

Landmark First

Patient Care Coordinator (PCC) Guidebook

Topic Selection

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



LM1 PCC Job Overview



General Call Management



Appointments Updates Guide



Administrative Workflows



Local Metro Call Transfers



Non-Urgent Clinical Calls



Urgent Clinical Calls



Call Documentation



LM1 PCC Call Audits

LM1 PCC Job Overview

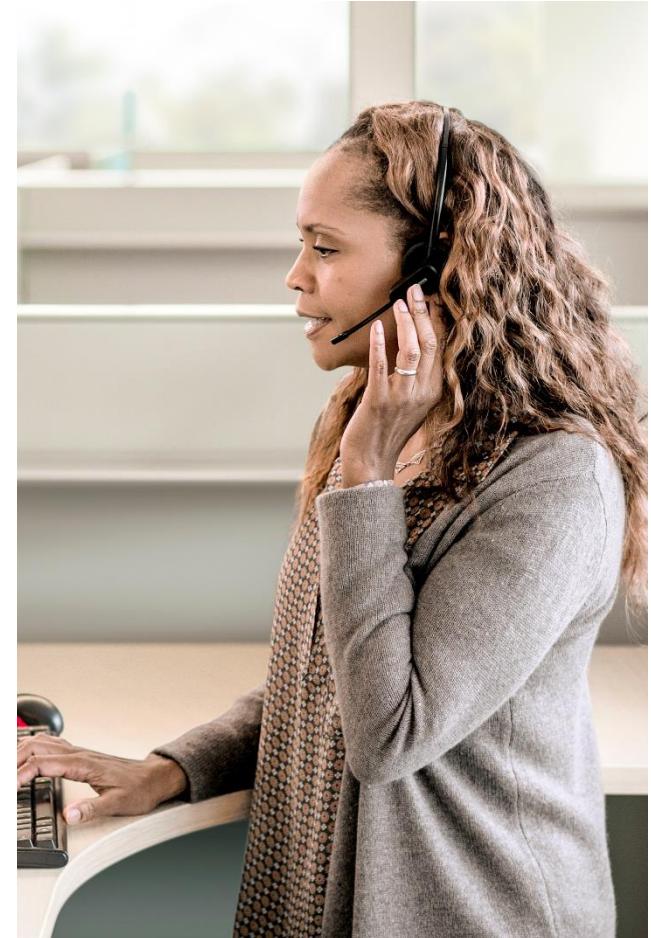
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Job Summary

Landmark First Patient Care Coordinators (PCCs) are the first point of contact for incoming calls from patients, caregivers, or community providers. They are often the first voice that patients will hear when calling with questions, concerns, or requests for medical service. Throughout a shift, LM1 PCCs can expect to.

- Answer 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.
- Transfer medically or urgent calls through the appropriate channels and secure assistance for the patient as necessary; including EMS contact.
- Accurately document patient / caller interactions for reporting, compliance, and quality assessments.



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)

Appointment Confirmations

LM1 PCCs may confirm all appointment types.

(Need Screening Information)

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.

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



Humanity



Microsoft Teams



NENA 911 Database



Outlook



Ubiquity



Genesys Cloud

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

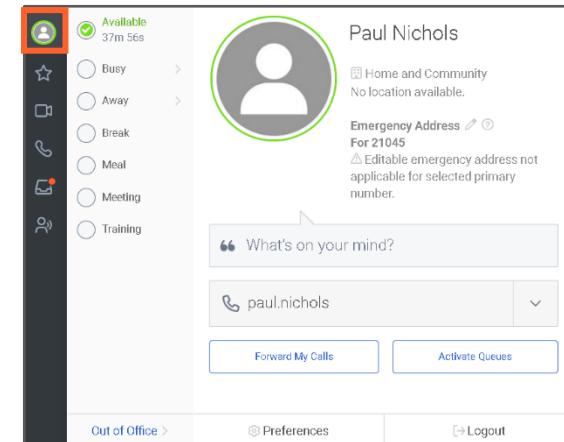
Web Application Links

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 Troubleshooting Systems Issues 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.

