider'. The appointment type is 'Maintenance Visit' and it is 'Scheduled'. The status was updated on '3/31/2025' by 'Leah Rojas'. A red box highlights the 'Visit Details' button next to the appointment row.

2. In the Visit Details window, check the "Patient Cancelled" checkbox to enable the Reschedule option:



The screenshot shows the 'Visit Details' window. It contains fields for Patient Name ('Diana Rust'), Visit Type ('Maintenance Visit'), Staff Type ('provider'), Staff Name ('Lauren Johnson, PA'), Travel Time ('43 Mins'), Duration ('60 Mins'), Geographical Note ('-'), Date and Time ('4/28/2025 01:00 PM To 04:00 PM'), Visit Address ('713 Kiwi Road, Apt. 5. Chambers, FL 33109'), and Visit Note ('-'). At the bottom, there are two checkboxes: 'Patient Cancelled' (which is checked) and 'Landmark Cancelled'. A red box highlights the 'Patient Cancelled' checkbox.

\*This workflow is continued on the next page.

3. Set the appointment's **Status** to **Other**:

Patient Cancelled  Landmark Cancelled

\* Status

Other

Confirmed Confirmation details

4. In the **Note** section, enter **Rescheduled to Telemedicine Visit**:

Safety Alerts ⓘ

Female Provider

\* Note

Rescheduled to Telemedicine

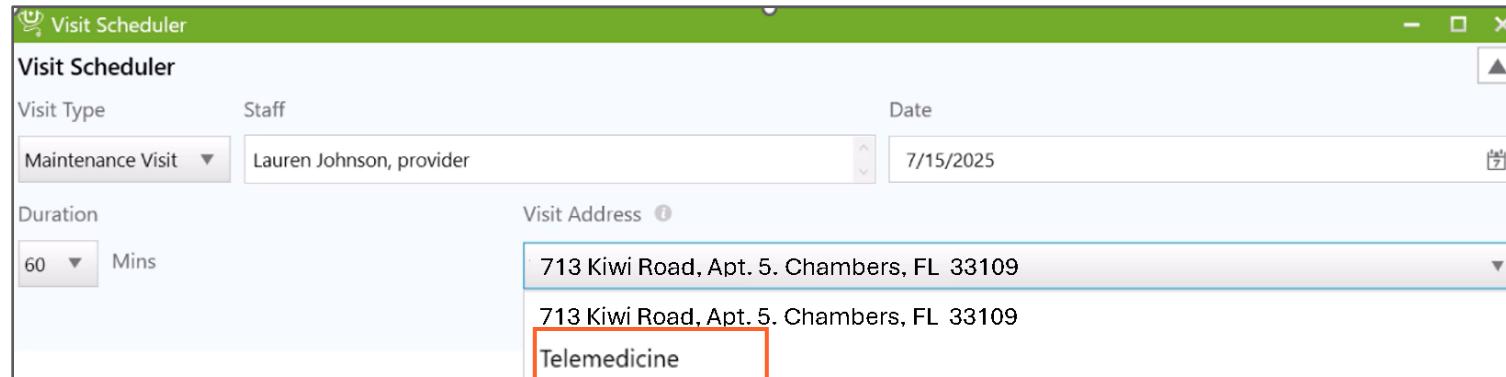
Cancel Reschedule Visit Cancel Visit

5. Click **Reschedule Visit** to open the scheduler window:

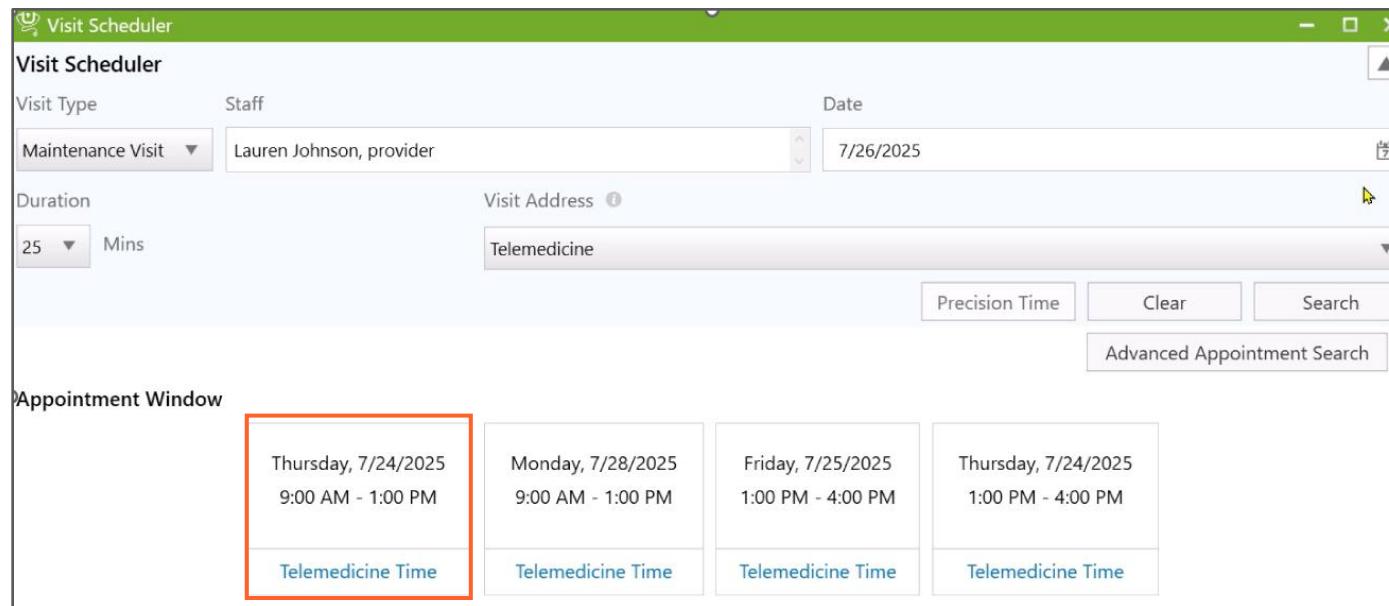
Cancel Reschedule Visit Cancel Visit

*\*This workflow is continued on the next page.*

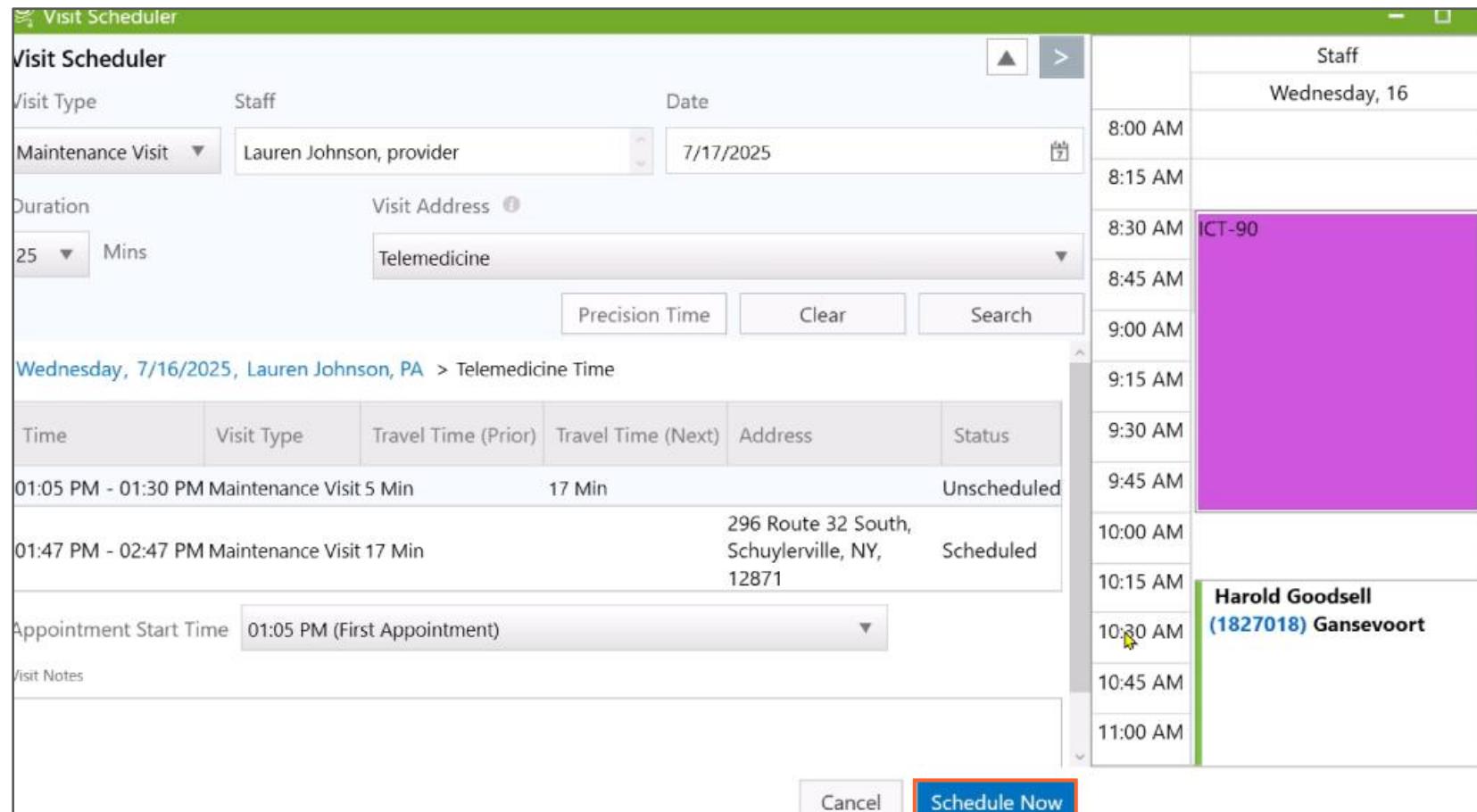
6. In the **Visit Scheduler** window, click the patient's Visit Address to open a drop-down menu. From the menu, select the **Telemedicine** option:



7. Search and schedule a **Telemedicine Time** that best works for the patient.



8. Selecting the **Telemedicine Time** window will open the provider's calendar. If there are no conflicts, select Schedule Now. This completes the workflow:



## Available Appointment Start Windows

If the patient or caregiver declines the Telephonic Visit option, the LM1 PCC must identify a new start window that works within the patient's and visiting clinician's schedules.

Appointments within the LM1 PCC scope may be rescheduled **as soon as next day or next business day so long as the patient is available** for the visit. Visiting clinicians in the markets are instructed to check their calendars at the start of each workday to track these changes and conduct follow-up as needed.

- LM1 PCCs should collaborate with patients or caregivers to determine the best visit day and time.
- Scheduled times should adhere to **Safety Zone** windows, if applicable.
- The selected appointment start window should **NEVER** be determined by a Precision Time search. LM1 PCCs.

If a date and time cannot be scheduled during the phone call, LM1 PCCs will forward reschedule requests to the **Care Team** members and **Market** by email.

The screenshot shows a software interface for scheduling appointments. At the top, there are buttons for 'Precision Time', 'Clear', and 'Search', followed by a link to 'Advanced Appointment Search'. Below this is a section titled 'Appointment Window' containing three rows of appointment details:

Tuesday, 10/28/2025	Wednesday, 10/29/2025	Thursday, 10/30/2025	Thursday, 10/23/2025 (X)
9:00 AM - 1:00 PM	1:00 PM - 5:00 PM	1:00 PM - 5:00 PM	1:00 PM - 5:00 PM
Additional Travel Time: 36 min	Additional Travel Time: 35 min	Additional Travel Time: 35 min	Additional Travel Time: 35 min

Each row contains a 'Select Window' button at the bottom. The first three rows are grouped together with a red border, while the fourth row is crossed out with a large red 'X' and the text 'Precision Time' is written over it. At the bottom left, there is a 'Visit Notes' section.

## Appointment Rescheduling by Type

Select an appointment to view cancellation , reschedule, and adjustment workflows:

Appointment:	Description:	Adjusted By:
<u>Initial Visit (IV)</u>	Introduction to the program and sign paperwork.	LM1 PCCs
<u>Initial Visit 2 (IV2)</u>	Initial Visit follow-up to review medical history / records.	LM1 PCCs
<u>Initial Visit – BH</u>	Introduction to the Landmark Behavioral Health program.	Visiting Clinician
<u>Maintenance Visit (MV)</u>	Routine visit based on patient's Acuity & Intensity.	LM1 PCCs
<u>Maintenance Visit – BH</u>	Routine visit based on patient's BH needs, Acuity & Intensity.	Visiting Clinician
<u>Urgent Visit - UV</u>	Same day / next day visit for acute or urgent medical issues.	LM1 Dispatch
<u>Urgent Visit – BH</u>	Same day / next day visit for acute behavioral health issues.	Visiting Clinician
<u>IDT Visit</u>	Visits with non-Providers (e.g. Social Workers, CHAs, etc.).	Visiting Clinician
<u>Telephonic Visit</u>	Standard encounter notes or unit values are not guaranteed.	Visiting Clinician
<u>Post-Discharge Visit (PDV)</u>	Provider visit within 3 days of medical facility discharge.	LM1 PCCs
<u>Palliative Prognosis Visit</u>	First visit and introduction to the Palliative Pathway program.	LM1 PCCs
<u>Palliative Co-Visits</u>	Combined Provider and Social Worker visit (75m visit length).	Market CCs
<u>Palliative Management Visit</u>	Maintenance visits for patients in the Palliative Pathway.	LM1 PCCs or PCMD
<u>Telemedicine Visits</u>	A remote condition assigned to other appointment types.	Visit Dependant

## Initial Visit (IV)

<b>Adjustment:</b>	<b>Business Hours: (8:30 AM – 5:00 PM Local Time)</b>	<b>After Hours (Or Unsuccessful Warm Transfer)</b>
<i>Cancellation</i>	<ul style="list-style-type: none"> <li>● Completed by LM1 PCCs <ul style="list-style-type: none"> <li>○ LM1 Clinicians will adjust the visit if they receive the call first.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>● Completed by LM1 PCCs.</li> <li>○ LM1 Clinicians will adjust the visit if they receive the call first.</li> </ul>
<i>Reschedule</i>	<ul style="list-style-type: none"> <li>● Completed by LM1 PCCs <ul style="list-style-type: none"> <li>○ LM1 Clinicians will adjust the visit if they receive the call first</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>● Completed by LM1 PCCs <ul style="list-style-type: none"> <li>○ LM1 Clinicians will adjust the visit if they receive the call first</li> </ul> </li> </ul>
<i>Same / Next Day Request for Information</i>	<ul style="list-style-type: none"> <li>● Check Visit Details in Ubiquity: <ul style="list-style-type: none"> <li>○ Provide authorized caller with information requested.</li> <li>○ Call the visiting clinician or staff member for updates as needed.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>● Send the visiting clinician a notification via Teams chat to inform them of the cancellation.</li> <li>● Send a follow-up email to the patient's Care Team and the Metro Call Center Mailbox.</li> </ul>
<i>Same / Next Day Request to Cancel or Reschedule</i>	<ul style="list-style-type: none"> <li>● Call the visiting clinician or staff member to inform them of the adjustment.</li> </ul>	<ul style="list-style-type: none"> <li>● Send the visiting clinician a notification via Teams chat to inform them of the cancellation.</li> <li>● Send a follow-up email to the patient's Care Team and the Metro Call Center Mailbox.</li> </ul>

## Initial Visit 2 (IV2)

<b>Adjustment:</b>	<b>Business Hours: (8:30 AM – 5:00 PM Local Time)</b>	<b>After Hours (Or Unsuccessful Warm Transfer)</b>
<i>Cancellation</i>	<ul style="list-style-type: none"> <li>● Completed by LM1 PCCs <ul style="list-style-type: none"> <li>○ LM1 Clinicians will adjust the visit if they receive the call first.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>● Completed by LM1 PCCs.</li> <li>○ LM1 Clinicians will adjust the visit if they receive the call first.</li> </ul>
<i>Reschedule</i>	<ul style="list-style-type: none"> <li>● Completed by LM1 PCCs <ul style="list-style-type: none"> <li>○ LM1 Clinicians will adjust the visit if they receive the call first.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>● Completed by LM1 PCCs <ul style="list-style-type: none"> <li>○ LM1 Clinicians will adjust the visit if they receive the call first.</li> </ul> </li> </ul>
<i>Same / Next Day Request for Information</i>	<ul style="list-style-type: none"> <li>● Check Visit Details in Ubiquity: <ul style="list-style-type: none"> <li>○ Provide authorized caller with information requested.</li> <li>○ Call the visiting clinician or staff member for updates as needed.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>● Send the visiting clinician a notification via Teams chat to inform them of the cancellation.</li> <li>● Send a follow-up email to the patient's Care Team and the Metro Call Center Mailbox.</li> </ul>
<i>Same / Next Day Request to Cancel or Reschedule</i>	<ul style="list-style-type: none"> <li>● Call the visiting clinician or staff member to inform them of the adjustment.</li> </ul>	<ul style="list-style-type: none"> <li>● Send the visiting clinician a notification via Teams chat to inform them of the cancellation.</li> <li>● Send a follow-up email to the patient's Care Team and the Metro Call Center Mailbox.</li> </ul>

## Initial Visit – BH

The “Staff Name” and “User Role” will indicate the visiting clinician scheduled to see the patient:

Appointments											<a href="#">+</a>	Details
Date of Visit	Start Time	Duration	Staff Name	User Role	Visit Type	Status	Status Updated On	Status Updated By	Scheduled By	Scheduled On	Visit Details	
11/12/2024	1:55 PM To 3:10 PM		Tracy Groller	provider_bh	Initial Visit - BH	Completed ✓	11/12/2024	Tracy Groller	Tracy Groller	10/31/2024	>	

Adjustment:	Business Hours: (8:30 AM – 5:00 PM Local Time)	After Hours (Or Unsuccessful Warm Transfer)
All Cancellation	<ul style="list-style-type: none"> <li>Call the visiting clinician listed in Ubiquity for warm transfer.</li> </ul>	<ul style="list-style-type: none"> <li>Send the visiting clinician a notification via Teams chat to inform them of the cancellation.</li> <li>Send a follow-up email to the patient’s Care Team and the Metro Call Center Mailbox.</li> </ul>
All Reschedule	<ul style="list-style-type: none"> <li>Call the visiting clinician listed in Ubiquity for warm transfer.</li> </ul>	<ul style="list-style-type: none"> <li>Send the visiting clinician a notification via Teams chat to inform them of the cancellation.</li> <li>Send a follow-up email to the patient’s Care Team and the Metro Call Center Mailbox.</li> </ul>

## Maintenance Visit (MV)

<b>Adjustment:</b>	<b>Business Hours: (8:30 AM – 5:00 PM Local Time)</b>	<b>After Hours (Or Unsuccessful Warm Transfer)</b>
<i>Cancellation</i>	<ul style="list-style-type: none"> <li>● Completed by LM1 PCCs <ul style="list-style-type: none"> <li>○ LM1 Clinicians will adjust the visit if they receive the call first.</li> </ul> </li> <li>● Offer <u>Telemedicine</u> alternative</li> </ul>	<ul style="list-style-type: none"> <li>● Completed by LM1 PCCs. <ul style="list-style-type: none"> <li>○ LM1 Clinicians will adjust the visit if they receive the call first.</li> </ul> </li> <li>● Offer <u>Telemedicine</u> alternative</li> </ul>
<i>Reschedule</i>	<ul style="list-style-type: none"> <li>● Completed by LM1 PCCs <ul style="list-style-type: none"> <li>○ LM1 Clinicians will adjust the visit if they receive the call first.</li> </ul> </li> <li>● Offer <u>Telemedicine</u> alternative</li> </ul>	<ul style="list-style-type: none"> <li>● Completed by LM1 PCCs <ul style="list-style-type: none"> <li>○ LM1 Clinicians will adjust the visit if they receive the call first.</li> </ul> </li> <li>● Offer <u>Telemedicine</u> alternative</li> </ul>
<i>Same / Next Day Request for Information</i>	<ul style="list-style-type: none"> <li>● Check Visit Details in Ubiquity: <ul style="list-style-type: none"> <li>○ Provide authorized caller with information requested.</li> <li>○ Call the visiting clinician or staff member for updates as needed.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>● Send the visiting clinician a notification via Teams chat to inform them of the cancellation.</li> <li>● Send a follow-up email to the patient's Care Team and the Metro Call Center Mailbox.</li> </ul>
<i>Same / Next Day Request to Cancel or Reschedule</i>	<ul style="list-style-type: none"> <li>● Call the visiting clinician or staff member to inform them of the adjustment.</li> </ul>	<ul style="list-style-type: none"> <li>● Send the visiting clinician a notification via Teams chat to inform them of the cancellation.</li> <li>● Send a follow-up email to the patient's Care Team and the Metro Call Center Mailbox.</li> </ul>

## Maintenance Visit – BH

The “Staff Name” and “User Role” will indicate the visiting clinician scheduled to see the patient:

Appointments											<a href="#">+</a>	Details
Date of Visit	Start Time	Duration	Staff Name	User Role	Visit Type	Status	Status Updated On	Status Updated By	Scheduled By	Scheduled On	Visit Details	
1/13/2025	10:05 AM To 10:50 AM	4 Weeks 4 Days	Tracy Groller	provider bh	Maintenance Visit - BH	Scheduled	12/9/2024	Tracy Groller	Tracy Groller	12/9/2024	>	

Adjustment:	Business Hours: (8:30 AM – 5:00 PM Local Time)	After Hours (Or Unsuccessful Warm Transfer)
All Cancellation	<ul style="list-style-type: none"> <li>Call the visiting clinician listed in Ubiquity for warm transfer.</li> </ul>	<ul style="list-style-type: none"> <li>Send the visiting clinician a notification via Teams chat to inform them of the cancellation.</li> <li>Send a follow-up email to the patient’s Care Team and the Metro Call Center Mailbox.</li> </ul>
All Reschedule	<ul style="list-style-type: none"> <li>Call the visiting clinician listed in Ubiquity for warm transfer.</li> </ul>	<ul style="list-style-type: none"> <li>Send the visiting clinician a notification via Teams chat to inform them of the cancellation.</li> <li>Send a follow-up email to the patient’s Care Team and the Metro Call Center Mailbox.</li> </ul>

## Urgent Visit – UV

LM1 Dispatch will manage Teams communications with visiting clinicians when notified of a reschedule or cancellation.

Adjustment:	Business Hours: <i>(8:30 AM – 5:00 PM Local Time)</i>	After Hours <i>(Or Unsuccessful Warm Transfer)</i>
<i>Cancellation</i>	<ul style="list-style-type: none"><li>● Send a follow-up email to:<ul style="list-style-type: none"><li>○ The patient's Care Team</li><li>○ The Metro Call Center mailbox found in the <a href="#">Metros Summary</a>,</li><li>○ LM1 Dispatch at: <a href="mailto:lm1uehandoff@optum.com">lm1uehandoff@optum.com</a></li></ul></li></ul>	
<i>Reschedule</i>	<ul style="list-style-type: none"><li>● Send a follow-up email to:<ul style="list-style-type: none"><li>○ The patient's Care Team</li><li>○ The Metro Call Center mailbox found in the <a href="#">Metros Summary</a>,</li><li>○ LM1 Dispatch at: <a href="mailto:lm1uehandoff@optum.com">lm1uehandoff@optum.com</a></li></ul></li></ul>	
<i>Same / Next Day Request for Information</i>	<ul style="list-style-type: none"><li>● Check Visit Details in Ubiquity:<ul style="list-style-type: none"><li>○ Provide the requested information to authorized callers.</li><li>○ Call the visiting clinician as needed.</li></ul></li></ul>	<ul style="list-style-type: none"><li>● Send a follow-up email to:<ul style="list-style-type: none"><li>○ The patient's Care Team</li><li>○ The Metro Call Center mailbox found in the <a href="#">Metros Summary</a>,</li><li>○ LM1 Dispatch at: <a href="mailto:lm1uehandoff@optum.com">lm1uehandoff@optum.com</a></li></ul></li></ul>
<i>Same Day Request to Cancel or Reschedule (Weekends Included)</i>	<ul style="list-style-type: none"><li>● Call the visiting clinician or staff member to inform them of the adjustment.</li></ul>	<ul style="list-style-type: none"><li>● Send a follow-up email to:<ul style="list-style-type: none"><li>○ The patient's Care Team</li><li>○ The Metro Call Center mailbox found in the <a href="#">Metros Summary</a>,</li><li>○ LM1 Dispatch at: <a href="mailto:lm1uehandoff@optum.com">lm1uehandoff@optum.com</a></li></ul></li></ul>

## Urgent Visit – BH

The “Staff Name” and “User Role” will indicate the visiting clinician scheduled to see the patient:

Appointments											<a href="#">+</a>	Details
Date of Visit	Start Time	Duration	Staff Name	User Role	Visit Type	Status	Status Updated On	Status Updated By	Scheduled By	Scheduled On	Visit Details	
6/13/2024	12:45 PM To 1:00 PM		Regina Radogna	provider	Urgent Visit - BH	Completed ✓	6/13/2024	Regina Radogna	Chelsea Crist	6/13/2024	>	

Adjustment:	Business Hours: (8:30 AM – 5:00 PM Local Time)	After Hours (Or Unsuccessful Warm Transfer)
All Cancellation	<ul style="list-style-type: none"> <li>Call the visiting clinician listed in Ubiquity for warm transfer.</li> </ul>	<ul style="list-style-type: none"> <li>Send the visiting clinician a notification via Teams chat to inform them of the cancellation.</li> <li>Send a follow-up email to the patient’s Care Team and the Metro Call Center Mailbox.</li> </ul>
All Reschedule	<ul style="list-style-type: none"> <li>Call the visiting clinician listed in Ubiquity for warm transfer.</li> </ul>	<ul style="list-style-type: none"> <li>Send the visiting clinician a notification via Teams chat to inform them of the cancellation.</li> <li>Send a follow-up email to the patient’s Care Team and the Metro Call Center Mailbox.</li> </ul>

## IDT Visit

The “Staff Name” and “User Role” will indicate the visiting clinician scheduled to see the patient:

Appointments											<a href="#">+</a>	Details
Date of Visit	Start Time	Duration	Staff Name	User Role	Visit Type	Status	Status Updated On	Status Updated By	Scheduled By	Scheduled On	Visit Details	
11/11/2024	1:25 PM To 2:25 PM		Antoinette Mcmillan	social worker	IDT Visit	Completed ✓	11/11/2024	Antoinette Mcmillan	Antoinette Mcmillan	11/7/2024	>	

Adjustment:	Business Hours: (8:30 AM – 5:00 PM Local Time)	After Hours (Or Unsuccessful Warm Transfer)
All Cancellation	<ul style="list-style-type: none"> <li>Call the visiting clinician listed in Ubiquity for warm transfer.</li> </ul>	<ul style="list-style-type: none"> <li>Send the visiting clinician a notification via Teams chat to inform them of the cancellation.</li> <li>Send a follow-up email to the patient’s Care Team and the Metro Call Center Mailbox.</li> </ul>
All Reschedule	<ul style="list-style-type: none"> <li>Call the visiting clinician listed in Ubiquity for warm transfer.</li> </ul>	<ul style="list-style-type: none"> <li>Send the visiting clinician a notification via Teams chat to inform them of the cancellation.</li> <li>Send a follow-up email to the patient’s Care Team and the Metro Call Center Mailbox.</li> </ul>

## Telephonic Visit

The “Staff Name” and “User Role” will indicate the visiting clinician scheduled to see the patient:

Appointments											<a href="#">+</a>	Details
Date of Visit	Start Time	Duration	Staff Name	User Role	Visit Type	Status	Status Updated On	Status Updated By	Scheduled By	Scheduled On	Visit Details	
12/18/2024	9:50 AM To 10:00 AM	6 Days	Jacki King	social worker	Telephonic	Scheduled	12/11/2024	Jacki King	Jacki King	12/11/2024	>	

Adjustment:	Business Hours: (8:30 AM – 5:00 PM Local Time)	After Hours (Or Unsuccessful Warm Transfer)
All Cancellation	<ul style="list-style-type: none"> <li>Call the visiting clinician listed in Ubiquity for warm transfer.</li> </ul>	<ul style="list-style-type: none"> <li>Send the visiting clinician a notification via Teams chat to inform them of the cancellation.</li> <li>Send a follow-up email to the patient’s Care Team and the Metro Call Center Mailbox.</li> </ul>
All Reschedule	<ul style="list-style-type: none"> <li>Call the visiting clinician listed in Ubiquity for warm transfer.</li> </ul>	<ul style="list-style-type: none"> <li>Send the visiting clinician a notification via Teams chat to inform them of the cancellation.</li> <li>Send a follow-up email to the patient’s Care Team and the Metro Call Center Mailbox.</li> </ul>

## Post Discharge Visit (PDV)

Post Discharge Visits are rescheduled by LM1 PCCs:

- LM1 PCCs manage reschedules of existing visits only.
- Face-to-face visits are preferred over telephonic; however, either may be scheduled based on a patient's preference.
- If unable to reschedule, email the Visiting Clinician, Care Team and Metro Call Center email to inform the visiting clinician that a reschedule is needed at caller's request.

Adjustment:	Guidelines (All Hours)
<i>Cancellation</i>	<ul style="list-style-type: none"><li>• Completed by LM1 PCCs<ul style="list-style-type: none"><li>◦ LM1 Clinicians and will adjust the visit if they receive the call first.</li></ul></li></ul>
<i>Reschedule Face-to-Face</i>	<ul style="list-style-type: none"><li>• Confirm date of discharge<ul style="list-style-type: none"><li>◦ Reschedule for visit within <b>seven (7) days</b> after discharge date.</li></ul></li></ul>
<i>Reschedule Telemedicine</i>	<ul style="list-style-type: none"><li>• Confirm date of discharge<ul style="list-style-type: none"><li>◦ Reschedule for visit within <b>three (3) days</b> after discharge date.</li></ul></li></ul>
<i>Same / Next Day Request for Information</i>	<ul style="list-style-type: none"><li>• Check Visit Details in Ubiquity:<ul style="list-style-type: none"><li>◦ Provide authorized caller with information requested.</li><li>◦ Call the visiting clinician or staff member for updates as needed.</li></ul></li></ul>
<i>Same / Next Day Request to Cancel or Reschedule</i>	<ul style="list-style-type: none"><li>• Call the visiting clinician or staff member to inform them of the adjustment.</li></ul>

## Palliative Prognosis Visit

<b>Adjustment:</b>	<b>Business Hours: (8:30 AM – 5:00 PM Local Time)</b>	<b>After Hours (Or Unsuccessful Warm Transfer)</b>
<i>Cancellation</i>	<ul style="list-style-type: none"> <li>● Completed by LM1 PCCs <ul style="list-style-type: none"> <li>○ LM1 Clinicians will adjust the visit if they receive the call first.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>● Completed by LM1 PCCs.</li> <li>○ LM1 Clinicians will adjust the visit if they receive the call first.</li> </ul>
<i>Reschedule</i>	<ul style="list-style-type: none"> <li>● Completed by LM1 PCCs <ul style="list-style-type: none"> <li>○ LM1 Clinicians will adjust the visit if they receive the call first.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>● Completed by LM1 PCCs <ul style="list-style-type: none"> <li>○ LM1 Clinicians will adjust the visit if they receive the call first.</li> </ul> </li> </ul>
<i>Same / Next Day Request for Information</i>	<ul style="list-style-type: none"> <li>● Check Visit Details in Ubiquity: <ul style="list-style-type: none"> <li>○ Provide authorized caller with information requested.</li> <li>○ Call the visiting clinician or staff member for updates as needed.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>● Send the visiting clinician a notification via Teams chat to inform them of the cancellation.</li> <li>● Send a follow-up email to the patient's Care Team and the Metro Call Center Mailbox.</li> </ul>
<i>Same / Next Day Request to Cancel or Reschedule</i>	<ul style="list-style-type: none"> <li>● Call the visiting clinician or staff member to inform them of the adjustment.</li> </ul>	<ul style="list-style-type: none"> <li>● Send the visiting clinician a notification via Teams chat to inform them of the cancellation.</li> <li>● Send a follow-up email to the patient's Care Team and the Metro Call Center Mailbox.</li> </ul>

## Palliative Co-Visit

The “Staff Name” and “User Role” will indicate the visiting clinician scheduled to see the patient:

Appointments											<a href="#">+</a>	Details
Date of Visit	Start Time	Duration	Staff Name	User Role	Visit Type	Status	Status Updated On	Status Updated By	Scheduled By	Scheduled On	Visit Details	
10/21/2024	2:40 PM To 3:55 PM		Christine Jago	social worker	Palliative Co-Visit	Scheduling error	10/10/2024	Regina Radogna	Regina Radogna	10/8/2024	>	

<b>Adjustment:</b>		<b>Business Hours:</b> <i>(8:30 AM – 5:00 PM Local Time)</i>	<b>After Hours</b> <i>(Or Unsuccessful Warm Transfer)</i>
<i>All Cancellation</i>		<ul style="list-style-type: none"> <li>Call the visiting clinician listed in Ubiquity for warm transfer.</li> </ul>	<ul style="list-style-type: none"> <li>Send the visiting clinician a notification via Teams chat to inform them of the cancellation.</li> <li>Send a follow-up email to the patient’s Care Team and the Metro Call Center Mailbox.</li> </ul>
<i>All Reschedule</i>		<ul style="list-style-type: none"> <li>Call the visiting clinician listed in Ubiquity for warm transfer.</li> </ul>	<ul style="list-style-type: none"> <li>Send the visiting clinician a notification via Teams chat to inform them of the cancellation.</li> <li>Send a follow-up email to the patient’s Care Team and the Metro Call Center Mailbox.</li> </ul>

## Palliative Management Visit

The ownership of a Palliative Management Visit may change depending on who scheduled the appointment.

- The “User Role” column or “Staff Type” listed in the Visit Details window will show “Provider” or “Palliative Care Medical Director (PCMD).”

### Palliative Care Medical Director (PCMD) Visit

Appointments												+ Details
Date of Visit	Start Time	Duration	Staff Name	User Role	Visit Type	Status	Status Updated On	Status Updated By	Scheduled By	Scheduled On	Visit Details	
4/9/2025	11:00 AM To 12:00 PM	6 Days	Amber Wollesen	palliative care medical director	Palliative Management	Scheduled	3/27/2025	Amber Wollesen	Amber Wollesen	3/27/2025	>	

Adjustment:	Business Hours: (8:30 AM – 5:00 PM Local Time)	After Hours (Or Unsuccessful Warm Transfer)
All Cancellation	<ul style="list-style-type: none"><li>Call the visiting clinician listed in Ubiquity for warm transfer.</li></ul>	<ul style="list-style-type: none"><li>Send the visiting clinician a notification via Teams chat to inform them of the cancellation.</li><li>Send a follow-up email to the patient's Care Team and the Metro Call Center Mailbox.</li></ul>
All Reschedule	<ul style="list-style-type: none"><li>Call the visiting clinician listed in Ubiquity for warm transfer.</li></ul>	<ul style="list-style-type: none"><li>Send the visiting clinician a notification via Teams chat to inform them of the cancellation.</li><li>Send a follow-up email to the patient's Care Team and the Metro Call Center Mailbox.</li></ul>

## Provider Visit

Appointments											<a href="#">+</a>	Details
Date of Visit	Start Time	Duration	Staff Name	User Role	Visit Type	Status	Status Updated On	Status Updated By	Scheduled By	Scheduled On	Visit Details	
1/23/2025	9:00 AM To 1:00	6 Weeks 1 Day	Trish Moore	provider	Palliative Management	Scheduled	12/6/2024	Kristian Carlin	Kristian Carlin	12/6/2024	>	

Adjustment:	Business Hours: (8:30 AM – 5:00 PM Local Time)	After Hours (Or Unsuccessful Warm Transfer)
Cancellation	<ul style="list-style-type: none"> <li>• Completed by LM1 PCCs <ul style="list-style-type: none"> <li>◦ LM1 Clinicians will adjust the visit if they receive the call first.</li> </ul> </li> </ul>	
Reschedule	<ul style="list-style-type: none"> <li>• Completed by LM1 PCCs <ul style="list-style-type: none"> <li>◦ LM1 Clinicians will adjust the visit if they receive the call first.</li> </ul> </li> </ul>	
Same / Next Day Request for Information	<ul style="list-style-type: none"> <li>• Check Visit Details in Ubiquity: <ul style="list-style-type: none"> <li>◦ Provide authorized caller with information requested.</li> <li>◦ Call the visiting clinician or staff member for updates as needed.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Send the visiting clinician a notification via Teams chat to inform them of the cancellation.</li> <li>• Send a follow-up email to the patient's Care Team and the Metro Call Center Mailbox.</li> </ul>
Same / Next Day Request to Cancel or Reschedule	<ul style="list-style-type: none"> <li>• Call the visiting clinician or staff member to inform them of the adjustment.</li> </ul>	<ul style="list-style-type: none"> <li>• Send the visiting clinician a notification via Teams chat to inform them of the cancellation.</li> <li>• Send a follow-up email to the patient's Care Team and the Metro Call Center Mailbox.</li> </ul>

## Telemedicine Visit

Telemedicine visits are remote variations of other visit types.

- The “Telemedicine” visit variation does not change appointment ownership or adjustment workflows.
  - LM1 PCCs will cancel and reschedule Telemedicine visits that fall within their scope.

Telemedicine visits show no visit address in the **Visit Details** window:

The screenshot shows the 'Visit Details' window with the following data:

Patient Name		Visit Type	Date and Time	
		Maintenance Visit	6/13/2024 01:05 PM To 01:30 PM	
Staff Type provider	Staff Name	Visit Address		
Renan Consuegra, NP	-	-		
Travel Time	Duration			
5 Mins	25 Mins			
Geographical Note	Visit Note			
<input type="checkbox"/> Patient Cancelled <input type="checkbox"/> Landmark Cancelled				
* Status				
Scheduled				
<input type="checkbox"/> Confirmed	Confirmation details			
Note	<input type="text"/>			
<input type="button"/> Cancel <input type="button"/> Reschedule Visit <input type="button"/> Cancel Visit				

## Appointment Rescheduling for Couples & Partners

In some cases, our patients may live together or be in a relationship with one another. Because of this, they prefer to be seen by a visiting clinician consecutively on the same day. LM1 PCCs should schedule these patients for back-to-back appointments, if permitted by the visit schedule and visiting clinician availability.

### Visit Scheduling

Schedule separate visits in each chart, **NOT** one visit for both patients.

- Schedule the patients for adjacent start windows, as shown below.
  - If the caller asks about start window time / availability, explain that the system may offer larger time slots based on how far in advance the appointment is scheduled. It may also depend on the availability of the visiting clinician.
  - Reassure the caller that you will enter a note into the both charts stating both patient's wish to be seen back-to-back.
  - Adhere to all Acuity & HBMC Safety Zone guidelines when selecting start windows.

Example – Start Window for Patient A	Example – Start Window for Patient B
Wednesday, 4/2/2025 9:00 AM - 1:00 PM Additional Travel Time: 5 min  <a href="#">Select Window</a>	Wednesday, 4/2/2025 1:00 PM - 5:00 PM Additional Travel Time: 6 min  <a href="#">Select Window</a>

- If you are unable to find adjacent start windows for the patients:
  - During Business Hours – Call the CC Transfer Queue with email follow-up if no answer.
  - After Hours – Send an email to the patients' care teams and market mailbox.

## Cancelled Appointment Rescheduling

If a patient or authorized caregiver calls to reschedule an appointment listed as “Cancelled” in Ubiquity **AND** the appointment’s type falls within the LM1 PCC scope:

1

### Locate the Appointment in Ubiquity

Appointments											+ Details	
Date of Visit	Start Time	Duration	Staff Name	User Role	Visit Type	Status	Status Updated On	Status Updated By	Scheduled By	Scheduled On	Visit Details	
12/16/2024	9:05 AM To 10:05 AM		Elisabeth Henderson	provider	Maintenance Visit	Patient no longer available for appt time	12/4/2024	Nicole Williams	Elisabeth Henderson	12/2/2024	>	

Locate the appointment that the caller wishes to reschedule in the **Operational Summary** and use the following information to schedule a new appointment:

- Visiting Clinician Name & Staff Type
- Check **Visit Details** for the Visit Address
  - Confirm the Visit Address with the caller.

Select the plus (+) button in the upper-right corner of the table to schedule a new appointment.

2

### Schedule a New Visit

Appointments											+ Details	
Date of Visit	Start Time	Duration	Staff Name	User Role	Visit Type	Status	Status Updated On	Status Updated By	Scheduled By	Scheduled On	Visit Details	
12/16/2024	9:05 AM To 10:05 AM		Elisabeth Henderson	provider	Maintenance Visit	Patient no longer available for appt time	12/4/2024	Nicole Williams	Elisabeth Henderson	12/2/2024	>	

Selecting the “+” button will open a pop-up window for a new appointment to be scheduled.

- Do not change the Visit Address unless Requested
- If possible, do not change the staff originally scheduled for the appointment.
  - If the staff must be changed, select a visiting clinician of the same “Staff Type” as originally scheduled.
- Complete any TCPA agreements as needed.
- Adhere to HBMC Safety Zones as needed.
- Confirm the visit date and time with the caller and click **Schedule Now**.

\*See the Visit Scheduler on the Next Page

## Visit Scheduler

The Visit Scheduler interface is shown with various fields and buttons highlighted by orange boxes:

- Visit Type** (1) - Maintenance Visit
- Staff** (2) - Elisabeth Henderson, provider
- Date** (3) - 4/1/2025
- Duration**: 60 Mins
- Visit Address** (4)
- Precision Time**, **Clear**, **Search**, **Advanced Appointment Search**
- Appointment Window** (5):
  - Wednesday, 4/2/2025, 9:00 AM - 1:00 PM, Additional Travel Time: 5 min
  - Tuesday, 4/8/2025, 9:00 AM - 1:00 PM, Additional Travel Time: 5 min
  - Tuesday, 4/1/2025, 1:00 PM - 5:00 PM, Additional Travel Time: 4 min
  - Wednesday, 4/2/2025, 1:00 PM - 5:00 PM, Additional Travel Time: 6 min
- Visit Notes** (6)
- Schedule Now**

1. Do not change the “Visit Type” when rescheduling a cancelled appointment.
2. If possible, do not change the staff scheduled to visit the patient.
  - o If the staff must be changed, select a visiting clinician of the same Staff Type.
    - For example, if the original visiting clinician is listed as a “Provider”, the updated visiting clinician should also be listed as a “Provider”.
3. Search available appointments by date. Adhere to Acuity and Intensity guidelines).
4. Do not change the Visit Address unless specified by the caller.
5. Select a start window based on the caller’s preference. Adhere to HBMC Safety Zone guidelines, if applicable.
6. Once complete, schedule the visit. Note the updated visit time and date in your after-call documentation.

## Appointment Acuity & Intensity Conditions

Every patient chart includes Acuity and Intensity values:



### Acuity

Acuity indicates the recommended frequency of visits that a patient receives:

- Acuity A and B patients are more clinically complex than Acuity C & D patients.
  - When rescheduling patients, look for available windows within the recommended Acuity-based timeframes.
  - This may require escalation to a market CC if Ubiquity offers no available windows for appointment rescheduling.

	A	B	C	D
Patient Condition	Declining	At Risk of Decline	Stable with Support	Stable
Visit Frequency	Once a Month or Less	Every 2-3 Months	Every 3-4 Months	Once a Year
Rescheduling Variance	One Week Before or After	Two Weeks Before or After	Three Weeks Before or After	Four Weeks Before or After

## Rescheduling Appointments Based on Acuity

### Example – Acuity A Date Range

March - 2025						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
9	23	24	25	26	27	28
10	2	3	4	5	6	7
11	9	10	11	12	13	14
12	16	17	18	19	20	21
13	23	24	25	26	27	28
14	30	31	1	2	3	4
						5

If an Acuity A patient calls Landmark on March 2<sup>nd</sup> to reschedule an appointment originally scheduled on the 12<sup>th</sup>:

- LM1 PCCs may reschedule the appointment as far as one week after the original scheduled date, or sooner.

### Start Window Considerations

The further out an appointment is scheduled, the larger the start window is likely to be. This is to account for travel time and other appointments that may be added to the visiting clinician's calendar.

If the caller expresses concern for a large start time window, explain that the window will be narrowed to a 1-2 hour time slot closer to the appointment date.

### Example – Acuity B Date Range

March - 2025						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
9	23	24	25	26	27	28
10	2	3	4	5	6	7
11	9	10	11	12	13	14
12	16	17	18	19	20	21
13	23	24	25	26	27	28
14	30	31	1	2	3	4
						5

June - 2025						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
23	1	2	3	4	5	6
24	8	9	10	11	12	13
25	15	16	17	18	19	20
26	22	23	24	25	26	27
27	29	30	1	2	3	4
28	6	7	8	9	10	11
						12

If an Acuity B patient calls Landmark on March 2<sup>nd</sup> to reschedule an appointment originally scheduled on the 12<sup>th</sup>:

- LM1 PCCs may reschedule the appointment as far as 2-3 months after the original scheduled date,

## Intensity

Intensity indicates a patient's willingness to participate in the Landmark program.

- Any accommodations or adjustments to a patient's intensity are detailed in the "Alerts" section of the chart.