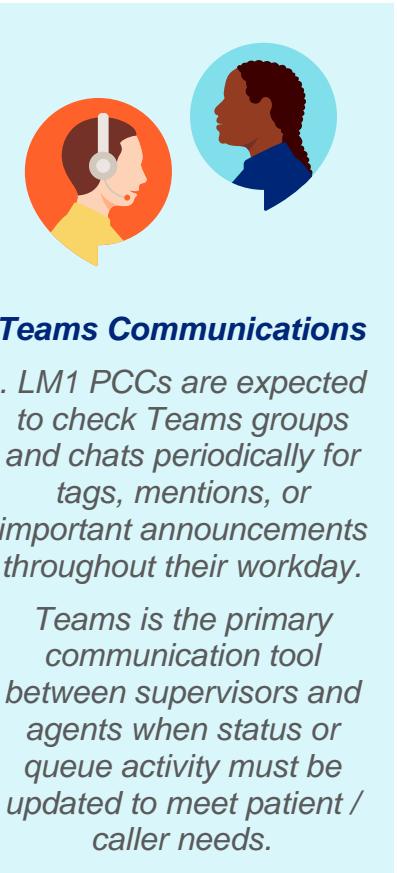
If call volume is low, you may be instructed to go On-Queue while completing after-call documentation. This is referred to as "Idle Time" and is initiated at the discretion of a Supervisor.

- 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 bar says "After Call Work" and has a timestamp "0:57". Below the title is a search bar with the placeholder "Find wrap-up code" and a magnifying glass icon. A vertical list of wrap-up codes is displayed, each preceded by a blue link. The codes are:
LM1 - 911 Activated
LM1 - Call Disconnected
LM1 - Cancel Appt
LM1 - Clinically Managed
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LM1 - Return Call
LM1 - Transfer to LM1 Clinician
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LM1 - Voicemail
LM1 - Wrong Number

At the bottom of the interface, there is a message box with the text "Wrap-up code is required" and "Select wrap-up code" next to a small checkbox. To the right of the message box are two buttons: "Done" and another button whose text is partially visible.

General Call Management

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- [How to Contact the Interpreter Line](#)
- [Email, Messaging, & Phone Call Communications Cheat Sheet](#)
- [Patient Engagement & Eligibility Guidelines](#)
- [Patient Communications Troubleshooting](#)

[HBMC Interpreter Services Policy](#)

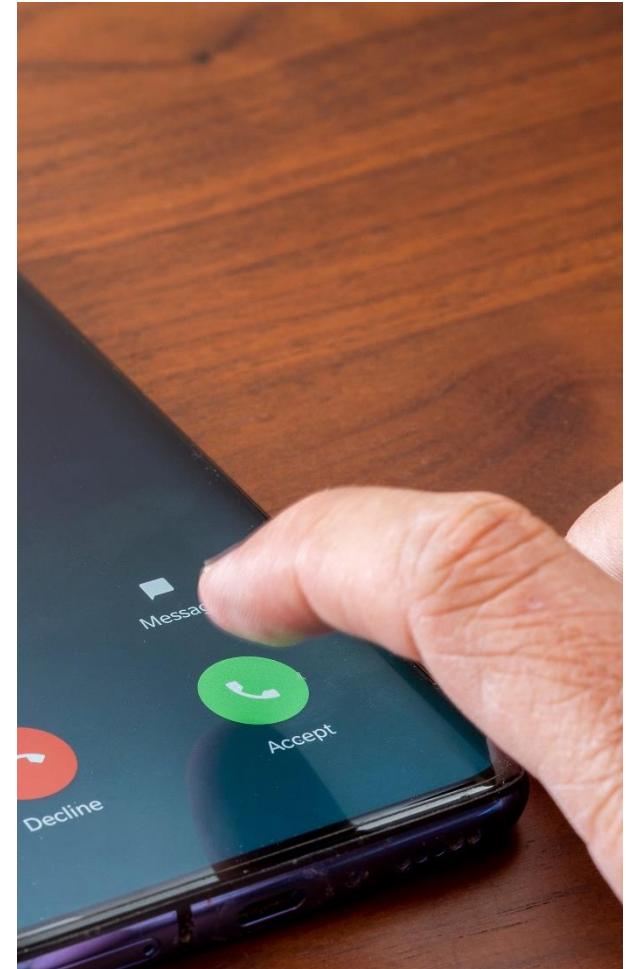
A policy that details the accepted use of the Interpreter Line

[HBMC Language Assistance and Interpreter Services Procedure](#)

Detailed instructions for calling, and navigating the auto-response menu of, the Interpreter Line.

Patient HIPAA Verification & Caller Authorization Guides

To review specific patient verification and caller authorization requirements, please reference the [Company Resources & Employee Reference Job Aid](#).



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

2

Gather Patient Details

Proceed with the HIPAA verification steps by asking for:

- The Patient's Name
- The Patient's Date of Birth
- The Patient's Full Address

Alternatively, the patient's full phone number may be used for verification purposes.

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

Suggested Script

"May I please have the patient's first and last name to access their chart?"

"Thank you for that information. As a final step to verify that I have the correct patient's chart open, may I please have the patient's full address?"

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.

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)?"

2

Gather Patient Details

Proceed with the HIPAA verification steps by asking for:

- The Patient's Name
- The Patient's Date of Birth
- The Patient's Full Address

Alternatively, the patient's full phone number may be used for verification purposes.

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

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

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.

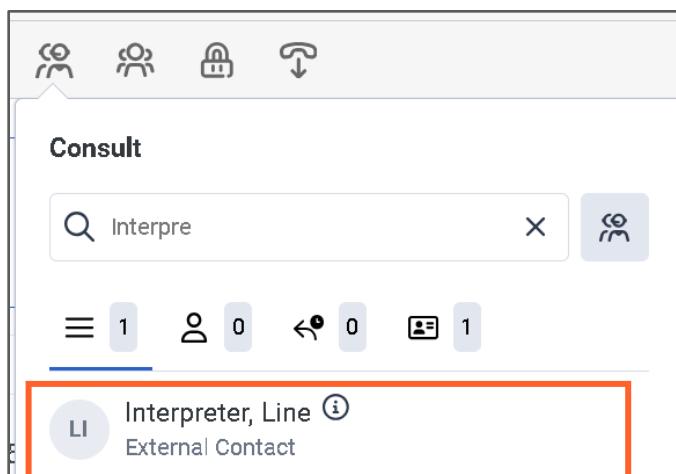
How to Contact the Interpreter Line

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

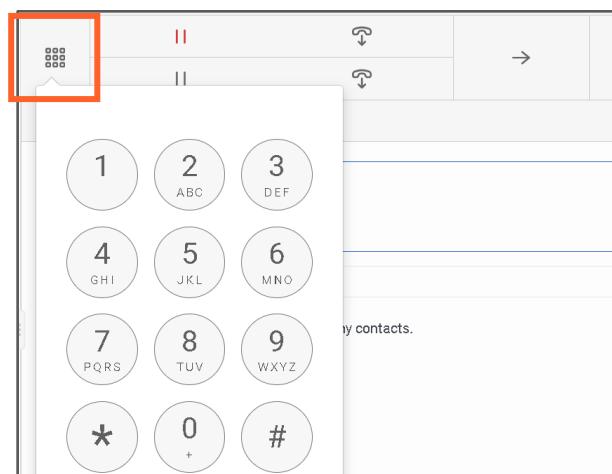
Call / Consult the Interpreter Line



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

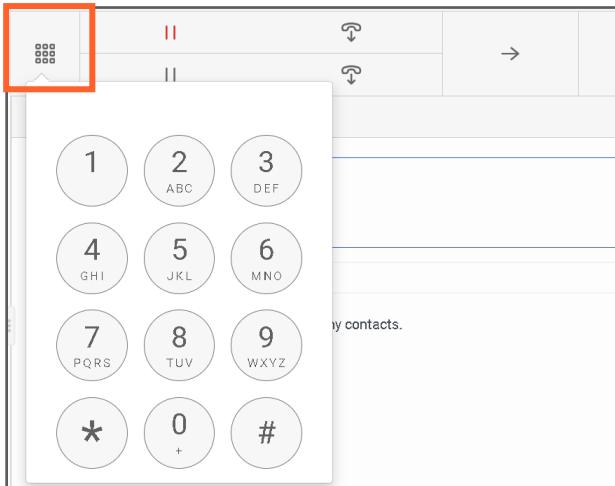


When prompted, use the on-screen dial pad to press **1** for Spanish, or **2** to specify a different language.