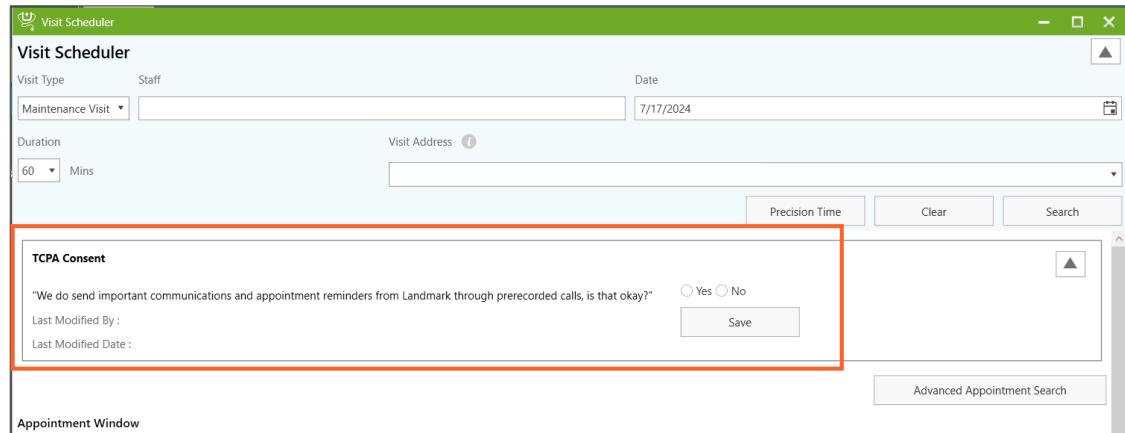
	1	2	3	4	Closed
Intensity Level	Full Service	Partial Service	Minimum Service	Unreachable for Service	No Service
Level of Service	Full Service	To Patient's Specifications	Service Upon Request	No Service	Declined Service
Calls & Visits	Standard Frequency	Modified Frequency	Contact Initiated by Patient Only	Unreachable for Calls	No Contact by Patient Request

Example – Intensity 2



9/6/23 Intensity 2-Pt will call when she needs our services. -KJ, RN, NCM

## Enter & Save TCPA Acknowledgements



The Telephone Consumer Protection Act (TCPA) requires businesses to obtain customer consent before leaving artificial or pre-recorded voice calls on phones:

- With this law, Landmark must obtain a member's consent to receive automated calls such as appointment reminders.
- Collecting TCPA consent is the law and must be correctly obtained.
- You can only collect TCPA consent from a member or their Power of Attorney (POA).
  - DO NOT** collect TCPA consent from a non-member or non-POA contacts listed in the Demographics section of the patient's chart.

### When to Obtain TCPA Consent

If the TCPA agreement appears in the visit scheduler:

- If you do not see the talking point on the scheduler tool, this means that TCPA consent was already collected from this member.
- TCPA collection may be bypassed if the member may be showing blatant agitation or rushing to end the call.

### Script

The following script **MUST** be used, word-for-word. Record and save the patient's response when complete:

*"We do send important communications and appointment reminders from Landmark through prerecorded calls, is that ok?"*

## HouseCalls Appointment & Schedule Requests

We may be contacted by HouseCalls to verify when a patient's next visit is scheduled.

- The patient should be present on the phone to provide valid verbal consent.
  - The patient, authorized contact, or legal representative must be conferred into the call if not already present.

1	2	3
<p><b>Complete HIPAA Verification</b></p> <p>Follow patient verification steps as detailed in the <b><i>Compliance Standards</i></b> section of the <b><u>Company Resources &amp; Employee Reference Job Aid</u></b>.</p> <p>Patient HIPAA Verification should follow the <b><u>3 Patient Identifier Verification Procedure</u></b>.</p>	<p><b>Obtain Valid Verbal Consent</b></p> <p>After HIPAA Verifications are complete, obtain Valid Verbal Consent from the patient, caregiver, or legal representative.</p> <p>Follow the steps outlined in the <b><i>Compliance Standards</i></b> section of the <b><u>Company Resources &amp; Employee Reference Job Aid</u></b>.</p> <p>For more information, please reference the <b><u>Valid Verbal Consent Job Aid</u></b>.</p>	<p><b>Provide the Requested Information</b></p> <p>After HIPAA verifications &amp; the Valid Verbal Consent workflows are complete, provide the requested information.</p> <p>If the caller requests to speak to a clinician at any time, follow the <b><u>HouseCalls Request for Clinician</u></b> workflow.</p>

## Appointments within HBMC Safety Zones

The Safety Zone program allows staff to submit ZIP codes for review by the Optum Safety Center of Excellence team. This team will review safety-related reports and statistics for that location and determine safe travel and appointment windows.

### 8:00 AM – 12:00 PM Safety Zone Alert



#### Safety Alerts:

Weapons and/or Violence   Environmental

Safety Zone restriction of 8am-12pm. Date of 07/15/2024 Bulk Upload by IT.



Wednesday, 9/25/2024 9:00 AM - 1:00 PM Additional Travel Time: 8 min
Select Window

Wednesday, 9/25/2024 1:00 PM - 5:00 PM Additional Travel Time: 8 min
Select Window

Monday, 9/23/2024 1:00 PM - 5:00 PM Additional Travel Time: 9 min
Select Window

Tuesday, 9/24/2024 1:00 PM - 5:00 PM Additional Travel Time: 16 min
Select Window

### 8:00 AM – 4:00 PM Safety Zone Alert



#### Safety Alerts:

Environmental

Safety Zone restriction of 8am-4pm. Date of 07/15/2024 Bulk Upload by IT.



Monday, 12/2/2024 9:00 AM - 1:00 PM Additional Travel Time: 13 min
Select Window

Wednesday, 11/27/2024 9:00 AM - 1:00 PM Additional Travel Time: 21 min
Select Window

Monday, 12/2/2024 1:00 PM - 5:00 PM Additional Travel Time: 12 min
Select Window

Tuesday, 11/26/2024 1:00 PM - 5:00 PM Additional Travel Time: 16 min
Select Window

### Safety Zone Appointment Scheduling

If a safety zone review results in a time constraint for a particular ZIP code, information will be added to the patient's chart to clarify a block of time in which 60-minute appointments should be scheduled.

- Members with a time restriction of 8:00 AM – 12:00 PM can be scheduled for appointments between 9:00 AM – 1:00 PM (local time).
  - Appointments are scheduled in 60-minute intervals. To ensure that the entire appointment remains within the time restriction, do not schedule appointments after 12:00 PM.
- Members with a safety restriction of 8:00 AM – 4:00 PM can be scheduled within the block of 9:00 AM – 5:00 PM.
  - Appointments are scheduled in 60-minute intervals. To ensure that the entire appointment remains within the time restriction, do not schedule appointments after 4:00 PM.

Market / Metro Care Coordinators can schedule visits outside of the time restriction posted on dates that the Safety Chaperone is escorting the clinician.

## Patient Communication

If a patient requests to have an appointment outside of the approved time constraint:

- Inform the patient that scheduling availability allows only for the appointments you have offered (within the time constraint).

If the patient asks why their regular visit times have changed, or continues to inquire further:

- Please inform them that there was a change in available appointment time slots that we have available.
  - Please use compassion and empathy when discussing the location of a patient's home, neighborhood, or town. Referring to these areas as "unsafe" to a **IS NOT** a kind or productive way to deliver Safety Zone information.

## Resources & Policies

[Safety Center of Excellence Website](#)

[HouseCalls Safety Risk Assessment Policy](#)

[HBMC Safety Policy](#)

[HBMC Member Chart Eligibility Policy](#)

[HBMC DNV \(Do Not Visit\) Procedure](#)

## Transition Program Patients

The following Alert or Patient Note in Ubiquity indicates a wind-down and end of the member's services through Landmark and HBMC. This means that the member **SHOULD NOT** be scheduled for new appointments or transferred to an LM1 Clinician.

### UHC WIND-DOWN PATIENT – DO NOT SCHEDULE PATIENT, USE UHC NOTIFICATION TALKING POINTS

- DO NOT RESCHEDULE PATIENT AFTER 4/23
- DO NOT ESCALATE TO MARKET PROVIDER, LM1 TRN, OR LM1 APC STARTING 4/23
- UV/PDV SCHEDULING TO STOP AFTER 4/23
- HBMC SERVICES WIND DOWN AFTER 5/8 - REDIRECT PATIENT TO INSURANCE CARD MEMBER SERVICES NUMBER OR PCP

Chart Status	Reschedule Request	Clinical Need
Engaged & Eligible	The patient will <b>NOT</b> be rescheduled: <ul style="list-style-type: none"><li>• Notify patient of Landmark service end.</li><li>• Cancel the visit.</li><li>• Redirect needs to PCP or Health Plan's Member Services</li></ul>	<b>DO NOT</b> transfer the call to a LM1 TRN or APC: <ul style="list-style-type: none"><li>• Redirect to PCP, 911, or ED to resolve any clinical needs.</li></ul>
Closed or Non-Eligible	Redirect needs to PCP or Health Plan's Member Services	Redirect to PCP, 911, or ED to resolve any clinical needs.

### Suggested Script

*"As of April 23<sup>rd</sup>, our team is no longer visiting you in your home or scheduling telephonic visits. I want to be sure you know where you can call with clinical inquiries. Going forward, when you have any medical needs, be sure to contact your primary care provider or call 911. If you don't have a primary care provider or have any questions about how and where to receive care – you can call the number for Member Services on the back of your health plan ID card. You may be receiving a check-in call from one of my colleagues in the coming weeks as we transition from these services. Your care team has appreciated working with you and that you've allowed me to be part of your healthcare journey and wish you all the best."*

# Administrative Workflows

## Table of Contents

- [Address & Contact Updates in Ubiquity](#)
- [Local Referrals using Community Connector](#)
- [Prospective Patient Requests for Services or Enrollment](#)
- [UCard Rewards & Troubleshooting](#)
- [Insurance / Health Plan Requests](#)
- [Answering Service Message & Callback Requests](#)



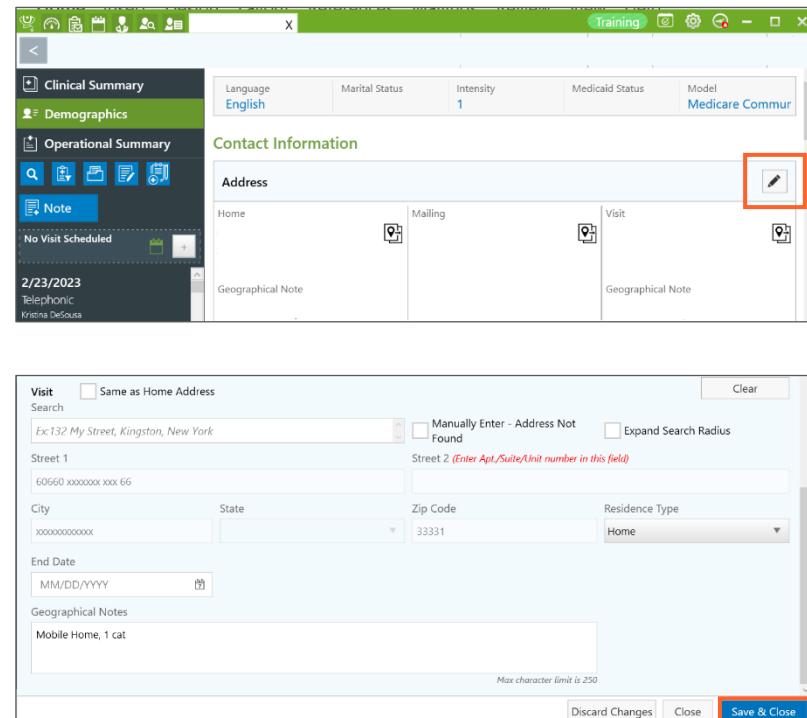
## Address & Contact Updates in Ubiquity

A patient's Visiting Address or authorized contact listings may be updated if requested by a patient or authorized caller.

- If any aspect of the patient's chart is updated, please note any changes made in the "Action Taken" section of your Ubiquity note for documentation purposes.

### Visiting Address Updates

1. Navigate to the **Demographics** section of the patient's chart:
  - Locate the **Visiting Address**.
  - Click the edit icon beside **Address** to update it.
2. Update the necessary fields in the pop-up and click **Save & Close** when done:
  - Ask the caller if there are any special instructions for finding / entering the home and enter the information into the **Geographical Notes** field.
3. During your after-call documentation, add an "Action Required" segment with instructions directing a market CC to review the patient's upcoming appointments and identify any conflicts with the new visiting address.



## Contact Updates

1. Navigate to the **Demographics** section of Ubiquity and locate the patient's authorized contact listings:
  - Click the edit icon to the right of the **Contacts** label.
2. Update the necessary fields in the pop-up as needed:
  - If adding a new contact, fill in the necessary fields and click **Add**.
  - The text fields will populate with the contact's information. Make any edits necessary and then click "Update".
  - Click "Save & Close" when complete.

The image shows the OptumCare software interface. On the left, there is a sidebar with various icons and a main window titled 'Mobile Home, 1 cat'. The main window contains sections for 'Phone Numbers' and 'Contacts'. In the 'Contacts' section, there is a table with columns: Name, Relationship, Phone Number (Home/Mobile), Phone Number (Work/Other), Landmark Patient, Lives in Household, Out of State, Primary Contact for Health-Related Issues, and Currently Active. To the right of this table is an 'Edit Contacts' dialog box. This dialog box has tabs for 'Add Contacts' and 'Edit Contacts'. The 'Edit Contacts' tab is active, showing fields for First Name, Middle Name, Last Name, Relationship, Type, and several checkboxes for contact details like 'Primary Contact for Health-Related Issues' and 'Currently Active with patient'. At the bottom of the dialog box are 'Add' and 'Cancel' buttons. Below the dialog box is a preview of the updated 'Contacts' table, which now includes the new contact information. The 'Edit' and 'Delete' icons for each row in the preview table are highlighted with red boxes.

- If updating an existing contact, click the edit icon beside the contact listing.
3. Indicate any changes you made to the "Contacts" section in your after-call documentation.

## Valid Verbal Consent

The patient must provide verbal authorization for any personal relation or acquaintance to receive PHI on their behalf if the individual does not appear in the Alerts, Demographics, or Documents sections of the chart.

1. If not already on the phone, politely request to speak with the patient to obtain a verbal contact authorization.
  - If the patient is not available, inform the caller that you cannot provide the requested information at this time and verbal permission must be obtained from the patient or qualifying legal guardian prior to the sharing of any Protected Health Information (PHI).
2. When speaking to the patient, ask them to confirm their first name, last name, date of birth, and full address including city, state, and ZIP code.
3. Once confirmed, obtain verbal permission to speak to the contact on their behalf.
  - If the patient confirms that they are providing an ongoing authorization, add the contact to the chart's **Contacts** section.

## Patient & Contact Verification

*Learn more about patient and contact verification in the [Company Resources & Employee Reference Job Aid](#).*

*Indicate any updates made to the patient's chart in your Ubiquity note documentation.*

## Local Referrals Using Community Connector

Use the [Community Connector](#) platform when patients or caregivers call to inquire about services we can not provide directly such as:

- Grocery Delivery
- Medication Affordability Assistance
- Housing Assistance
- Legal Counsel

...or any other community-based resource providing service within their ZIP code. In such cases, we are able to refer, or log a referral, for the patient within Community Connector.

### Recourse Search using Community Connector

1. Open Community Connector
  - An employee's access to Community Connector is automatically terminated after 90 days of disuse. If this occurs, your manager must resubmit all access requests via [Secure](#).
2. Search for the patient's profile by name + DOB or Health Plan ID
  - Only patients with UnitedHealth insurance have a Community Connector profile.
    - For all other health plans, offer to transfer the patient to their health plan to determine next steps.
3. Once found, open the patient's profile.

The screenshot shows the "Welcome to UHC Community Connector" page. It features two main search sections: "Look up member by name & date of birth" and "Look up member by ID".  
The "Look up member by name & date of birth" section contains fields for First name (required), Last name (required), and Date of birth (required). Below these fields is an "OR" link, followed by the "Look up member by ID" section which has a Member ID (required) field and "Search" and "Clear" buttons.  
The "Member search results" section displays a table with one row for "Lyra Lockwood". The columns are: Name, Member ID, Date of birth, State, Zip code, Line of business, and Action. The "Action" column for Lyra contains a blue button labeled "Select member", which is highlighted with a red box.

*\*This Workflow is Continued on the Next Page*

- From the patient's profile, select the CBO (Community Based Resources) option.
- If asked to complete a patient screening, select "*I already understand the member's needs today*".
- Using the resource search engine, community-based organizations can be filtered by category. Enter a key word into the search field or select one of the category buttons offered.
  - Specific organization names should not be entered into the Key Word search field. If entered, the user will receive a "no results" message.
  - Finding the right resource for the patient may require follow-up questions to determine a best-match for their needs.

The screenshot shows the UHC Community Connector Member Profile page for Lyra Lockwood. At the top, there are four main navigation links: Plan Benefits (with a magnifying glass icon), CBO Search (with a magnifying glass icon, highlighted with an orange border), SDOH Screener (with a checkmark icon), and MSP/LIS quiz (with a document icon). Below these, member details are listed: ID: STD2D551111, Date of Birth: 07/03/1980, ZIP Code: 75014, and Line of business: Medicare and Retirement.

**Please help us understand why you will not be taking the needs screener.**

Member has already taken a screener in the last 12 months.  
 I already understand the members needs today.  
 The member declined to take the needs screener today.

**Go back** **Continue**

**Find a resource for Lyra**

Ensure member is aware of available Plan Benefits

**Search community-based resources**

Search **Keyword Search** **Transportation** Location 27620 **Search**

**Category Search**

**Transit**

**Filter** Filter Transit Needs

All Bus passes Help pay for car Help pay for gas Help pay for transit **Transportation**

Transportation for healthcare Transportation for school

## Recourse Selection using Community Connector

Resources found in Community Connector can be identified as **In Network** or **Out of Network** for the patient:

- LM1 PCCs may recommend both In Network and Out of Network resources to patients.
- The status of the resource as In Network or Out of Network **MUST** be shared with the authorized caller.

### In Network Resources

In Network resources will display a **Refer** button under the **Next Steps** section of the search result.

**Metro Fare Deal Card**  
by Go Metro  
Go Metro offers a half-price fare card for eligible seniors age 65 or older, on Medicare or with a qualifying disability....  
[Show more](#)

**Main services:** Help pay for transit, Transportation  
**Serving:** Seniors, All disabilities, Benefit recipients  
**See open hours** ▾  
**This organization receives member information**  
  

[Show more](#) Refer

### Out of Network Resources

Out of Network Resources will display a **Log Referral** button below the **Next Steps** section of the search result.

**Access Program**  
by Go Metro  
Access is a shared-ride public transportation service, providing origin-to-destination transportation in small buses for people whose disabilities prevent them from riding....  
[Show more](#)

**Main services:** Transportation  
**Serving:** All ages, All disabilities, Limited mobility, Low-Income  
**See open hours** ▾  
**This organization does not receive member information** ⓘ  
  

[Show more](#) Log referral

### In Network Recourse Conditions

- The referral is tracked in Community Connector.
- The member will receive an email detailing the referred resource and steps to enroll.
- UnitedHealth will send the resource the referral directly.

### Out of Network Recourse Conditions

- The referral is logged as a record in Community Connector, but its progress is not tracked.
- The member will receive an email detailing the referred resource and steps to enroll.
- The member must manually enroll in the service.
- This service may have special insurance coverage conditions or extra costs.

## Recourse Referral in Community Connector

When a resource has been identified that matches the patient's needs:

1. Click on the resources name to open a detailed description of what is offered including:
  - Eligibility
  - Cost
  - Enrollment
2. Provide this information to the caller.
3. If the caller wishes to proceed with the referral, provide them with Next Steps information and complete the Referral Form.
  - Click Refer or Log Referral.
  - Verify the patients preferred email address.
  - Obtain consent to submit the referral from the patient or authorized contact.
  - Submit the referral.

**Open Resource Description**

**Metro Fare Deal Card**

by Go Metro

Go Metro offers a half-price fare card for eligible seniors age 65 or older, on Medicare or with a qualifying disability....

[Show more](#)

Main services: [Help pay for transit, Transportation](#)

Serving: [Seniors, All disabilities, Benefit recipients](#)

[See open hours](#) ▾

**This organization receives member Information**

[Add to favorites](#)

[Show more](#)

**Next steps:**

Call 513-632-7540 to get more info.

Go to the website <https://www.go-metro.com/fare-information/fare-deal-program> to apply.

**Open the Referral Form**

**Refer**

## Next Steps

### Parantransit - ADA Modifications

by Regional Transit Service (RTS)

Your First Name \*

Paul

Your Last Name \*

Nichols

E-mail \*

paul.nichols@optum.com

Confirm consent \*

I have verbal consent from the member (or the member's personal representative) to:

- If email/text is selected as the "Best Way to Reach Them", send the member "Next Steps" to contact this organization.
- Record these referral details along with Member's name, identified social need(s), contact information, and any call notes in the system, so that UHC can follow up with the member.

**Refer**

## Prospective Patient Requests for Services or Enrollment

As our company continues to grow, we should expect to receive more calls similar to those described above. The Landmark's Outreach team is responsible for acclimating new patients to our services.

- You are encouraged to provide the following information when a caller asks about us for the first time:

**Question:** *What is Landmark?*

**Answer:** Landmark provides home health care solutions for patients with qualifying chronic conditions.

**Question:** *Am I eligible for Landmark? How do I sign up?*

**Answer:** Prospective patients should check their eligibility for Landmark services by contacting their health plan.

- A health plan phone number can usually be found on the back of the prospective patient's insurance card.
- If the prospective patient qualifies for service, their health plan will contact Landmark's Outreach Team.

**Question:** *If I qualify for enrollment, what are next steps?*

**Answer:** The Central Outreach Team will then attempt to set up an Initial Visit at the patient's home.

- Expect to receive calls from Landmark or Optum Home Health to set up an Initial Visit.

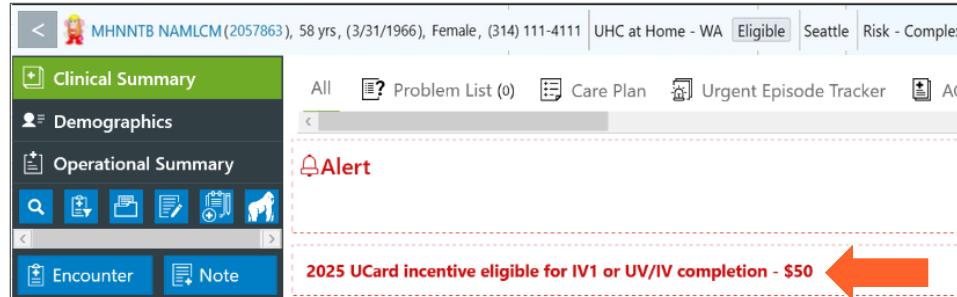
## UCard Rewards & Troubleshooting

UCard rewards offer patients, or prospective patients, incentives for participating in Landmark / HBMC services. For example, qualifying patients will earn rewards after completing their Initial Visit (IV).

- ✓ UCard funds will be deposited within 7 business days after the completed visit.

### When to Discuss UCards

If a patient qualifies for UCard rewards, an alert will be placed in the **Clinical Summary** of their chart. Once the patient has completed their visit, the alert will be removed.



### Suggested Script for Initial Visit (IV) Completion

*"In addition, a <Amount> reward will be loaded to your UnitedHealthcare UCard after you complete your first preventive visit with Landmark. Your rewards will be available within 7 business days after your visit."*

LM1 PCCs **MUST** mention UCards to patients if:

- ✓ The patient has a UCard alert in their chart.
- ✓ The patient has an upcoming visit matching those listed in the UCard alert.
- ✓ The patient has not completed the visit listed in the UCard alert.
- ✓ The patient is not aware of the UCard program.

Details about specific UCard Incentives may be found in the **Demographics** section of the chart.

Clinical Summary	Ucard Incentive				
Demographics	Incentive Type	Visit Type	Incentive Amount	Incentive Status	Date Credited
Operational Summary	Ucard	IV1	\$50	Success/Failure	MM/DD/YYYY

## UCard General Questions

Member Concern	Suggested Script
<i>What is a U-Card?</i>	<p><i>"It is an all-in-one card that serves as a member ID card as well as a reward card. This was mailed to you once you enrolled in your health plan."</i></p>
<i>I have already requested a new card and I still have yet to receive it.</i>	<p><i>"I apologize for the inconvenience. May I place you on a brief hold to connect you with a Member Services representative?"</i></p>
<i>Why am I no longer receiving the VISA card?</i>	<p><i>"We're making redeeming your rewards even easier with a UCard. After you complete your HBMC/Landmark visit, you can anticipate your reward dollars available for use faster, as no mail time is required to receive your rewards. This card also combines other reward programs that may be utilized by your plan, which will allow you to access all your funds in one place."</i></p>
<i>Are there any fees associated with the UCard?</i>	<p><i>"To learn more about any fees associated with your UCard or other important information about your UCard, I'd be happy to transfer you to Member Services."</i></p>
<i>Why can't I use my card at [store name]?</i>	<p><i>"Your UCard is available for use at select locations. I would be happy to transfer you over our Member Services team if you would like a complete list of where you may spend your reward funds."</i></p>
<i>Is this a credit card?</i>	<p><i>"No. This is not a debit or credit card. This multi-function card serves as both a membership card as well as a rewards card."</i></p>
<i>What is required to activate the card?</i>	<p><i>"Your funds will be automatically deposited; however, your UCard needs to be activated to use your funds. Funds will be available within 7 business days of your completed visit. For more information about activating your UCard, please refer to the UCard materials you received with your card, or, we'd be happy to transfer you to Member Services."</i></p>

<i>I got a letter stating funds were added after my HBMC / Landmark visit.</i>	<p><i>"The letter was generated after we added the funds to your card balance to confirm the amount was deposited successfully."</i></p> <p>Action: Specialists can follow process outlined in <a href="#"><u>UCard: Transaction Review</u></a>.</p>
<i>I am having trouble with using my card.</i>	<p><i>"I apologize for any inconvenience that you may have experienced when attempting to use your card. May I place you on a brief hold to connect you with a Member Services representative?"</i></p>
<i>"How do I check my balance?"</i>	<p><i>"I am happy to transfer you to someone who can assist you with understanding your current UCard balance. May I place you on a brief hold to connect you with a Member Services representative?"</i></p>

## Eligible Stores

- Walmart
- Walmart.com
- Kroger
- Delhaize
- Ahold
- Giant Eagle
- Woodman's
- Independent pharmacies
- Hy-Vee
- Shoppers
- Piggly Wiggly MW
- Niemann's
- Albertsons Companies

## More Information about UCards

- [UCard: Deposit Not Received](#)
- [UCard: Rewards Card Amount Dispute](#)
- [UCard: Transaction Review](#).
- [UCard: Lost/Stolen/Misplaced](#)
- [Troubleshooting Rewards Cards Issues](#)

## Troubleshoot UCard Issues

Issues	Resolution Steps	Details
<p><b>Complaints Including:</b></p> <ul style="list-style-type: none"> <li>• <b>Deposit Not Received after 7 business days</b></li> <li>• <b>Amount Dispute</b></li> <li>• <b>Transaction History or Deposit Date Concern</b></li> </ul>	<p>Complaint Submission &amp; Health Plan Transfer</p> <ol style="list-style-type: none"> <li>1. Submit a <a href="#">complaint</a> through Enterprise Now</li> <li>2. Consult the Health Plan for Complain Follow-Up <a href="#">(Submitting a Complaint via KB)</a></li> </ol>	<p>A complaint must be submitted when a deposit has not been applied:</p> <ul style="list-style-type: none"> <li>• <b>Issue Category:</b> Quality of Service</li> <li>• <b>Issue Subcategory:</b> Program /Plan Issues</li> <li>• <b>Full Description of Issue / Expected Outcome:</b> Enter the dollar amount that is the subject of concern and any notes or reasons mentioned by the member in the section of the complaint</li> </ul>
<p><b>Transaction History or Deposit Date General Review (no concern)</b></p>	<p>Consult the Health Plan</p>	<p>Request a Transaction Review</p>
<p><b>Lost or Stolen UCard</b></p>	<p>Warm transfer to Plan</p>	<p>Request a replacement of Member ID Card</p>

## Insurance / Health Plan Requests

LM1 PCCs should complete a **Consult** transfer to the patient's health plan to address the following questions or concerns:

- Questions regarding eligibility for HBMC / Landmark services.
- Questions as to why HBMC / Landmark services were cancelled or the chart was closed.
- UCard transaction history request
- Lost or Stolen UCard

### Health Plan Information & Phone Number

1. Open a new Note in Ubiquity.
  - This should be the same Note used for required after-call documentation.
2. From the tabs listed at the top of the Note, select **Phone Call**.
3. Use the information on the **Phone Call** tab to complete the Consult transfer in Genesys.

The image shows two screenshots of the Genesys Note interface. The left screenshot shows the 'Case Note' tab selected, with the 'Phone Call' tab highlighted by a red box. The right screenshot shows the 'Phone Call' tab selected. An orange arrow points from the 'Phone Call' tab on the left to the 'Phone Call' tab on the right. Both screenshots show various fields for entering patient information and contact details.

**Note Info** | **Progress Note** | **Case Note** | **Phone Call**

**Case Note**

B I U

Caller's Name: \_\_\_\_\_

Caller's Relationship to Patient: \_\_\_\_\_

Patient Full Name: \_\_\_\_\_

Patient Date of Birth: \_\_\_\_\_

Patient Address: \_\_\_\_\_

Caller's Authorized Contact Status: \_\_\_\_\_

Callback Number: \_\_\_\_\_

Patient id  
**Did any of**  
 Patient  
 Community  
 Facility (If applicable)  
 Landmark

**Phone Call**

**Health Plan**  
OCN - CA

**Time Zone**  
Pacific Standard Time  
(2/18/2025 1:12:09 PM)

**HealthPlan: (888) 445-8745**

Outreach: (833) 407-8009; (323) 372-8115;  
(323) 628-8670

IDT Number: (877) 259-4056

## Health Plan Transfer Workflow

1

### Locate Health Plan Information

Note Info Progress Note Phone Call

**Phone Call**

Health Plan  
Baylor Scott & White Health Plan  
HealthPlan: (844) 279-3627  
Outreach: (877) 260-9992; (254) 218-4989  
IDT Number: (833) 874-2581

Time Zone  
Central Standard Time  
(12/30/2024 10:00:21 AM)

You may find a caller's health plan information under the "Phone Call" tab of your Ubiquity note.

Use this information to complete a consult transfer to the caller's health plan using Genesys.

- If the caller declines to speak to their health plan, complete the call without attempting a consult transfer.

2

### Consult the Health Plan

Malone NY +1 518-353-4157 0:58

Provided contact +1 518-353-4157

Consult 8442793627

- Obtain the caller's permission to be placed on hold.
- With the caller on hold, use the **Consult** option to call the health plan.

3

### Complete Health Plan Transfer

Malone NY +1 518-353-4157 11:13

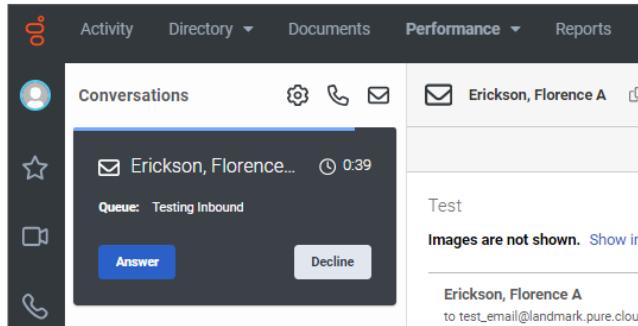
- Use the dial pad to navigate any touch-tone response menus after the health plan is called.
- Specify that you would like to speak to a representative.
- Introduce yourself and the organization to the representative.
- Inform the representative that you have a patient / caller awaiting transfer.
- Briefly summarize the caller's concern.
- Transfer the caller when prompted.

# Answering Service Messages & Callback Requests

## Answering Service Messages

If no LM1 PCC is available to answer an incoming call, the caller will be directed to the Answering Service. This service will document a brief message from the caller and forward it to Genesys in the form of an email.

- LM1 PCCs will receive Answering Service Emails while On Queue in Genesys.
- These emails will “ring” into Genesys just like an incoming call.



- Review patient, caller, and callback numbers carefully to determine the correct workflow to complete.
- It is considered best practice to open the patient's chart in Ubiquity before initiating an outbound call.

## Example: Answering Service Messages

The screenshot shows an email inbox with one message from 'Erickson, Florence A'. The subject is 'Testing Inbound Test'. The message body contains the text: 'Images are not shown. Show images below'. Below the message, there is contact information: 'Erickson, Florence A' and 'to test\_email@landmark.pure.cloud'. There is also a detailed profile section with the name 'Florence Erickson (she/her)', title 'Director, Operations & Implementations', and organization 'Optum Home & Community Care | Landmark Health'. The email ends with a standard disclaimer about confidentiality and a 'Reply' and 'Forward' button at the bottom.

## Answering Service Message Workflow

1

### Review Message & Patient Details

The screenshot shows a Genesys interface with a message from 'Erickson, Florence A'. The message content is 'Testing Inbound Test'. The interface includes standard Genesys navigation buttons like Conversations, Directory, Documents, Performance, Reports, and Admin.

Set your Genesys status to **Answering Service**:

Use the information in the answering service message to:

- Search and open the patient's chart in Ubiquity.
- Define the caller's request as:
  - Administrative
  - Market Request
  - Non-Urgent Clinical
  - Urgent Clinical
  - Emergency Clinical
  - Prescription Refill

2

### Complete the Requested Workflow

The screenshot shows the same Genesys interface as step 1, but the 'Reply' button in the top right corner of the message card is highlighted with a red box.

Refer to the **Answering Service Message & Callback Workflows** table in this section to determine the workflow that best matches the caller's request.

For Administrative calls, contact the caller from the Interactions panel using the phone number specified in their message

- If no answer, follow the "Voicemail Guidelines" and end the call. Create a Note in Ubiquity to indicate a callback was attempted.

3

### Submit an Answering Service Reply

The screenshot shows an email message from 'Erickson, Florence A' with the subject 'Testing Inbound Test'. The message body contains the same test message. At the bottom of the email, the 'Reply' and 'Forward' buttons are highlighted with a red box.

Use the "Reply" button located at the bottom of the Answering Service message to open a response email.

- Use the **Answering Service Message Reply Options** table on the next page to complete the email.
- Copy / paste the contents of the Answering Service message, including your reply, into your Ubiquity Note.
- When finished, click "Send"
- Finalize your Ubiquity Note.

## Answering Service Message Reply Options

Reason For Call	Answering Service Message Reply
Administrative	Administrative – Complete – ( <b>your first and last name</b> )
Return Call to Metro Staff	Administrative – Complete – ( <b>your first and last name</b> )
Non-Urgent Clinical	Administrative – Sent to Triage – ( <b>your first and last name</b> )
Prescription Refill	Administrative – Sent to APC – ( <b>your first and last name</b> )

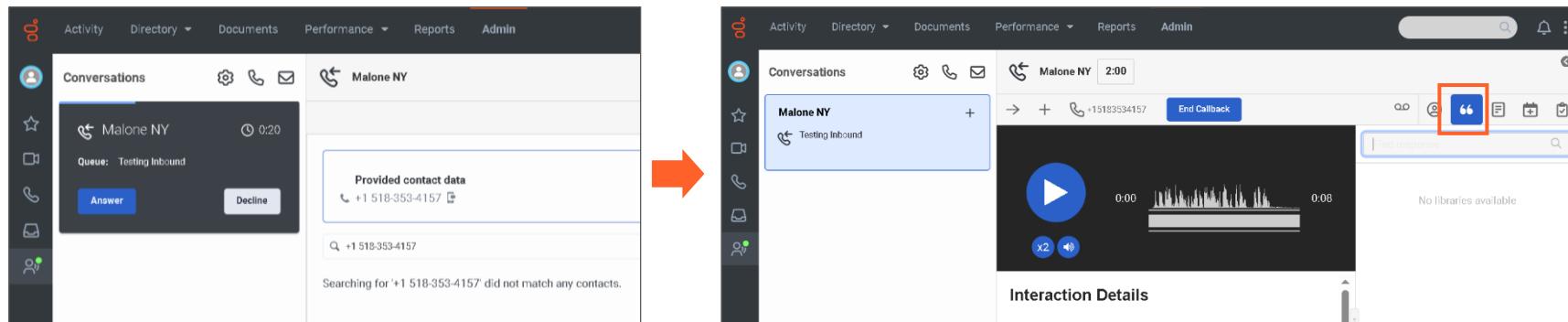
## Example: Answering Service Message Reply

The screenshot shows a messaging application interface. On the left, there is a sidebar titled "Conversations" with a gear icon, a phone icon, and an envelope icon. Below this, a message from "Nichols, Paul J" is listed, with the subject "Testing Inbound Test" and the timestamp "just now". The main area shows an incoming message from "Nichols, Paul J" with the subject "Test". The message body contains the text "Administrative - Complete - Paul Nichols". This text is highlighted with a red rectangle. Below the message, the recipient information is shown: From: paul.nichols@optum.com, Sent: Monday, December 30, 2024 12:55 PM, To: test\_email@landmark.pure.cloud, Subject: Test. A horizontal line follows this information. The message body then contains the word "Test". A signature "Paul Nichols" is present at the bottom. A toolbar with various text formatting options (Text, Bold, Italic, Underline, etc.) is visible above the signature. At the bottom of the message area, there are icons for trash, edit, and a blue "Send" button. To the right of the message area, the status "Draft saved" is displayed.

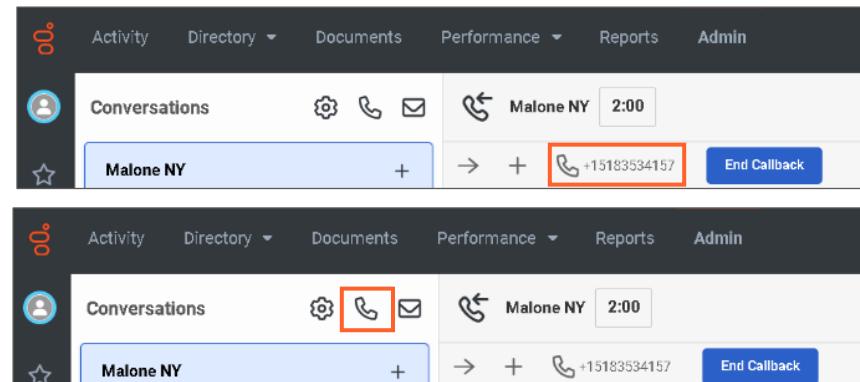
## Callback Requests

When incoming calls are queued for Landmark First, the caller is offered the option to leave a callback message, like a voicemail, to be sent to a LM1 PCC for follow-up. These callback requests are received and completed in Genesys:

- Callback requests will “ring” into Genesys just like an incoming call.
- When answered, the LM1 PCC will be presented with a recorded message to review.
  - If you **DO NOT** see a recorded message, but the blue “**End Callback**” button is visible, select the quotation mark icon to display the call recording.



- If the caller requests to be called on the same number used to contact us, click the phone number displayed above the call recording to initiate a callback.
- However, if the caller requests a callback to an alternate phone number, proceed to make a new outbound call by selecting the ‘Phone’ icon from the Interactions panel.



# Local Metro or External Call Transfers

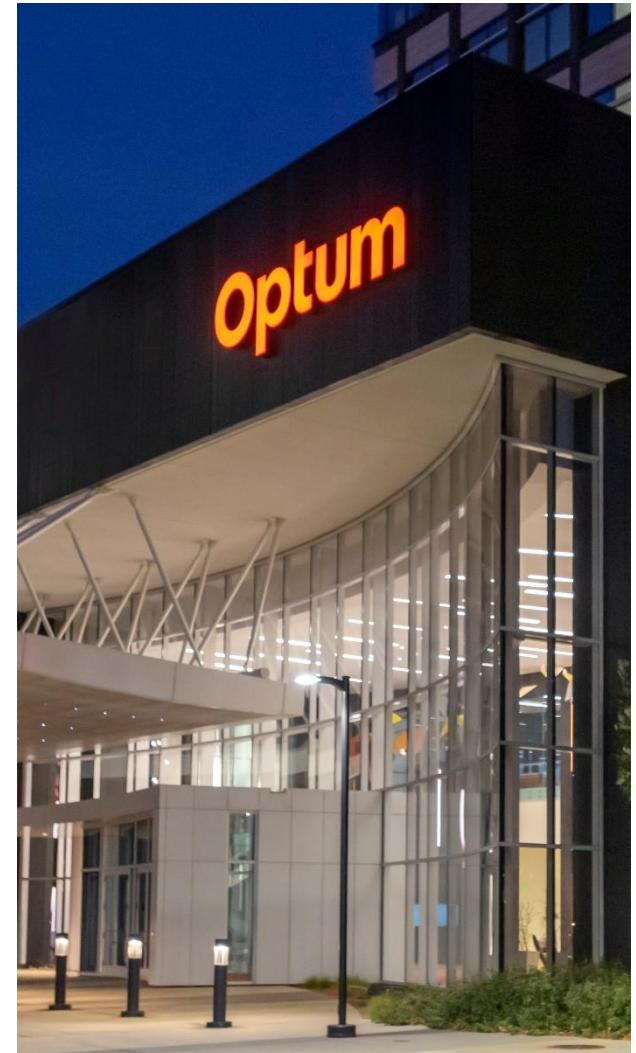
## Table of Contents

- [Metro Contact Overview](#)
- [Care Coordinator Consult Transfer Guidelines](#)
- [Care Team + Market Emails](#)
- [Central Outreach Team Consult Transfer Guidelines](#)
- [Return Calls to Metro Office Staff](#)
- [Other Call Types](#)
- [Alert Care Patients](#)

## Metro Contact Overview

As a general rule, we will try to resolve a caller's question or concern remotely at Landmark First before transferring the caller to a market office. However, there are some requests that should first be managed by local metro staff.

When calling a metro, follow all transfer and patient verification guidelines that you would within Landmark First.



# Care Coordinator Consult Transfer Guidelines

Care Coordinators (CCs) working from local metro offices should be contacted when a patient or caregiver submits an administrative request outside of the LM1 PCC workflow scope.

- Care Coordinators work during local business hours between **8:30 AM and 5:00 PM**.
  - After business hours, send an email to the Metro Call Center mailbox found in the [Metros Summary](#).
  - Include the patient's Care Team members in the email and include an **Action Required** statement.

**1**

Place the Call on "Hold"

Malone NY +1 518-353-4157 0:52

Provided contact data  
+1 518-353-4157

**During local metro business hours**, obtain the caller's verbal consent to be placed on hold.

- The hold button will light up in red when active.

## Suggested Script

"May I place you on hold and transfer you to a local Care Coordinator to further assist you?"

**2**

Consult the "CC Transfer Queue"

Malone NY +1 518-353-4157 0:58

Consult

Provided contact +1 518-353-4157

Searching for '+1 518-353-4157'

CC Transfer Queue Queue

**Initiate a consult transfer to the CC Transfer Queue.**

- If you are unable to reach a CC after entering the metro's extension and two (2) minutes of hold time, send a follow-up email to the **Metro Call Center** mailbox found in the [Metros Summary](#).

\*This workflow is continued on the next page.

**3**

Enter the 3-Digit Metro Escalation

Malone NY +1 518-353-4157 17:50

1 2 3  
4 5 6  
7 8 9  
\* 0 #

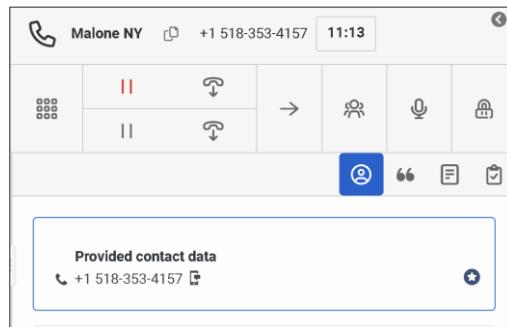
any contacts.

Refer to the [Metros Summary](#) profile carts to determine the metro-specific 3-digit Escalation Extension.

- Use the Dial Pad option to enter the extension.
- You may be asked to re-enter or confirm the extension.
- Once confirmed, hold for an LM1 Clinician to respond.

4

#### Follow Call Transfer Guidelines



Introduce yourself and your role to the metro CC and follow call transfer guidelines.

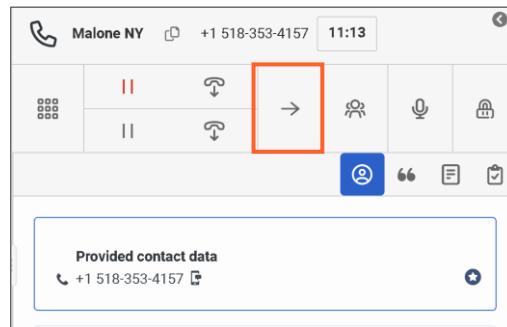
Refer to the [Company Resources & Employee Reference Job Aid](#) for transfer guidelines to provide:

- The caller's name.
- The caller's relationship to the patient, company, or agency.
- Caller's authorization status.
- Did the caller complete patient HIPAA verification?

The patient will remain on hold during this time.

5

#### Complete the Call Transfer



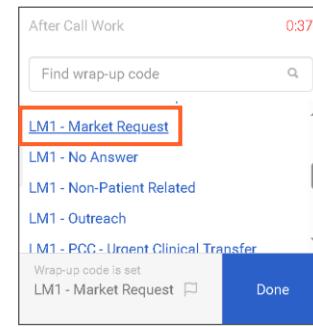
Briefly summarize the caller's question, concern, or reason for transfer.

- Allow the metro CC time to open the patient's chart.
- Select the "Transfer" button when the metro CC indicates they are ready to speak with the caller.

This will complete the transfer and end the call for the LM1 PCC.

6

#### Complete Call Disposition & Document Ubiquity



You will have 60 seconds to complete your call wrap-up report. Select the **LM1 – Market Request**.

- Create, complete, and finalize a note in Ubiquity to detail the interaction and transfer.
  - Follow guidelines in the [Call Documentation](#) section of this job aid.

This completes the workflow.

## Care Team + Market Emails

Emails to a patient's Care Team & Market should be sent under the following conditions:

- Same-day appointment updates if unable to reach the visiting clinician by phone or current time is after business hours.
  - Also send a Teams chat message to the visiting provider.
- A caller leaves a message for a market staff member that falls outside the LM1 scope.
- A return call to a market staff member with a request that should not be managed by LM1.
  - Also send a Teams chat message to that staff member.
- No response to a CC Transfer Queue consult.
  - Include an "Action Required" statement in after-call documentation.

The email should include a copy of your Ubiquity Note in the body of the email. Follow the standard Subject format.

- See the [Call Documentation](#) section for details.

### The Patient's Care Team

The patient's care team can be found in the Clinical Summary of their chart in Ubiquity on the right side of the window.

- This group is labeled as "Landmark Team" in Ubiquity.
- Email all members of the patient's Care Team **EXCEPT** the Supervising Physician.