*Continued on next page →

3

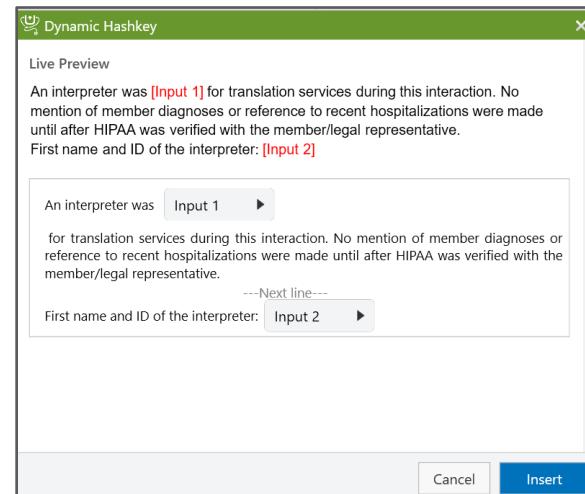
Employee Identification



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



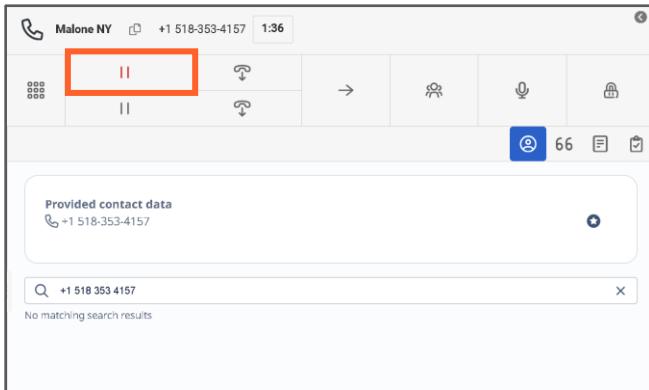
An interpreter will join the call.

- 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

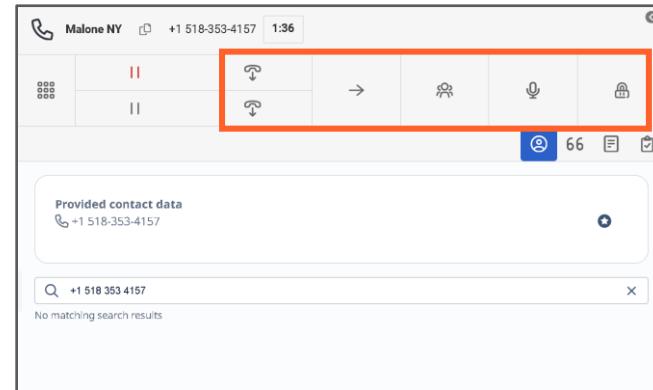


When ready, take the original caller off hold so that you, the interpreter, and the caller can speak to, and hear, one another.

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.

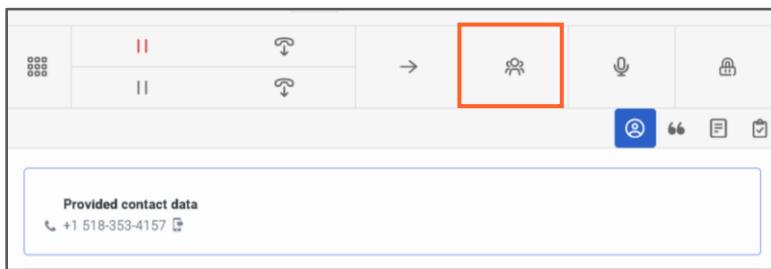
- End or transfer the call as needed.