### Market / Metro Call Center Emails

Market / Metro Call Center Emails are found in the [Metros Summary](#) profile cards:

Landmark Team	
Landmark Provider	Lisamarie Better
Supervising Physician	Jennifer Henson
Nurse Care Manager	Melissa Gorman
Care Coordinator	Paola Corporan
Behavioral Health Provider	

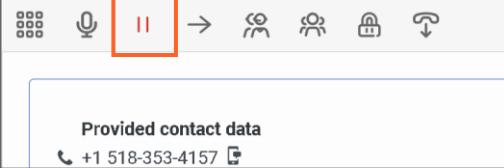
Hartford		<a href="#">Back to Metros List</a>
Time Zone: East (EST)	Office Phone: (833) 749-2009	Emails:
State: Connecticut (CT)	Office Fax: (833) 983-2041	Triage Callback: <a href="mailto:hartfordtriage@landmark.pure.cloud">hartfordtriage@landmark.pure.cloud</a>
Region: New England	Outreach: (877) 240-3112	LM1 APC Escalation: <a href="mailto:APPhartfordEscalation@landmark.pure.cloud">APPhartfordEscalation@landmark.pure.cloud</a>
Office Address Mezz Level 20 Church St. Hartford, CT 06103	Escalation Ext: 101	Metro Call Center: <a href="mailto:call_center_connecticut@optum.com">call_center_connecticut@optum.com</a>
Local Resources:		Central Outreach: <a href="mailto:centraloutreachscheduling@optum.com">centraloutreachscheduling@optum.com</a>

# Central Outreach Team Consult Transfer Guidelines

The Central Outreach Team operates between **8:00 AM** and **8:00 PM EST**. They are available to speak with new patients about our services, or help a prospective patient with the enrollment process and follow-up. The Central Outreach team will accept consult transfers during operating hours.

**1**

Place the Call on "Hold"



Provided contact data  
+1 518-353-4157

**During local metro business hours**, obtain the caller's verbal consent to be placed on hold.

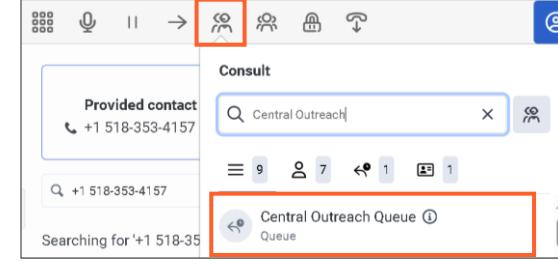
- The hold button will light up in red when active.

## Suggested Script

"May I place you on hold and transfer you to a member of our outreach team. They will be able to answer your service-related questions or offer guidance about enrollment."

**2**

Consult the "Central Outreach Queue"



Provided contact  
+1 518-353-4157

Searching for '+1 518-353-4157'

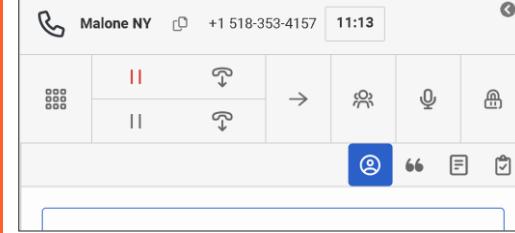
Central Outreach Queue

Initiate a consult transfer to the **Central Outreach Queue**.

- If you are unable to reach a Central Outreach representative after two (2) minutes of hold time, send a callback request to:  
[centraloutreachscheduling@optum.com](mailto:centraloutreachscheduling@optum.com)

**3**

Follow Call Transfer Guidelines



Malone NY +1 518-353-4157 11:13

Central Outreach Queue

Introduce yourself and your role to the Central Outreach representative and follow call transfer guidelines in the [Company Resources & Employee Reference Job Aid](#).

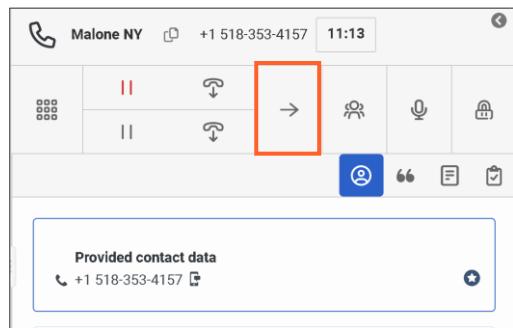
- The caller's name.
- The caller's relationship to the patient, company, or agency.
- Caller's authorization status.
- Did the caller complete patient HIPAA verification?

The patient will remain on hold during this time.

\*This workflow is continued on the next page.

4

#### Complete the Call Transfer



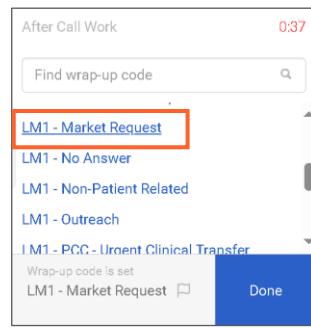
Briefly summarize the caller's question, concern, or reason for transfer.

- Allow the Central Outreach representative time to open the patient's chart.
- Select the "Transfer" button when the Central Outreach representative indicates they are ready to speak with the caller.

This will complete the transfer and end the call for the LM1 PCC.

5

#### Complete Call Disposition & Document Ubiquity



You will have 60 seconds to complete your call wrap-up report. Select the **LM1 – Market Request**.

- Create, complete, and finalize a note in Ubiquity to detail the interaction and transfer.
  - Follow guidelines in the [Call Documentation](#) section of this job aid.

This completes the workflow.

#### General HBMC Service Information

LM1 PCCs can provide general HBMC service information to callers. Reference the **Prospective Patient Requests for Services or Enrollment** section of this job aid for more information.

## Return Calls to Metro Office Staff

When a patient returns a call left by HBMC staff working from a local metro office, LM1 PCCs should follow all administrative and clinical transfer workflows. Reference the table below for more information:

Call Type:	Business Hours (8:30 AM – 5:00 PM Local Market / Metro Time)	After Hours (or unsuccessful warm transfer)
Administrative (within the scope of Landmark First)	Resolved by the LM1 PCC	
Administrative (Outside the scope of Landmark First)	Transfer the caller to a metro Care Coordinator between the hours of <b>8:00 AM</b> and <b>8:00 PM</b> .	Send an email to the Metro Call Center mailbox found in the <a href="#">Metros Summary</a> .
Urgent / Non-Urgent Clinical Concern	Follow the clinical handoff, triage, clinician coverage gap, & urgent buzzword call flows as needed based on the concern expressed	Follow the clinical handoff, triage, clinician coverage gap, & urgent buzzword call flows as needed based on the concern expressed
Lab Result Requests or Lab Representative	Attempt a warm (consult) transfer to a LM1 APC and email triage if unavailable.	Attempt a warm (consult) transfer to a LM1 APC and email triage if unavailable.
Market Requests, &Transfers	Check recent notes in Ubiquity, if needed, and attempt a consult (warm) transfer to the original caller.	<ol style="list-style-type: none"><li>1. Note Ubiquity</li><li>2. Notify the original caller in Teams</li><li>3. Send an email to the Care Team and Market</li></ol>

## Other Call Types

These types of calls may not relate directly to patient care, but may involve the updating or disclosure of patient records and should **NOT** be resolved by LM1 PCCs.

### Medical Records Request

If a caller asks to obtain or verify information on two (2) or more medical records, direct them to the Central Medical Records office:

- Phone: (833) 908-6722
- FAX: (844) 576-2533

Do NOT provide any **PHI** to unauthorized callers.

### Service Cancellation Inquiries

1. If possible, obtain the reason why the member wishes to cancel services with Landmark.
2. Create a Note and document the interaction in Ubiquity.
3. Send an email to the member's **Care Team** members and the Metro Call Center mailbox found in the [Metros Summary](#).

### Employment Verification Calls

Please direct these callers to the Employment Verification office:

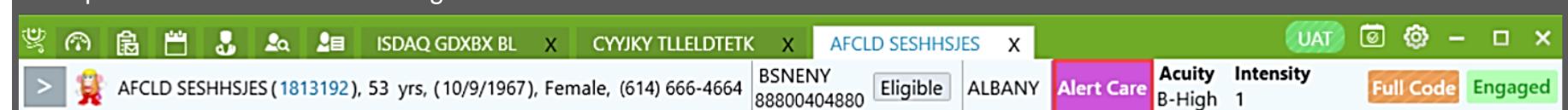
- Phone: (844) 772-2161

## Alert Care Patients

Alert Care patients **DO NOT** have a Care Team assigned to them. Charts in Ubiquity will display with a bright purple indicator in the chart's heading, as shown:

- Call transfer workflows and administrative work is unchanged when managing an alert care patient.
  - For call transfer workflows that require LM1 PCCs to email a patient's Care Team and the Metro Call Center mailbox, email **ONLY** the Metro Call Center mailbox.

### Example: Alert Care Chart Heading



# Non-Urgent Clinical Call Transfers

## Table of Contents

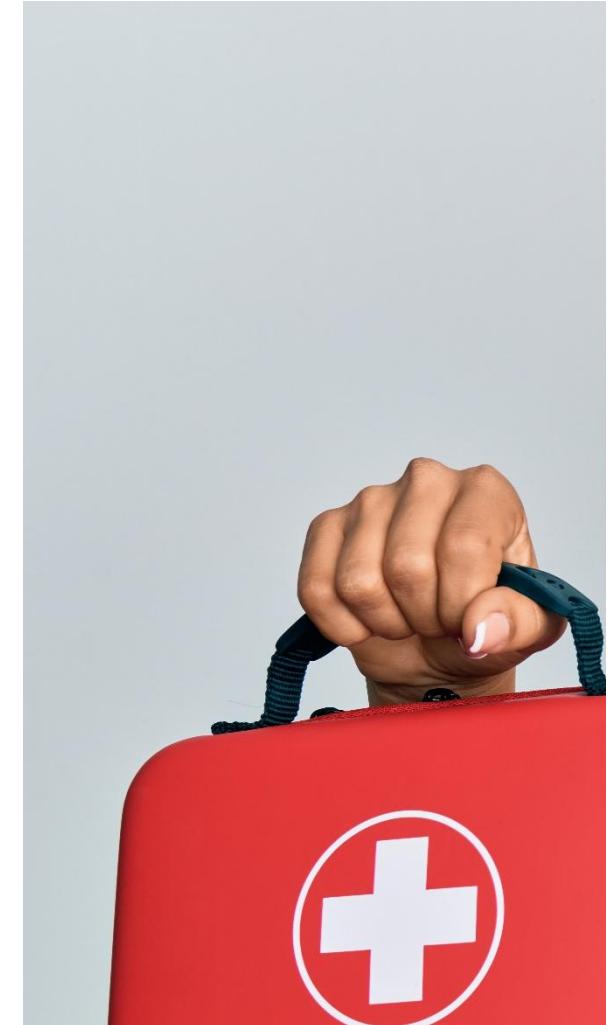
- [General Non-Urgent Clinical Request Types](#)
- [Unauthorized Callers Expressing Non-Urgent Clinical Concerns for a Patient](#)
- [Non-Urgent Clinical Consult Transfer Workflow](#)
- [Email Request for LM1 Clinician Callback](#)
- [Return Call to LM1 Clinician Workflow](#)
- [Caller Declines LM1 Clinical Transfer Workflow](#)

### ***LM1 Clinician Scope***

*LM1 PCCs must **NOT** advise callers about medical care, medication dosage, symptom diagnosis, or any other subject within the clinical scope.*

### ***Urgent Clinical Calls***

*Please see the next section, [Urgent Clinical Call Transfers](#). To review a list of urgent and emergency situations for which care cannot be delayed.*



## General Non-Urgent Clinical Request Types

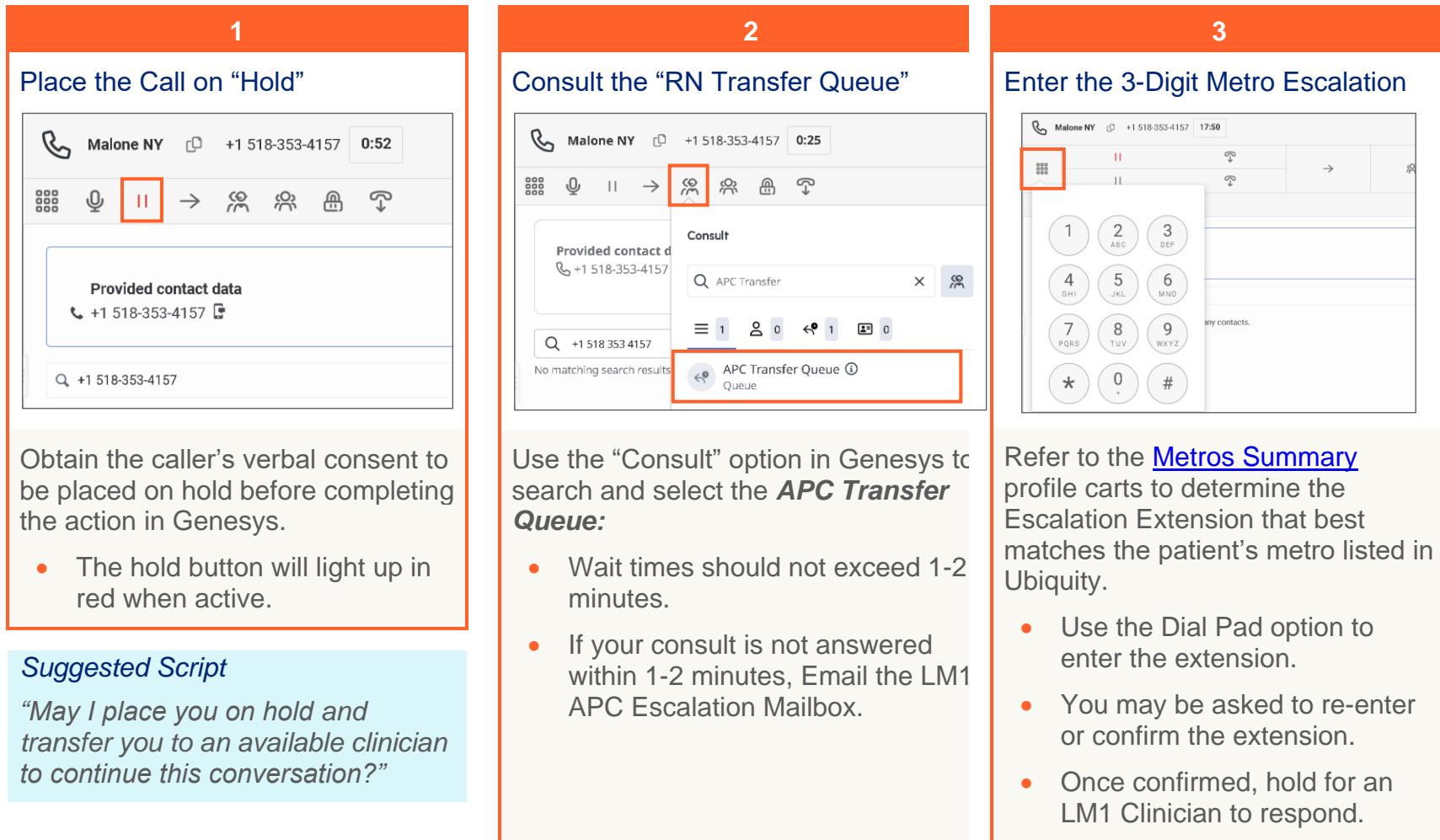
LM1 PCCs are to follow the [Non-Urgent Clinical Consult Transfer Workflow](#) when **Eligible** patients experience any illness, injury, soreness, symptom, or decline in health not listed as a [Red Buzzword](#) or [Yellow Buzzword](#). The following terms or questions are also considered non-urgent clinical requests:

- ✓ Any reference to **Hospice**.
- ✓ **HouseCalls**.
- ✓ Prescription / medication refill requests or calls from a pharmacy.
- ✓ Questions regarding medical procedures or checks performed during a HBMC / Landmark home visit.
- ✓ Request to review lab results.
- ✓ Requests to view X-Rays or other medical tests uploaded to the chart.
- ✓ Patient / Caller requests a new appointment (*conditional*):
  - Ask the caller if they are requesting a new appointment based on a new or ongoing medical concern.
    - ❖ If **yes**, follow the Non-Urgent Clinical Consult Transfer Workflow
    - ❖ If **no**, adhere to appointment guidelines in the [Administrative Workflows](#) section of this document.
- ✓ Patient education (*such as how to take blood pressure, read a glucose meter, etc...*).
- ✓ Nutrition or eating habit-related questions.

## Unauthorized Callers Expressing Non-Urgent Clinical Concerns for a Patient

If an unauthorized caller indicates a clinical concern on behalf of the patient, follow the workflows in this section, but inform your handoff contact that the caller is unauthorized prior to completing the consult transfer.

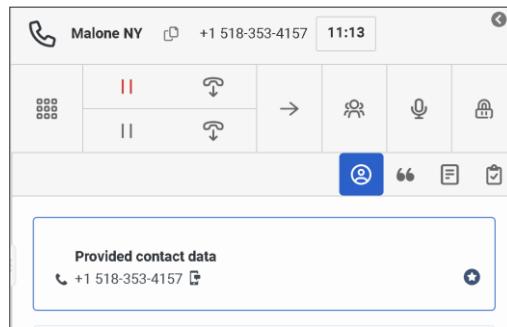
## Non-Urgent Clinical Consult Transfer Workflow



\*This workflow is continued on the next page.

4

#### Follow Call Transfer Guidelines



Introduce yourself and your role to the LM1 Clinician and follow call transfer guidelines.

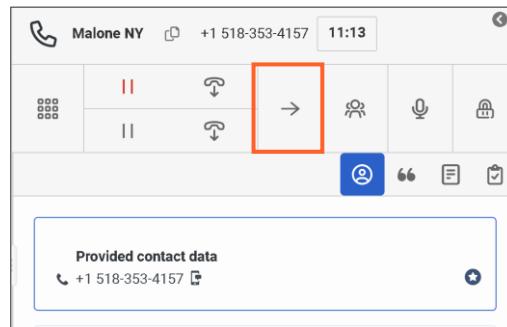
Refer to the [Company Resources & Employee Reference Job Aid](#) for details to provide the following:

- The caller's name.
- The caller's relationship to the patient, company, or agency.
- Caller's authorization status.
- Did the caller complete patient HIPAA verification?

The patient will remain on hold during this time.

5

#### Complete the Call Transfer



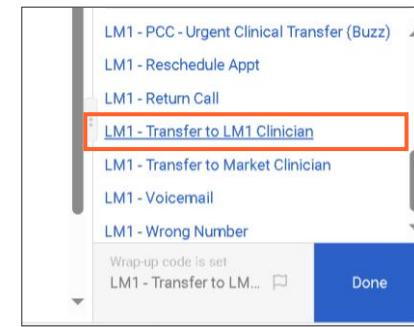
Briefly summarize the caller's question, concern, or reason for transfer.

- Allow the LM1 Clinician time to open the patient's chart.
- Select the "Transfer" button when the LM1 Clinician indicates they are ready to speak with the caller.

This will complete the transfer and end the call for the LM1 PCC.

6

#### Complete Call Disposition & Document Ubiquity



You will have 60 seconds to complete your call wrap-up report. Select the **LM1 – Transfer to LM1 Clinician** and click **Done**.

- Create, complete, and finalize a note in Ubiquity to detail the interaction and transfer.
  - Follow guidelines in the [Call Documentation](#) section of this job aid.

This completes the workflow.

## Email Request for LM1 Clinician Callback

An email should be sent to a metro-specific LM1 APC Escalation Mailbox if:

- ✓ The patient or caregiver has a clinical question / concern.
- ✓ An LM1 Clinician does not answer your consult transfer to the **APC Transfer Queue** after 1-2 minutes of wait time.
- ✓ The caller **CAN** wait up to three (3) hours for a callback.
- ✓ **NO Buzzwords** were used during the call.

### Suggested Script

*"I was unable to reach a clinician to speak to you right now, but I would like to submit a callback request on your behalf so that a clinician will reach out to you within the next three hours. Typically, they will contact you much faster with three hours being the maximum wait time. Is that OK?"*

If the above criteria are met, use the Metro's Summary to select the Triage Callback mailbox matching the patient's metro.

Temple			<a href="#">Back to Metros List</a>
<b>Time Zone:</b> Central (CST) <b>State:</b> Texas (TX) <b>Region:</b> South	<b>Office Phone:</b> (833) 874-2581 <b>Office Fax:</b> (888) 262-9948 <b>Outreach:</b> (877) 240-3112 <b>Escalation Ext:</b> 424	<b>Emails:</b> LM1 APC Escalation: <a href="mailto:APPtempleEscalation@landmark.pure.cloud">APPtempleEscalation@landmark.pure.cloud</a> Metro Call Center: <a href="mailto:Call_Center_NorthCentralTexas@optum.com">Call_Center_NorthCentralTexas@optum.com</a> Central Outreach: <a href="mailto:centraloutreachescheduling@optum.com">centraloutreachescheduling@optum.com</a> Dispatch: <a href="mailto:templedispatch@Landmark.pure.cloud">templedispatch@Landmark.pure.cloud</a>	

 Send	<b>From</b> <input type="button" value="▼"/> paul.nichols@optum.com
<b>To</b>	<input type="text" value="ExampleLM1APCEscalation@Optum.com"/>
<b>Cc</b>	
Subject	Terry M. Valentine (0000000) Chicago
Patient's Name: T. Valentine	
Callback Number: (312) 884-4711	

Send an email to the metro-specific LM1 APC Escalation mailbox when:

- Patients or caregivers call to request a medication refill.
- Pharmacists or other pharmacy staff call to request any information about a patient's medication or Landmark-submitted prescription.

Use the [Metro's Summary](#) to select the LM1 APC Escalation mailbox matching the patient's metro.

## Return Call to LM1 Clinician Workflow

When a caller responds to a voicemail left by, or any previous contact with an LM1 Clinician:

- These should be treated as **NEW CALLS**.
- LM1 PCCs should make **NO ATTEMPT** to contact, or transfer the caller to, the original LM1 Clinician.
- LM1 Clinicians are expected to continue patient care regardless of who first managed the communication.

LM1 PCCs are expected to identify and resolve the caller's request or concern by completing the following:

Request	LM1 PCC Workflow / Consult Transfer	Follow-Up
Administrative <i>(Within LM1 PCC Scope)</i>	LM1 PCCs will manage the caller's request and complete call wrap-up and documentation.	
Administrative <i>(Outside LM1 PCC Scope)</i>	<b>During Business Hours</b> – LM1 PCCs will transfer the caller to the CC Transfer Queue	<b>After Hours</b> – LM1 PCCs will send a follow-up request email to the Metro Call Center mailbox.
Non-Urgent Clinical	LM1 PCCs will attempt a consult transfer to the <b>APC Transfer Queue</b>	<b>Unsuccessful Transfer</b> – LM1 PCCs will send a callback request email to the <b>LM1 APC Escalation</b> callback mailbox.
Urgent Clinical	LM1 PCCs will follow the Urgent Clinical Call Transfer Workflow.	LM1 PCCs will follow the Urgent Clinical Call Transfer Workflow.

## Caller Declines LM1 Clinical Transfer Workflow

When a patient / caller indicates a non-urgent clinical concern, but declines to speak with, or to be transferred to, an LM1 Clinician, follow the Email Request for LM1 Clinician Callback workflow.

Temple		<a href="#">Back to Metros List</a>
<b>Time Zone:</b> Central (CST)	<b>Office Phone:</b> (833) 874-2581	<b>Emails:</b>
<b>State:</b> Texas (TX)	<b>Office Fax:</b> (888) 262-9948	LM1 APC Escalation: <a href="mailto:APPtempleEscalation@landmark.pure.cloud">APPtempleEscalation@landmark.pure.cloud</a>
<b>Region:</b> South	<b>Outreach:</b> (877) 240-3112	Metro Call Center: <a href="mailto:Call_Center_NorthCentralTexas@optum.com">Call_Center_NorthCentralTexas@optum.com</a>
	<b>Escalation Ext:</b> 424	Central Outreach: <a href="mailto:centraloutreachescheduling@optum.com">centraloutreachescheduling@optum.com</a>
		Dispatch: <a href="mailto:templedispatch@Landmark.pure.cloud">templedispatch@Landmark.pure.cloud</a>

From  paul.nichols@optum.com

To  ExampleLM1APCEscalation@Optum.com

Cc

Subject Terry M. Valentine (0000000) Chicago

Patient's Name: T. Valentine  
Callback Number: (312) 884-4711

Your email will be sent from Outlook to Genesys where an LM1 Clinician will review your message & chart to complete the callback.

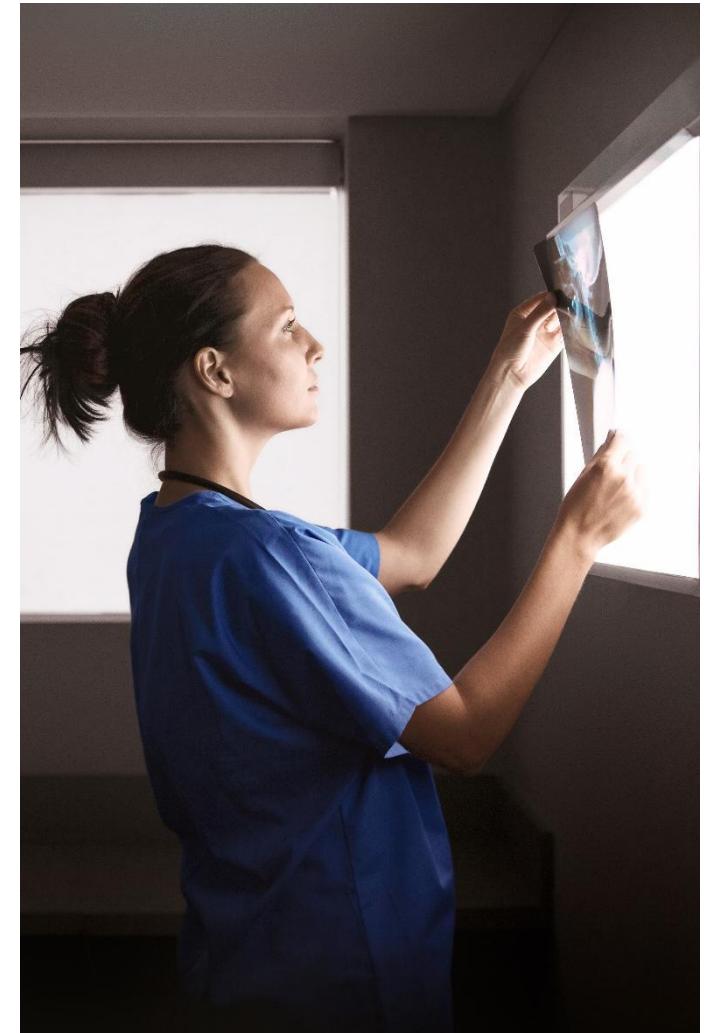
Because Outlook considers this email to be external, include only the following:

- Use the standard subject line.
  - Patient's name, ID, and Metro.
- The patient's first initial and last name.
- A phone number to be used for callback.

# Urgent Clinical Calls

## Table of Contents

- [NENA 911 Database Software Tutorial](#)
- [Urgent Red Buzzwords List & Overview](#)
  - [EMS Consult in Genesys Workflow](#)
  - [Suicidal Patient Communication Guidelines](#)
- [Urgent Yellow Buzzwords List](#)
- [Yellow Buzzword Call Transfer Overview](#)
  - [Transfer Attempt #1 – APC Transfer Queue](#)
  - [Transfer Attempt #2 - On-Call Provider Consult Transfer](#)
- [Patient Refuses EMS Workflow](#)
- [Metro Provider Request for EMS Workflow](#)



## NENA 911 Database Software Tutorial

When recommending an emergency room (ER) visit to a patient, LM1 PCCs should offer to call Emergency Medical Services (EMS) on their behalf. If a caller consents to this, open the [NENA 911 Database](#) web application and search for local emergency contacts in the patient's area.

- Always log into NENA at the start of your shift.
- Verify that the patient is home, or where the patient is located if they are not home, before searching EMS phone numbers.

### Portal Navigation

From the home page, select “Open EPRC Online Portal”. You will be directed to a login screen to enter your NENA Username and password.

Home PSAP Access Non-PSAP Access User Training FAQ's

# NENA

Enhanced PSAP Registry

EPRC Online Viewer for Non-PSAP Users

NENA makes a streamlined version of the EPRC available to non-PSAP entities with life-safety use cases for an annual subscription fee. Registered non-PSAP users can access the streamlined EPRC PSAP viewer here:

[Launch EPRC Online Portal](#)

### Sign in to NENA EPRC



ArcGIS login

Username

Password

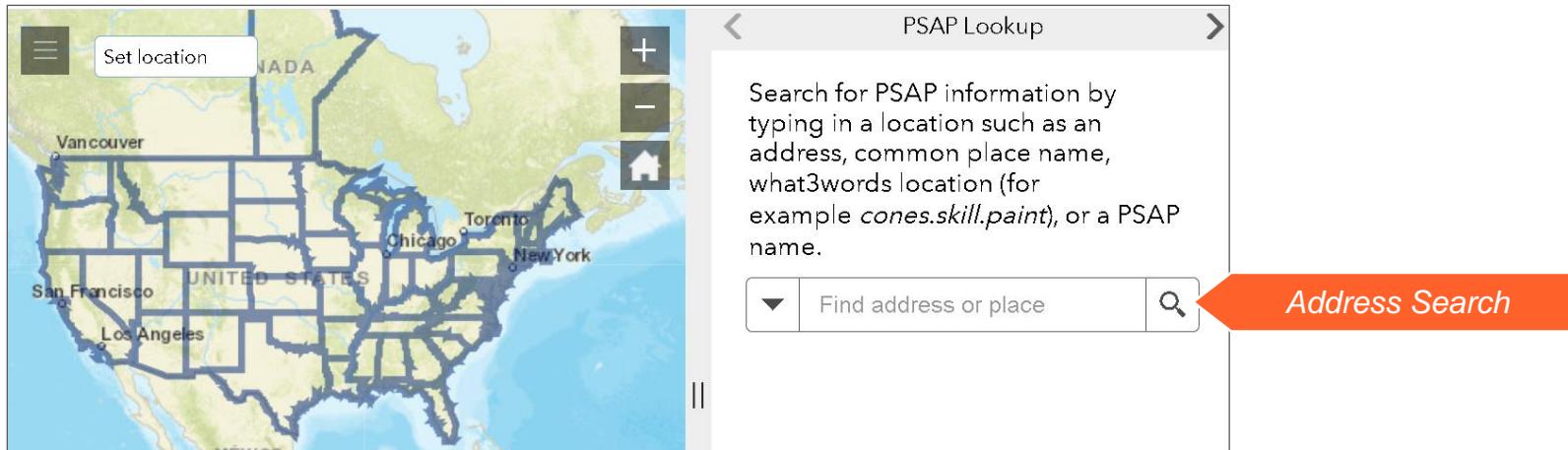
Keep me signed in

[Forgot username?](#) or [Forgot password?](#)

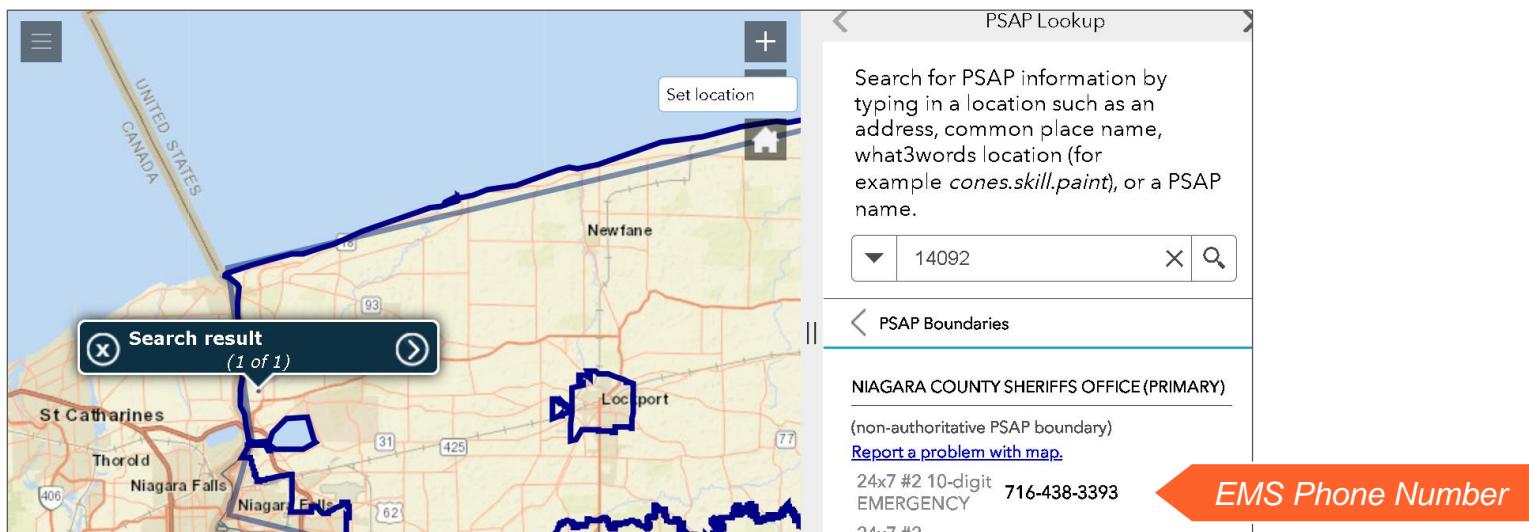
No account? [Create a NENA EPRC account.](#)

## Search EMS Phone Numbers

1. Search EMS contact numbers by the patient's address, or the location provided to you during the call.



2. Use Genesys to Consult the **24x7 #1 10-digit EMERGENCY** or **24x7 #2 10-digit EMERGENCY** phone numbers.



## Urgent Red Buzzwords List & Overview

The use of a **Red Buzzword** during a call indicates that immediate clinical attention **MUST** be provided by EMS.

### Red Buzzwords

- Active Choking
- Throat Closing
- Suicidal Thoughts or Attempt
- Homicidal Thoughts or Attempt
- Unconscious (*not on Hospice*)
- Can't be Aroused (*not on Hospice*)

### Communication Guidelines

Throughout these calls, LM1 PCCs are expected to remain calm, reassure the caller, and communicate clearly with the EMS dispatcher.

### No Hold Times

Because these callers are facing immediate emergency symptoms or conditions, they should **NEVER** be placed on hold for any reason.

### Red Buzzwords Workflow



When a Red Buzzword is used, LM1 PCCs should use the suggested script on the following page and initiate a conference call with a 911 dispatcher.

- LM1 PCCs will use the NENA 911 database to locate the **24x7 Emergency Number** listed.
- Remain on the phone until EMS arrives at the patient's location.
- If the patient disconnects the call at any point, proceed with EMS contact and communication.

## EMS Consult in Genesys Workflow

**1**

Start a Conference Call with EMS

Malone NY +1 518-353-4157 2:18

Provided contact data  
+1 518-353-4157

Conference  
7164383393

Paul Nichols  
Malone NY +1 518-353-4157

Searching for '+1 518-353-4157'

Inform the caller that you will contact emergency medical services (EMS) on their behalf. Use the **NENA 911** Database to look up the **24x7 Emergency** number and use the **Conference** feature in Genesys to start the call.

### Suggested Script

*"I am going to keep you on the line as I call 911. The dispatcher will be sending Emergency Medical Services to you as soon as possible. Please give us any updates if your condition changes."*

**2**

Provide Information to Dispatch

Malone NY +1 518-353-4157 8:54

Conference (3)

Paul Nichols

Malone NY +1 518-353-4157

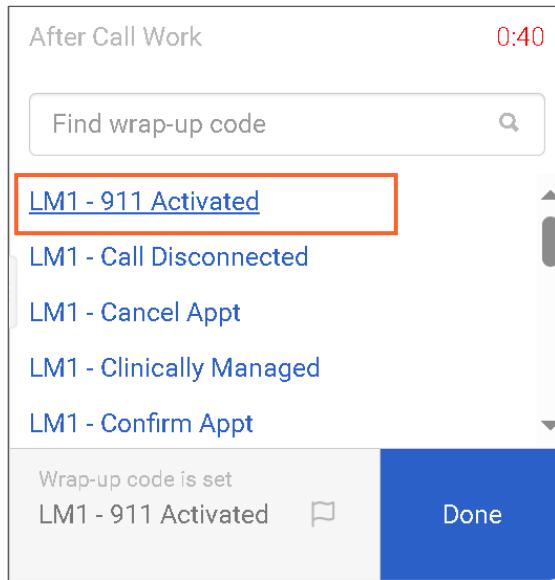
Buffalo NY +1 716 438-3393

When the dispatcher is on the line, provide a summary of the patient's emergency and request EMS to be sent to their location. Remain on the phone until EMS arrives to assist the patient.

*\*This workflow is continued on the next page.*

3

### Complete Call Disposition & Document Ubiquity



When the call ends, you will have 60 seconds to complete your call wrap-up report. Select the **LM1 – 911 Activated**.

- Create, complete, and finalize a note in Ubiquity to detail the interaction and transfer.
  - Follow guidelines in the [Call Documentation](#) section of this job aid.

This completes the workflow.

## Suicidal Patient Communication Guidelines

Please refer to these general guidelines when managing suicidal patient calls:

- Please note the 24 / 7 suicidal hotline phone number: (800) 273-8255
  - This is a resource we can provide our patients once immediate concerns are resolved.

What to do:	What NOT to do:
Take the threat seriously.	Joke.
Ask about immediate safety.	Judge.
Ask about plan and means.	Overreact.
Only transfer the caller when it is safe.	Minimize feelings.
Maintain active listening.	Downplay seriousness.
Respond with empathy.	Make empty promises.
Keep your voice calm.	Say "It's going to be OK".
Express support & concern.	Force a cheerful voice.
Ask how you can help.	Get into philosophical debates.
Be patient.	Share a personal story as a form of empathy.

Remember that our patients suffer from multiple chronic conditions, they may often be suffering in their daily lives, or experience end-of-life events. Lead these calls with kindness and compassion and withhold judgment about the patient's mindset.

## Urgent Yellow Buzzwords List

Yellow Buzzwords are considered urgent; however, Landmark will attempt to assist these callers before the ER is recommended.

### Yellow Buzzwords

- Unconscious (*on Hospice*)
- Can't be Aroused (*on Hospice*)
- Sudden and Severe Pain
- New Severe or Worsening Breathing Difficulties
- New Chest Discomfort
- Difficulty Staying Awake
- Expects to Lose Consciousness
- Has Lost Consciousness but is Now Awake
- New Confusion
- Coughing or Vomiting Blood
- New and Sudden Dizziness or Vertigo (*room spinning*)
- Intoxication or Overdose
- Continuous / Uncontrolled Bleeding
- Heart Rate below 50 or Above 110
- Blood Pressure Below 90/60 or Above 180/120
- Oxygen/ Pulse Ox Below 90
- Blood Sugar Below 70 or Above 300
- Heart Pacemaker / Defibrillator Issue, Shock or Firing
- Left Ventricular Assist Device (LVAD) issue
- Recent Fall with Bodily and / or Head Injury
- Sudden change in or inability to:
  - Speak (slurred or ability to understand)
  - See (vision)
  - Move (stand, walk, paralysis, balance)
  - Feel (sensation, numbness)

### Unauthorized Caller Considerations

Urgent calls may be reported by anybody on the patient's behalf. If an unauthorized caller indicates a Yellow buzzword, follow the workflows in this section, but inform your handoff contact that the caller is unauthorized.

## Yellow Buzzword Call Transfer Overview

**THERE IS NO ON-CALL / DAYTIME CLINICIAN COVERAGE IN HUMANITY AFTER 5:00 PM LOCAL TIME.**

### Consult Transfer Attempt #1



### Consult Transfer Attempt #2



### Emergency Room (ER) Recommendation



### Call Disconnection

If the patient becomes unresponsive or disconnects the call at any point, call EMS immediately:

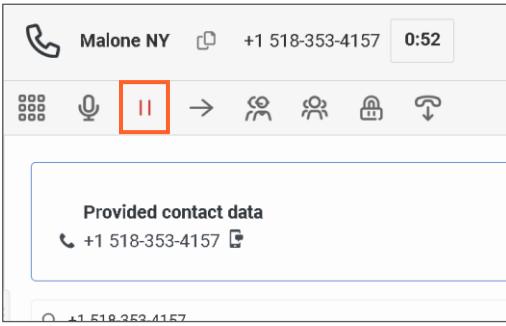
- LM1 PCCs will use the NENA 911 database to locate the **24x7 Emergency Number** listed.
- Remain on the phone until EMS arrives at the patient's location.

## Transfer Attempt #1 – APC Transfer Queue

If a Buzzword is used during a call, LM1 PCCs will attempt a consult transfer to the “**APC Transfer Queue**” in Genesys.

**1**

Place the Call on “Hold”



Obtain the caller's verbal consent to be placed on hold before completing the action in Genesys.

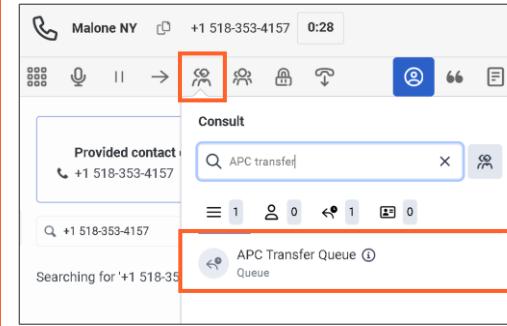
- The hold button will light up in red when active.

**Suggested Script**

*“Thank you for your patience, I am still attempting to contact a clinician on your behalf, are you feeling any worse than you were before?”*

**2**

Consult the “APC Transfer Queue”

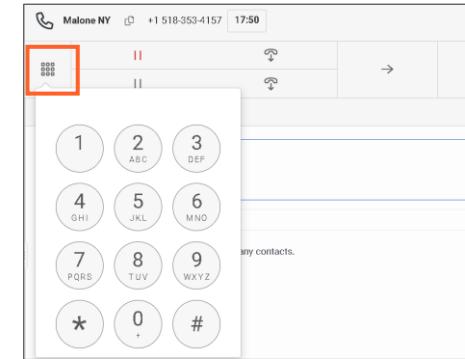


Use the “Consult” option in Genesys to search and select the **APC Transfer Queue**:

- Wait times should not exceed 1-2 minutes.
- If not answered within 1-2 minutes, attempt a consult transfer to the On-Call Provider.
  - Check on the patient's condition between all transfer attempts.

**3**

Enter the 3-Digit Metro Escalation



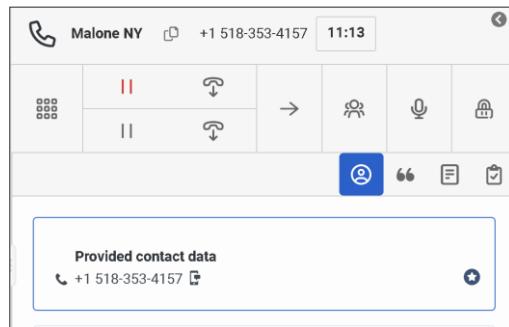
Refer to the [Metros Summary](#) profile carts to determine the Escalation Extension that best matches the patient's metro listed in Ubiquity.

- Use the Dial Pad option to enter the extension.
- You may be asked to re-enter or confirm the extension.
- Once confirmed, hold for an LM1 Clinician to respond.

\*This workflow is continued on the next page.

4

#### Follow Call Transfer Guidelines



Introduce yourself and your role to the LM1 APC and follow call transfer guidelines.

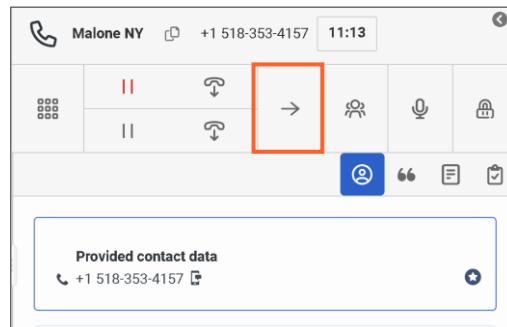
Refer to the [Company Resources & Employee Reference Job Aid](#) for details to provide the following:

- The caller's name.
- The caller's relationship to the patient, company, or agency.
- Caller's authorization status.
- Did the caller complete patient HIPAA verification?

The patient will remain on hold during this time.

5

#### Complete the Call Transfer



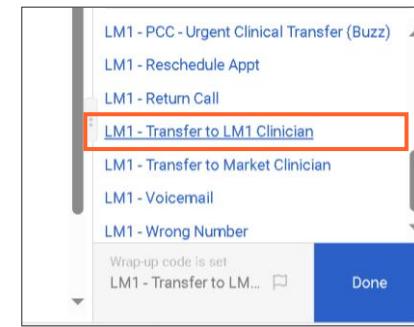
Briefly summarize the caller's question, concern, or reason for transfer.

- Allow the LM1 APC time to open the patient's chart.
- Select the "Transfer" button when the LM1 Clinician indicates they are ready to speak with the caller.

This will complete the transfer and end the call for the LM1 PCC.

6

#### Complete Call Disposition & Document Ubiquity



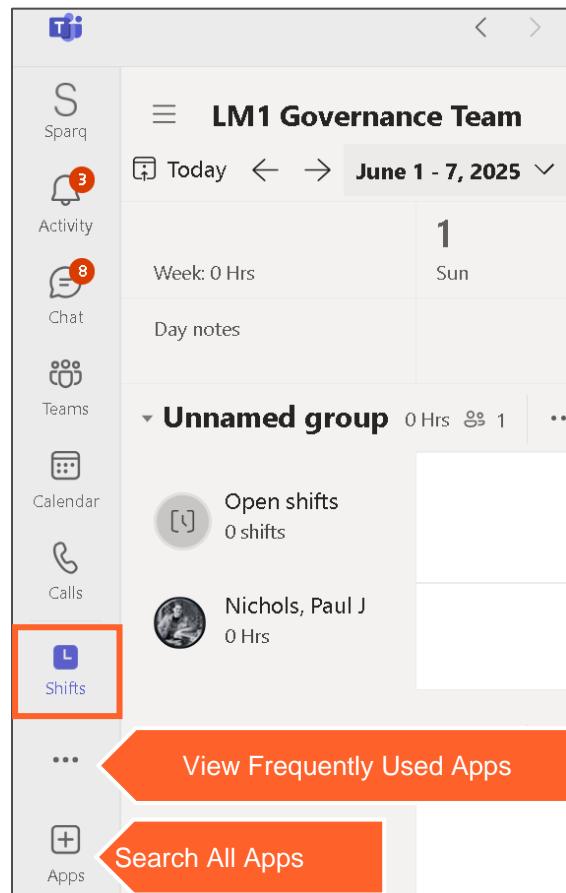
You will have 60 seconds to complete your call wrap-up report. Select the **LM1 – Transfer to LM1 Clinician** and click **Done**.