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

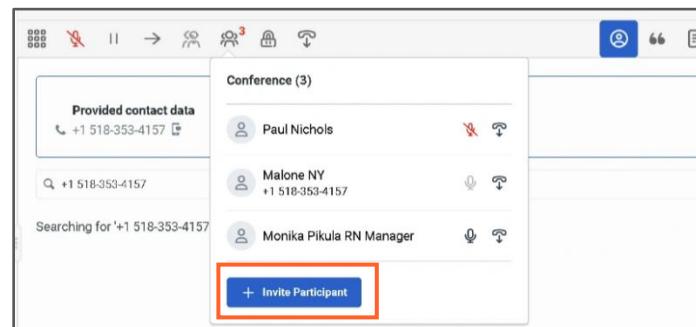


While in a **Consult** call with a patient and interpreter, select the "Conference" option from the dashboard.

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.

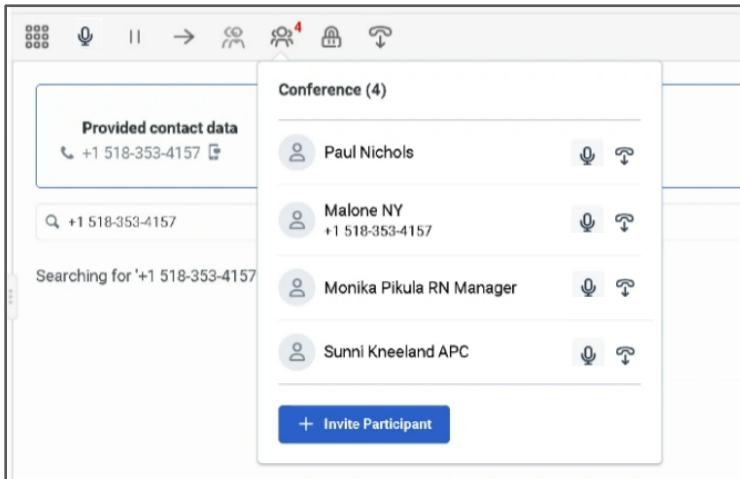
The participant you add should align with current call transfer workflows based on the caller's request.

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



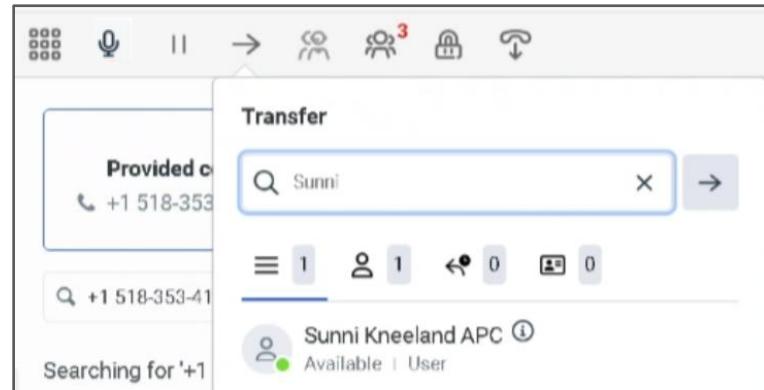
When your call is answered, inform the added participant that they are in a conference call for an interpreter line transfer.

- 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.

	Call Transfer #1 (Business Hours)	Call Transfer #2 (No Answer / After Hours)	Teams Message (No Answer / After Hours)	Outlook Email (No Answer / After Hours)
Call or Return Call for Central Outreach	Central Outreach Queue			Email the Central Outreach Team
Metro Care Coordinator Action Required	CC Transfer Queue			Care Team + Metro Call Center Mailbox
Metro Clinician / Staff Message or Return Call	Consult Original Caller for Transfer		Message Original Caller in Chat	Care Team + Metro Call Center Mailbox
Same Day Appointment Cancellation or Reschedule	Call Visiting Clinician		Message Visiting Clinician in Teams	Care Team + Metro Call Center Mailbox
Non-Urgent Clinical Call	RN Transfer Queue			Email Triage Callback
Return Call to LM1 Clinician	RN Transfer Queue			Email Triage Callback
Labs / Lab Test Results	RN Transfer Queue			Email Triage Callback
Medication Refill or Calls from a Pharmacy	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. Further to the right, there are two status indicators: 'Eligible' in a grey box and 'Engaged' in a green box. Red arrows point from the text boxes below to these status indicators. The left box contains the question 'Is the patient able to receive HBMC services?' followed by a list: • Eligible, • Non-Eligible, • Closed. The right box contains the question 'Is the patient engaged with HBMC services?' followed by a list: • Engaged, • Non-Engaged, • 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 an alert icon followed by the word 'Alert'. Below it, a safety alert is listed: '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