- Create, complete, and finalize a note in Ubiquity to detail the interaction and transfer.
  - Follow guidelines in the [Call Documentation](#) section of this job aid.

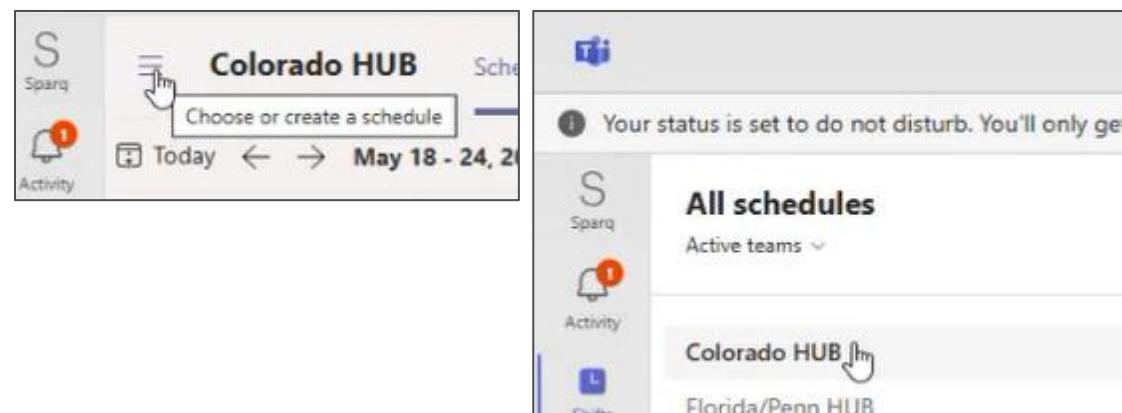
This completes the workflow.

## Transfer Attempt #2 - On-Call Provider Consult Transfer

If there are no LM1 APCs available to respond to a Buzzword, attempt a consult transfer to the On-Call Provider listed in the **Shifts** application within Teams:



1. Open the Shifts application in Teams.
  - If the Shifts application is not immediately visible, click the  icon or find it under Apps.
  - You can pin the shifts application to your sidebar menu.
  - Click and drag sidebar menu items to rearrange them in order user of preference.
2. From the drop-down menu in the upper-left corner of the application window, select the patient's market / metro from the list provided.



\*This workflow is continued on the next page.

3. Locate the Daytime Clinician listed as current coverage.

The screenshot shows the Microsoft Teams calendar interface for May 2025. The sidebar on the left includes icons for Sparq, Activity (with 1 notification), Shifts (selected), Chat, Calendar, Calls, OneDrive, and SmartBot. The main area displays the weekly calendar grid for weeks 18 through 21. Week 18 (May 14-18) has 426.5 Hrs. Week 19 (May 21-25) has 426.5 Hrs. Week 20 (May 28-June 1) has 642.5 Hrs. Week 21 (June 4-8) has 649.5 Hrs. The calendar shows shifts for several clinicians:

- Barber, Daryl A.** (BA) is listed as having 21 Hrs and is currently marked as "Vacation 5/20 - 5/21".
- Bruns, Jessica D.** (BD) is listed as having 34 Hrs.
- Trunzo, Kristine** (TK) is listed as having 42.5 Hrs.
- Wacker, Donna...** (DW) is listed as having 42 Hrs and is currently marked as "Open shifts 0 shifts".

4. Attempt a consult transfer to the Daytime Clinician in Genesys.

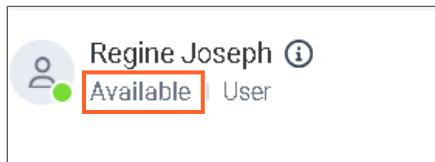
## Genesys Transfer Guidelines

When searching for an On Call Provider in Genesys, ensure that your address book is set to the “All Contacts” tab. If selected, search results should display two contact options; the provider’s Genesys user account, and a backup cellphone contact.

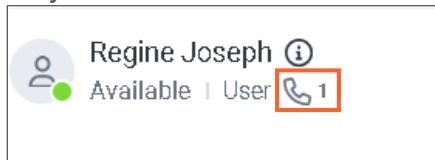
- If “**Available**”, always attempt to call the provider.
- If “**Busy**” or in a call, move to the next step in the call transfer workflow.
- If “**Away**” or “**Offline**”, attempt to contact their backup cellphone number.

## Genesys Status Indications

- Genesys account contacts will display the user’s status to indicate if they are “**Available**” for a phone call.

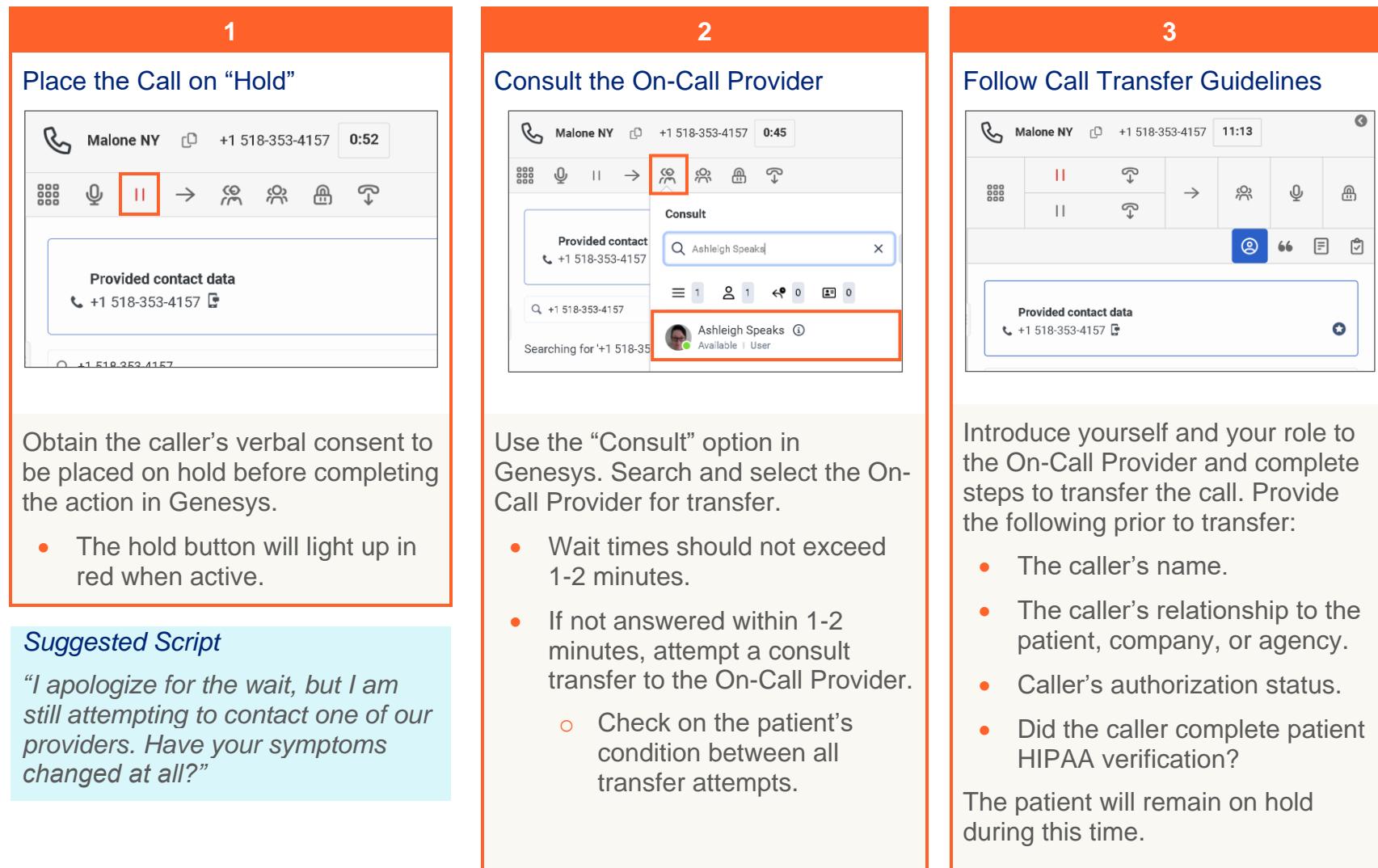


- Genesys users should not be called if “**Busy**” or “**Offline**”.
- Users may be listed as “**Available**”, but display a phone icon beside their status. This indicates that they are in a call and should **NOT** be contacted:



A screenshot of the Genesys interface. At the top, it shows "Malone NY" and a phone number "+1 518-353-4157" with a timestamp "3:41". Below this is a toolbar with various icons. The main area is titled "Consult" and contains a search bar with "Joseph Re" and a magnifying glass icon. Below the search bar, it says "Provided contact" and shows a phone number "+1 518-353-4157". There is also a link to "RJ Joseph, Regine | Humanity Directory | External Contact". At the bottom, there is a list of contacts, with two entries highlighted by orange arrows and labeled "Genesys User Account": "RJ Joseph, Regine | Humanity Directory | External Contact" and "Regine Joseph | Available | User". An orange arrow points to the "All Contacts Tab" button in the search bar area.

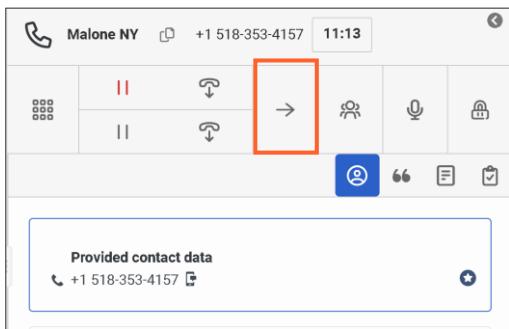
## On-Call Provider Call Transfer Workflow



\*This workflow is continued on the next page.

4

#### Complete the Call Transfer



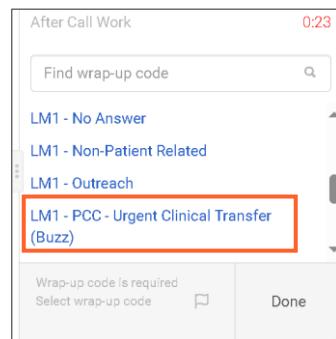
Briefly summarize the caller's question, concern, or reason for transfer.

- Allow the On-Call Provider time to open the patient's chart.
- Select the "Transfer" button when the On-Call Provider indicates they are ready to speak with the caller.

This will complete the transfer and end the call for the LM1 PCC.

5

#### Complete Call Disposition & Document Ubiquity



You will have 60 seconds to complete your call wrap-up report. Select the **LM1 – PCC Urgent Clinical Transfer (Buzz)**.

- Create, complete, and finalize a note in Ubiquity to detail the interaction and transfer.
  - Follow guidelines in the Call Documentation section of this job aid.

This completes the workflow.

## Patient Refuses EMS Workflow

For various reasons, patients may refuse to go to the emergency room or contact EMS for assistance. It is important to respect the decisions of our patients and inform them of next-steps and follow-up:

1

### Inform Caller of Follow-Up Timeframe

Inform the caller that there are no clinicians currently available to assist them and recommend that they visit the emergency room to receive immediate care.

If the patient refuses EMS contact and the emergency room, send a callback request to a LM1 Triage Mailbox on their behalf.

- Inform the caller that it could take up to 24 hours to receive a callback.

2

### Email callback request to a LM1 APC Escalation Mailbox

Use the [Metros Summary](#) to locate the **LM1 APC Escalation** mailbox associated with the patient's metro. Send a callback request to that mailbox with the following included:

- Subject – Patient's Name, (ID Number), Metro
- Patient's First Initial + Last Name
- A callback number for follow-up

#### Suggested Script – Recommend EMS / ER to the Caller

*"Unfortunately, we have no clinicians available to help you right now. Based on what you described, we would consider this an urgent situation and recommend that you visit the emergency room. I can also contact emergency medical services on your behalf."*

#### Suggested Script – Next Steps & Follow-Up Information

*"I want to make sure that our team is aware of your situation. I am sending a callback request to our clinicians on your behalf, but it may take up to 24 hours for them to follow-up with you."*

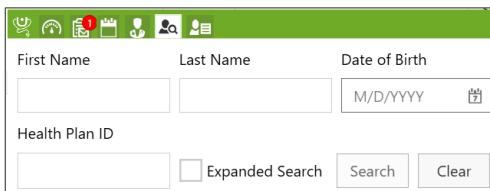
	<p>From <input type="button" value="▼"/> paul.nichols@optum.com</p> <p>To <input type="text" value="ExampleLM1APCEscalation@Optum.com"/></p> <p>Cc <input type="text"/></p>
Subject Terry M. Valentine (0000000) Chicago	
Patient's Name: T. Valentine	
Callback Number: (312) 884-4711	

## Metro Provider Request for EMS Workflow

There may be occasions when metro providers must contact EMS while assisting patients during visits. They may call the LM1 PCC line to identify the local EMS phone number using NENA. The LM1 PCC may then offer to contact EMS on the patient's behalf and include the provider in a conference call with the dispatcher.

1

### Obtain Patient Details



The screenshot shows a form titled "Obtain Patient Details". It includes fields for "First Name", "Last Name", "Date of Birth" (M/D/YYYY), "Health Plan ID", and "Search" and "Clear" buttons. There is also an "Expanded Search" checkbox.

The metro provider and LM1 PCC will introduce themselves. The metro provider will then state the need for EMS contact.

- The LM1 PCC will request the patient's name and DOB to search in Ubiquity.

2

### Verify Patient's Address



The LM1 PCC will check the patient's address in the **Demographics** section of the chart.

- The metro provider will confirm the patient's address and current location.

3

### EMS Phone Number Lookup



The LM1 PCC will use the **NENA 911** database to search, and identify, the EMS phone number for the patient's location.

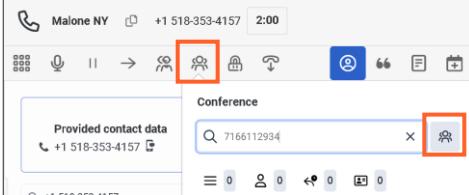
- The LM1 PCC will provide the phone number to the metro provider.
- The LM1 PCC will offer to conference call EMS dispatch.

## Metro Provider & EMS Conference Call in Genesys

Follow this workflow if the metro provider accepts your offer to start a conference call with the EMS dispatcher:

**1**

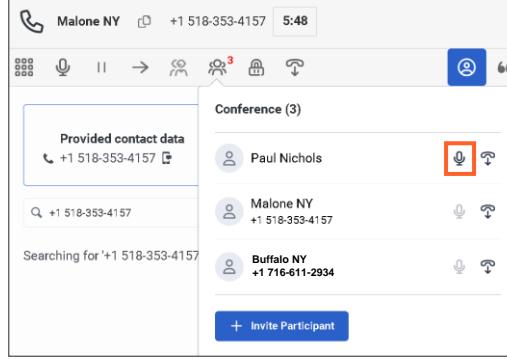
### Initiate a Conference Call



From the dashboard, use the **Conference** option to enter the EMS phone number. Select the Conference button beside the text entry field to begin the call.

**2**

### Remain Muted on the Phone



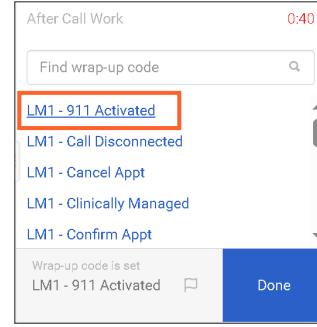
Once the conference call starts, mute yourself and allow the metro provider to communicate with the dispatcher.

- Do NOT end the call until EMS has arrived at the patient's location.

Ending the call will stop the conference communication for all participants.

**5**

### Complete Call Disposition & Document Ubiquity



You will have 60 seconds to complete your call wrap-up report. Select the **LM1 – 911 Activated**.

- Create, complete, and finalize a note in Ubiquity to detail the interaction and transfer.
  - Follow guidelines in the [Call Documentation](#) section of this job aid.

This completes the workflow.

# Call Documentation

## Table of Contents

- [Ubiquity Note Entry Tutorial](#)
- [Call Documentation General Guidelines](#)
- [Ubiquity Note Documentation Templates & Examples](#)
- [Interpreter Line Accepted / Denied Documentation](#)
- [Call Documentation During Network Interruptions](#)
- [Complete an Open Notes Check in Ubiquity](#)

### Expectations & Compliance

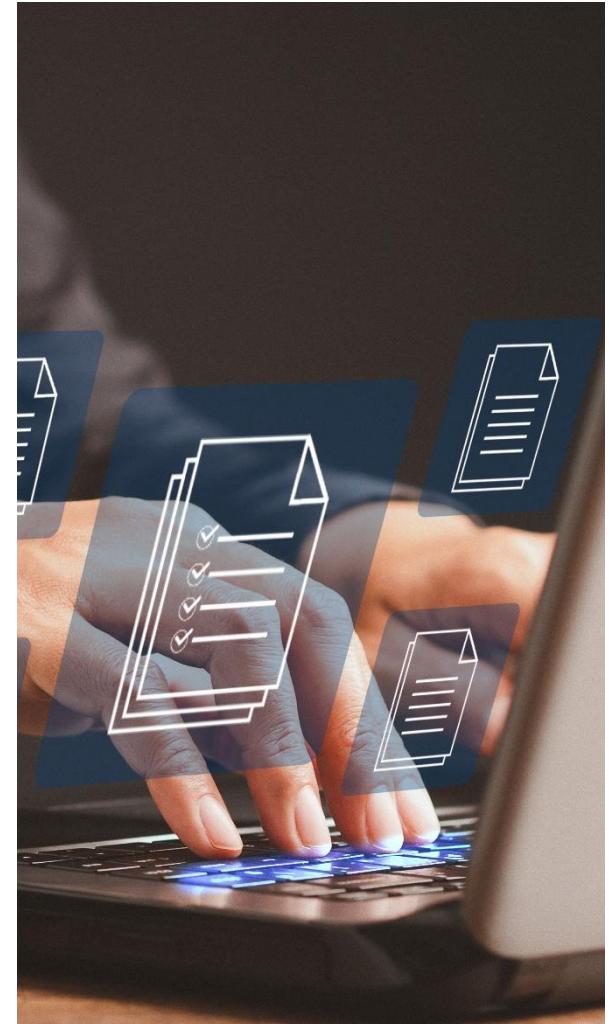
A Ubiquity Note **MUST** be documented for **EVERY** incoming or outgoing call or answering service message on behalf of patient care, general updates, and administration.

Barring network issues, failing to document an interaction may result in disciplinary action up to, and including, termination.

The quality and compliance of call documentation is conserved in LM1 PCC call audits and reflected on the LM1 PCC Call Audit Scorecard.

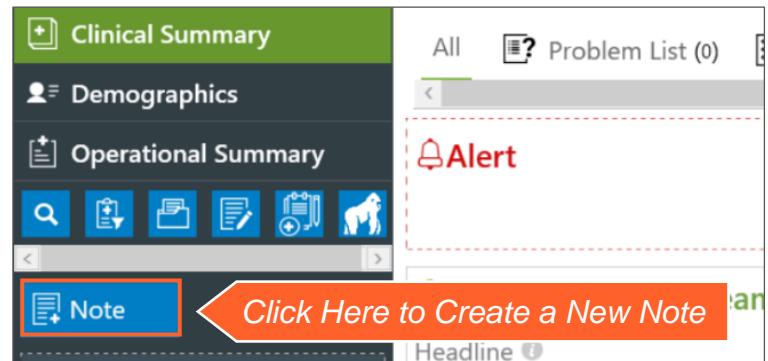
### Proofreading

*The notes in a patient's chart create a call, care, and interaction history for the patient. We rely on these notes to be accurate and clear. Please proofread your notes before finalization.*



## Ubiquity Note Entry Tutorial

1. While in the patient's chart, select the "Note" button to begin.
2. Add Category, Sub-Category, and Supplemental note information:
  - o **Category** = Landmark First – Patient Call
  - o **Sub Category** = Administrative
3. Check the **Phone Call** option under the **Supplementary** menu.
4. Click **Start** to proceed.

A screenshot of the 'Note Details' and 'Select Forms' dialog box. On the left, 'Note Details' include Note Date (6/11/2024 5:24 PM) and Category/Sub-Category dropdowns set to 'Landmark First – Pati...' and 'Administrative'. On the right, the 'Select Forms' section has two tabs: 'Core' (Case Note checked) and 'Supplementary'. Under 'Supplementary', several checkboxes are available, with 'Phone Call' being the only one checked and highlighted with a red box. Other options include APP Oversight, Administered Medications, Advance Care Plan, Behavioral Health Risk Assessment, Call Landmark First Checklist, Columbia-Suicide Severity Rating Scale (C-SSRS), Cornell Scale for Depressionin Dementia, Facility Note, Functional Status, Historical Screenings, Immunizations, Manic Episode, Mini Nutritional Assessment, Opioid Risk Assessment, PCP Communication, Pain Assessment in Advanced Dementia Scale, and Post-Discharge Assessment. At the bottom are navigation buttons: < Prev, Next >, Discard Changes, Close, Save & Close, and Start (which is also highlighted with a red box).

5. In the text field provided, enter the LM1 PCC note template Hash Key:
  - Type "#lm1pcc" and select the matching pop-up when it appears.
6. Populate your note template with details about the interaction.
7. Check **Content Type** and **Note Type** information that applies:
  - Always check **Calls Completed**.
  - If the patient's identity was successfully verified during the call according to the [3 Patient Identifier Verification Procedure](#), check **Patient identity verified as per policy**.
8. When finished, click "**Save and Close**".

**Case Note**

#LM1PCC

Patient identity verified as per policy    Patient Notified of a Recorded Line

**Did any of the following apply to this note?**

**Contact Type**

<input checked="" type="checkbox"/> Patient	<input type="checkbox"/> Family/friend
<input type="checkbox"/> Community Provider - PCP or Specialist	<input type="checkbox"/> Community Provider - Other
<input type="checkbox"/> Facility (IP, LTC, SNF)	<input type="checkbox"/> Health plan
<input type="checkbox"/> Landmark Provider	<input type="checkbox"/> Landmark IDT
<input type="checkbox"/> Community Pharmacy	<input type="checkbox"/> Landmark Link Call

**Urgent Management**

<input type="checkbox"/> Patient referred to ER	<input type="checkbox"/> Patient direct admitted to SNF/SAR
<input type="checkbox"/> Landmark First Only: Provider dispatched	<input type="checkbox"/> Medications prescribed

< Prev   Next >   Discard Changes   Close   **Save & Close**   Save

- Once filled in and completed, all LM1 PCC notes should be **Finalized**.
  - Finalizing a note is like signing your name in attestation of the documentation's input and accuracy.
  - If not finalized, the note will be considered **Open**.
  - Open notes will prevent others from documenting their interactions with the patient for a set period of time.

To finalize your note, select the **Open** drop-down box and select **Finalized Documentation**.

Patient Aspen Wright	Staff Paul Nichols	Note Date (current date)	Category Landmark First – Patient Call	Sub Category Administrative	<div style="border: 1px solid #ccc; padding: 2px;">Note Status</div> <div style="display: flex; justify-content: space-around;"> <span>Open</span> <span>Update</span> </div> <div style="background-color: #f0f0f0; padding: 2px; margin-top: 5px;">Open</div> <div style="border: 2px solid red; background-color: #fff; padding: 2px; margin-top: 5px;">Finalized Documentation</div>
<b>Case Note</b> Caller's Name: Caller's Relationship to Patient:					<div style="border: 1px solid #ccc; padding: 2px; margin-top: 10px;">Outstanding Mandatory Tasks 0</div>

- Click "Update" to complete the finalization process.

Patient Aspen Wright	Staff Paul Nichols	Note Date (current date)	Category Landmark First – Patient Call	Sub Category Administrative	<div style="border: 1px solid #ccc; padding: 2px; margin-top: 10px;">Note Status</div> <div style="display: flex; justify-content: space-between;"> <span>Finalized Documentation</span> <span>Update</span> </div> <div style="color: red; font-size: small; margin-top: 5px;">I, Paul Nichols have electronically signed this note on 4/9/2024 10:09 AM Eastern Standard Time</div> <div style="border: 1px solid #ccc; padding: 2px; margin-top: 10px;">Outstanding Mandatory Tasks 0</div>
<b>Case Note</b> <b>Case Note</b> Caller's Name: Caller's Relationship to Patient: Patient Full Name: Patient Date of Birth: Patient Address: Caller's Authorized Contact Status:					 <div style="border: 1px solid #ccc; padding: 2px; margin-top: 10px;">Jump To</div> <div style="border: 1px solid #ccc; padding: 2px; margin-top: 5px;"> Case Note</div>

The note is now correctly entered into Ubiquity.

## Call Documentation General Guidelines

Your note should focus on the caller's request, patient care, symptoms, and any actions taken to manage the call.

### What to Include

Please include the following information in your documentation (if applicable):

- ✓ The name and title of the provider who accepted your call handoff.
- ✓ Include a confirmation of any updates you made to the patients contact information under the "Action Taken" heading.
  - Specify names, phone numbers, addresses, or address notes updated on the chart in your after-call Note.
- ✓ Indicate if you obtained valid verbal consent for a caller.
- ✓ If contacted by an external medical facility, please include the name of that facility beside the caller's name.
- ✓ If a call was disconnected, was a redial attempted? This should be indicated in your "Action Taken" section.
- ✓ The results of a health screening, if applicable.
- ✓ Emails, Teams messages, and other communications conducted on the caller's behalf.
- ✓ Caller denies transfer to clinician, market staff, or refuses EMS consult.
- ✓ If no answer, did you leave a voicemail?
- ✓ Use the Interpreter Services Hashkey, **#interpretersvcs** if interpreter services were offered to the caller.

### What **NOT** to Include

- "No Answer" statements regarding provider availability.
- Statements categorizing the patient as rude, moody, or angry.
- Any reference to complaints submitted on the caller's behalf.
- Failed call transfer attempts.

## Ubiquity Note Documentation Templates & Examples

Use the **lm1pcc** Hash Key to open the most current note template in Ubiquity:

### Formatting

Notes should be typed in:

- Font = Calibri
- Text Size = 10pt

### General Information Entry

Enter the caller's name, relationship to patient, the patient's full name, patient's date of birth, callback number, & patient's address as accurately as possible.

- If the caller identifies as a representative from an insurance company, community provider, or other organization, include this information in ***Relationship to Patient***.

### Caller Authorized Contact Status

Enter "Yes", "No", or "Valid Verbal Consent Obtained" to indicate the caller's authorization status.

### Appointment Cancellations Requests & Reschedules

Indicate whether the caller requested to cancel an appointment, the appointment's type, and the date of the original appointment. Also indicate if you rescheduled the appointment, and the date of the updated visit.

### LM1 PCC Ubiquity Note Template

Caller's Name:

Caller's Relationship to Patient:

Patient Full Name:

Patient Date of Birth:

Patient Address:

Caller's Authorized Contact Status:

Callback Number:

Did the caller request to cancel an appointment?

If yes, did you offer to reschedule the appointment (if within PCC scope)?

Reason for Call:

Action taken:

### Reason for Call

Briefly, but accurately, summarize the caller's request. This section should be no longer than a short paragraph (2-4 sentences).

Include any symptoms, medical questions, service requests, general questions, or organization-specific information requests.

## Action Taken

This section should include any actions that the LM1 PCC took to resolve the caller's question or concern including successful call transfers, follow-up or callback email requests, successful appointment cancellations or reschedules, or voicemails left.

Depending on the call's management and follow-up, there are specific **Action Taken** entries that **MUST** be entered.

Follow-Up	Action Required Entry
<b>LM1 Clinician Transfer</b>	Transferred to (clinician's name), (clinician's title)
<b>Sent APC Escalation Callback Request Email</b>	Caller is agreeable to a call back. Sent an email to LM1 APC inbox for a clinician to return patient's call.
<b>Callback – Resolved</b>	Callback received – Called (caller's name) back at (caller's phone number), spoke with (caller) to (describe request resolution).
<b>Callback – No Answer</b>	Callback received – Attempted callback at (phone number), no answer, left voicemail.
<b>Escalations / Complaints</b>	Escalated ( <i>include no details about the complaint in this section</i> )
<b>Metro Care Coordinator (CC) Follow-Up Request</b>	Action Required (CCs will review your "Reason for Call" section for details)
<b>Transition or Non-Eligible Patient</b>	Caller referred to the health plan. Transfer offered and (completed / declined)

## Answering Service Documentation

The LM1PCC Hash Key template is **NOT** necessary to use when documenting answering service interactions. Instead, copy the answering service email, and your reply, into the text field of your Ubiquity note.

### Example: Answering Service Documentation

Administrative – Complete – (your first and last name)  
(paste answering service message here)

Answering Message	Message Reply / Documentation
<b>Administrative</b> (LM1 PCC scope)	Administrative – Complete – (your first & last name)
<b>Administrative</b> (metro CC follow-up required)	Administrative – Action Required – (your first & last name)
<b>Clinical Request / Concern</b>	Administrative – Sent to APC Mailbox – (your first & last name)
<b>Medication Refill Request</b>	Administrative – Sent to LM1 APC Escalation – (your first & last name)

## Triage Callback Request & APC Escalation Emails

Emails to a Triage Callback mailbox or APC Escalation mailbox are sent from Outlook to Genesys where they are received by our clinicians.

Because of this, Outlook considers this email to be external and will block messages that contain too much PHI. These emails must be simplified to only include:

- **Subject** – Patient Name, ID, Metro
- **Body** – Patient First Initial & Last Name, Callback Number

### Example: Triage Callback or APC Escalation Email

From  paul.nichols@optum.com  
To   
Cc   
Send   
Subject John Kent (0000000) Hartford  
  
Patient's Name: J. Kent  
Callback Number: (620) 314-2214

## Care Team and Call Center Market Mailbox Emails

Emails to the Care Team and Market mailboxes should include your Ubiquity Note in the body of the email.

- **Subject** – Patient Name, ID, Metro
- **Body** – Copy / paste your Ubiquity Note

### Example: Care Team & Market Email

From  paul.nichols@optum.com  
To   
Cc   
Send   
Subject Denice Wheeler, 0000000, Virginia  
  
Caller's Name: Denice Wheeler  
Caller's Relationship to Patient: self  
Patient Full Name: Denice Wheeler  
Patient Date of Birth: 7/21/1960  
Patient Address: 283 W. Main Street, Quiet Valley, VA 24658  
Caller's Authorized Contact Status: Authorized  
Callback Number: (540) 631-2977  
Did the caller request to cancel an appointment? Palliative Co-Visit on 3/18/25  
If yes, did you offer to reschedule the appointment (if within PCC scope)? No  
Reason for Call: Patient called to reschedule Palliative Co-Visit as she will no longer be available on 3/18.  
Action taken: Sent email to Care Team and Market for follow-up.

## Interpreter Line Accepted / Denied Documentation

Per HBMC policy, we **MUST** document each time interpreter line is offered to a caller. This is completed in your Ubiquity note by utilizing the **#interpretersvcs** Hash Key.

- This Hash Key is an addition to the after-call documentation already required after each interaction.
- Selecting this Hash Key will prompt a fillable form to complete

There are two fillable fields; the first is to indicate whether an interpreter was used, when offered, and the second specifies the name and ID of the interpreter.

- Select **N/A** if the caller declined interpreter services.
- When complete, select **Insert** to enter the information into your note and continue your after-call documentation.

Although it is not included in this hash key, specify any family members or friends that interpreted for the patient during the call and confirm patient's valid verbal consent for these individuals.

- LM1 staff may **NOT** act as interpreters during calls.

The screenshots illustrate the process of documenting interpreter usage. The top part shows the main note-taking interface where the hash key is entered. The bottom part shows a specialized input dialog that appears when the hash key is selected, prompting for details about the interpreter and providing a preview of how the note will look.

## Call Documentation During Network Interruptions

Ubiquity is an essential application we use every day to manage patient care. However, the application may be offline due to network issues, updates, or other circumstances that are outside of our control.

Interruption of Ubiquity services should **NOT** interrupt patient care.

### Communication & Documentation Guidelines

1. Your Supervisor or Manager will post a message in the APP / PCC Teams channels to announce the interruption in service.
2. You will receive an email from your Supervisor Manager with an attached "Ubiquity – Offline Tracker" document to be opened in Microsoft Excel.
3. Save the offline tracker to a location on your Laptop / Desktop that you will remember for later access.
  - The Offline Tracker is a spreadsheet that includes columns for each category of the documentation template (Reason for Call, Action Taken, etc.).
4. Use the offline tracker to take notes during calls.
5. **SAVE OFTEN!**
6. When Ubiquity comes back online, transfer your notes from the offline tracker to the appropriate patient charts.

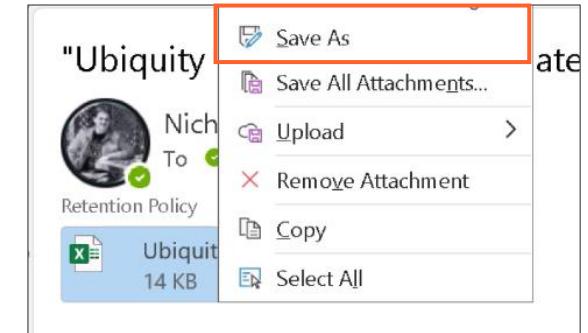
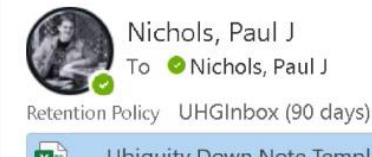
### Call Flows

Ubiquity network outages **DO NOT** alter any call flows. Because we cannot view patient charts or enrollment statuses during this time, please treat all patients who call in as **ELIGIBLE & ENGAGED**.

### "Ubiquity Down" System Management

If a network-wide Ubiquity issue is encountered and announced, **DO NOT** restart your system unless given express permission from your Supervisor or Manager.

#### "Ubiquity Down" - Note Template



## Complete an Open Notes Check in Ubiquity

LM1 APCs and PCCs should conduct an open Notes check in Ubiquity before closing the application at the end of their shift. In doing so, LM1 staff should check for, close, and finalize any open Notes discovered:

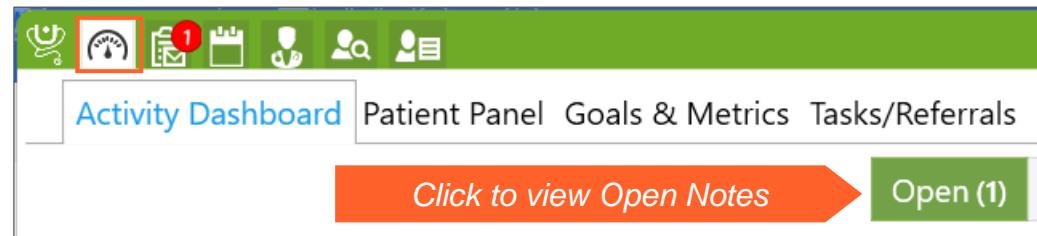
- Note closure and finalization should take place after every call as part of after-call documentation workflows. The end of day check is performed as a back-up just in case a Note was accidentally left open between interactions.

All notes should be **closed** and **finalized** within **24 hours** of their initial creation.

### Open Note Tracker

To view a list of your Open notes in Ubiquity:

- Click on the Speedometer icon in the upper-left corner of the chart.
- If you have open notes to finalize, they can be opened by clicking the Open button.
- Click the > button beside each note to open it:
  - Review the Note's contents.
  - Save & Close** your Note.
  - Finalize** your documentation.

A screenshot of the Activity Dashboard in Ubiquity, similar to the previous one but showing a list of open notes. The interface includes a green header bar with icons and tabs. The 'Activity Dashboard' tab is selected. Below the tabs, there is a green button labeled 'Open (1)'. The main content area is a table with columns: Name, Patient ID, Date, Type, Status, and Status Last Updated. One row is visible, showing 'Alexis Trill' with a patient ID of '#####', '2/11/1950' as the date, 'Landmark First – Patient...' as the type, 'Open' as the status, and '3/4/2025' as the status last updated. To the right of the status column is a small orange button with a white arrow pointing right, which is highlighted with a red box.

# LM1 PCC Call Audits

## Table of Contents

- [Call Audit Overview](#)
- [The LM1 PCC Call Audit Scorecard](#)
- [Call Scoring Metrics & Values](#)
- [Auto-Failed Call Audits](#)
- [The Call Audit Challenge Process](#)
- [Call Audits & Fraud Prevention](#)

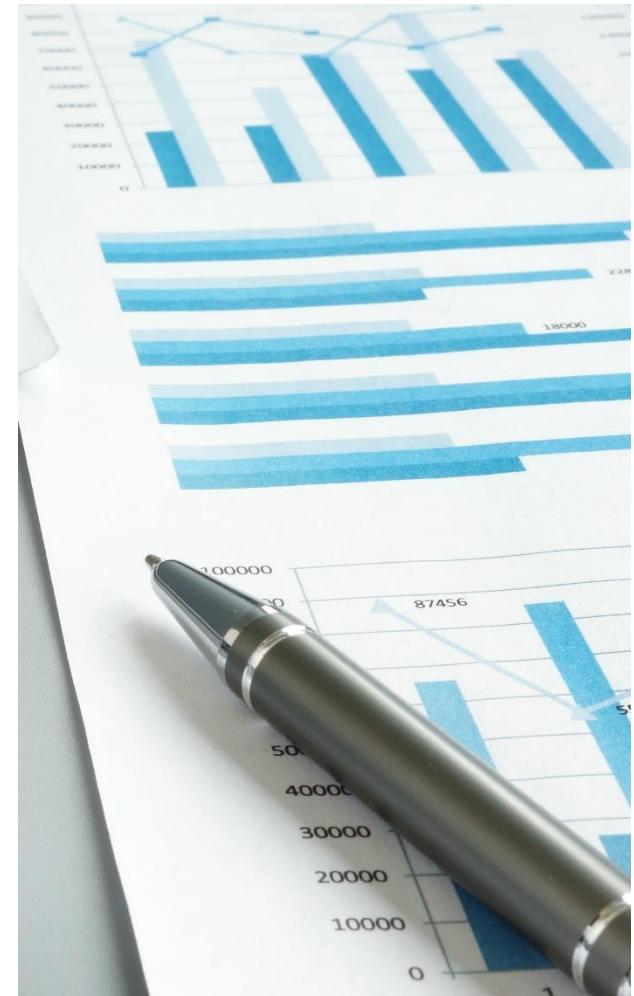
## Call Audit Overview

Regular call audits will be conducted by the LM1 TIQ team for LM1 PCCs. During this process, a random call is selected from each LM1 PCC and assessed based on the Call Audit Scorecard (*see next page*). Once scored, the scorecard and a copy of the call recording will be sent to the LM1 PCC, supervisors, and managers by email.

Scorecards will also include general feedback on the subject of empathy, courtesy, and overall call management. Supervisors will be advised when a coaching opportunity is discovered during call review.

In addition, LM1 PCCs have the opportunity to challenge the scores they receive to have them re-reviewed by the LM1 TIQ team.

Under normal circumstances, PCCs will meet with their Supervisor once per month to discuss the previous months scores. At that time, the Supervisor may offer minor coaching and general advice for call handling.



## The LM1 PCC Call Audit Scorecard

Scoring Criteria		Description	Points
#1	Greeting	Example: "Thank you for Calling Landmark First. My name is "Name", Patient Care Coordinator"	6
#2	HIPAA Verification	<p>PCC attempted to confirm <u>three HIPAA identifiers</u> during the call.</p> <p><i>Example: "For the security of the patient's protected health information, please provide..."</i></p> <ul style="list-style-type: none"> <li>- Patient's first and last name.</li> <li>- Patient's date of birth.</li> <li>- Patient's full address including city, state, and ZIP code.</li> <li>- Patient's full phone number (if unable to verify address).</li> </ul> <p>*A full address <b>MUST</b> be confirmed for appointment scheduling.</p>	14
#3	Caller Authorization	PCC asked the caller for their identity and relationship to the patient. <i>(For unauthorized caregivers, obtain valid verbal consent if PHI is requested)</i>	10
#4	Phone Number	PCC asked for a valid callback number to use in the event of call disconnection and follow-up.	6
#5	Interruptions	PCC did not intentionally speak over the caller at any point during the call.	7
#6	Holds	PCC obtained the caller's verbal permission before placing them on hold.	7
#7	Transfer Introduction	PCC provided their name and role to the provider upon accepted transfer.	10
#8	Request Summary	PCC accurately identified the caller, the caller's relationship to the patient, and summarized their request during the call transfer process?	10
#9	Empathy Statement	PCC used at least one (1) empathy phrase during a patient or caregiver call: <i>(I'm sorry you aren't feeling well today; I'm sorry for your loss; I'd like to take care of this for you)</i>	6
#10	Courtesy Statement	PCC used at least two (2) courtesy phrases during the call ( <i>other than the greeting</i> ). <i>Examples: "Please; thank you; May I; I'd be happy to assist you; Thank you for calling..."</i>	6
#11	Ubiquity Note	PCC documented the call, within the chart, according to the #LM1PCC Hash Key? PCC sent the correct follow-up callback or care update notifications according to the LM1 PCC Guidebook (emails, teams messages, etc....).	18

Auto-Fail Criteria		
#12	HIPAA Breach	PCC gave disclosed HIPAA restricted information without verifying the caller's authorized status.
#13	Noise Quality	Background or personally distracting noises were heard in the PCC's work environment.
#14	Dialogue	PCC used profanity or derogatory statements during this call. <i>(Including hold times)</i>
#15	Etiquette	PCC exhibited blatant rudeness / negative behaviors or comments during the call?
#16	Call Handoff	PCC failed to follow the "hand-off process" and / or denied the caller clinical care? <i>(small talk, unnecessary chatting, keeping the patient on hold extended time, etc.)</i>
#17	Call Flows	PCC failed to either: 1. Follow the Call Transfer Flow Process 2. Return a dropped patient's call 3. Pause the secure call recording

## Call Scoring Metrics & Values

### Passing Scores

A call audit score is considered passing if the total percentage of points earned is *greater-or-equal-to 90%*.

A passing score may still be submitted with additional feedback and call observations which the PCC is expected to review.

### Failing Scores

A call audit score is considered failing if the total percentage of points earned is *less-than-or-equal-to 89%*.

A failing scorecard will be submitted with additional feedback and coaching recommendations which the PCC is expected to review with their Supervisor.

## Auto-Failed Calls

If an auto-fail condition is discovered during a call quality audit, any points earned are nullified and the Auto-Failed score is submitted.

The context and circumstances of the auto-fail condition may lead to coaching, disciplinary action, or termination based on Manager's discretion and the PCC's prior performance.

In addition, repetitive auto-failed call audits may lead to disciplinary action up to and including termination at Manager's discretion.

Please review the **Feedback** section of the PCC Call Audit scorecard for more information.

## Auto-Failed Calls

### PCC Annual Raise Calculation

Statistic	Description	%
Individual Call Audit Scores	$\geq 90\% - \text{LM1 PCC Call Audits}$	25%
Abandon Rate by Team	$\leq 5\% - \text{number of calls not answered.}$	25%
Individual After Call Work (ACW)	$\leq 20\% - \text{Time spent in after call work.}$	25%
Compliance & Complaints	$\leq 3\% - \text{Internal / External Complaints}$	25%

## The Call Audit Challenge Process

1. Inform your Supervisor that you would like to submit a challenge to the scorecard.
2. Your Supervisor will discuss the scorecard with you and offer coaching as needed.
3. If you still want to move forward with the challenge, your supervisor will send an email to [lm1\\_quality@optum.com](mailto:lm1_quality@optum.com).
  - o Be sure to attach original scorecard & call recording to challenge email
  - o CC the LM1 TIQ team member who originally scored the call.
4. If any adjustments are made to your score based on your challenge, you will be notified by email with an updated scorecard attached.

### Call Re-Evaluation

When a call is re-evaluated by the Quality Team, please be aware of the following:

- Challenging your score does not guarantee that it will be changed, or that it will be changed for the better.
- As new situations present themselves, Landmark First may update existing scorecards with new criteria.
- Any PCC / APP who receives consecutive / frequent failed scores is subject to disciplinary action or additional training as the situation deems appropriate.

## Call Audits & Fraud Prevention

While the call audit scorecard provides specific call audit guidelines, the Landmark First Quality Team may discover additional concerns when reviewing calls that are not specific to scoring criteria. If an instance of suspected fraud is discovered during a call audit, the PCC's manager will be contacted and asked to investigate.

If a case of fraud is confirmed by the PCC Manager, the individual responsible may be subject to disciplinary action and possible termination based on Manager's discretion.

### Employee Responsibility

*It is everyone's responsibility to create a work environment of integrity, quality, and honesty.*

*If you witness a fraudulent activity within the company, please report it using the Fraud Reporting Line or Portal.*

## Examples of Fraud

Below are examples of fraudulent activities that, if performed, may lead to disciplinary action up to and including termination:

- Submitting falsified reports of systems issues, weather conditions, or other false circumstances to avoid taking calls.
- Manipulating Active / Inactive statuses within applications to falsify attendance reports, break times, or lunch periods.
- Failure to answer a call, email, or chat message within the threshold period.
- Failure to verbally alert the caller of call's answer, or remaining silent at the start of a call until disconnection.
- Intentional disconnection of a call / conversation or closure of email or chat applications.
- Transferring a caller, email, or message back to the queue without reason.
- Prematurely transferring a caller, email, or message to the back of the queue or another department without reason.
- Intentionally providing inaccurate information to conclude a call, email, or chat conversation.
- Refusal to take a call, email, or chat message.
- Intentionally placing the caller on hold for lengthy durations beyond the threshold period without reason.
- Intentional AUX or ACW jumping or intentional manipulation of AUX / ACW statuses to avoid taking calls.
- Remaining in a call beyond the threshold period after the caller has been transferred to the next level of support.
- Any other acts analogous to the foregoing.