Eligibility	Engagement	Workflow
<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"> • Receives LM1 PCC, LM1 Clinician, and Market Care Team support.
<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"> • Check for upcoming appointments in the chart. <ul style="list-style-type: none"> ◦ Reschedule Initial Visits or Initial Visit 2s upon request. • Patient may speak to LM1 Clinicians for medical concerns or questions. • If no Care Team assigned, email Central Outreach if follow-up is needed. • May require explanation of services.
<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"> • Check Alerts and HPSI tab. • Patient may be deceased or their insurance changed.

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

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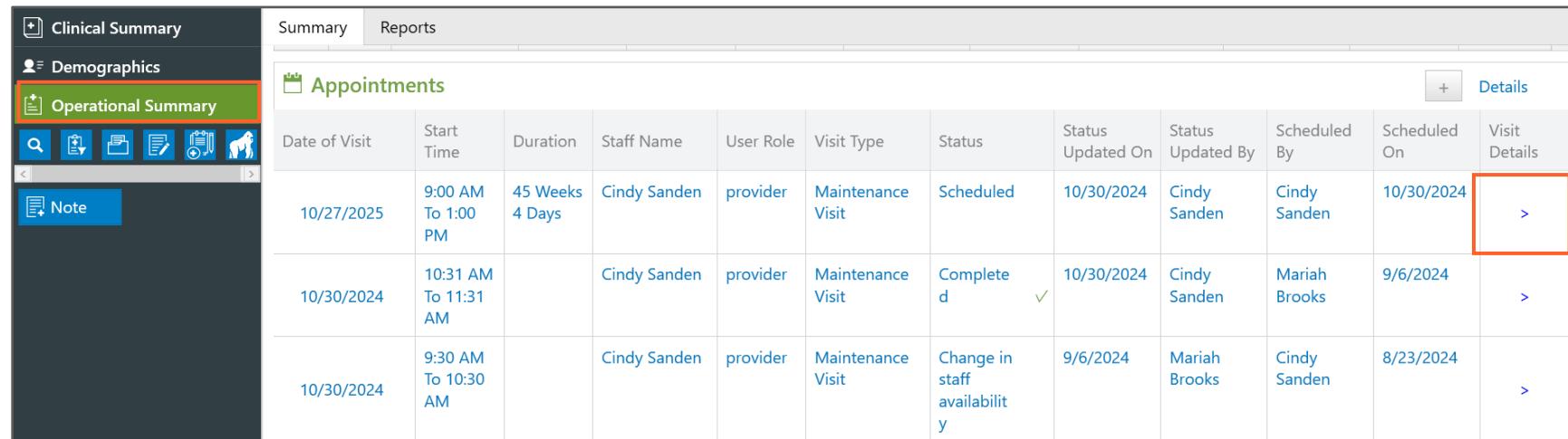
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Appointment Administration in Ubiquity

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:

Field	Value
Patient Name	Maintenance Visit
Staff Type	provider
Travel Time	26 Mins
Geographical Note	-
Patient Cancelled	<input type="checkbox"/>
Landmark Cancelled	<input type="checkbox"/>
Status	Scheduled
Confirmed	<input type="checkbox"/>
Note	(Empty text area)

Buttons at the bottom: Cancel, Reschedule Visit, 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. In the bottom left corner, there are two checkboxes: "Patient Cancelled" and "Landmark Cancelled". The "Patient Cancelled" checkbox is checked and highlighted with a red box. Below the checkboxes is a note section with a text area and a "Note" button. At the bottom are three buttons: "Cancel", "Reschedule Visit", and "Cancel Visit".

- 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 displays appointment details. The "Patient Cancelled" checkbox is checked. Below the checkboxes is a note section with a text area and a "Note" button. At the bottom are three buttons: "Cancel", "Reschedule Visit", and "Cancel Visit". The "Cancel Visit" button is highlighted with a red box.

- 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]

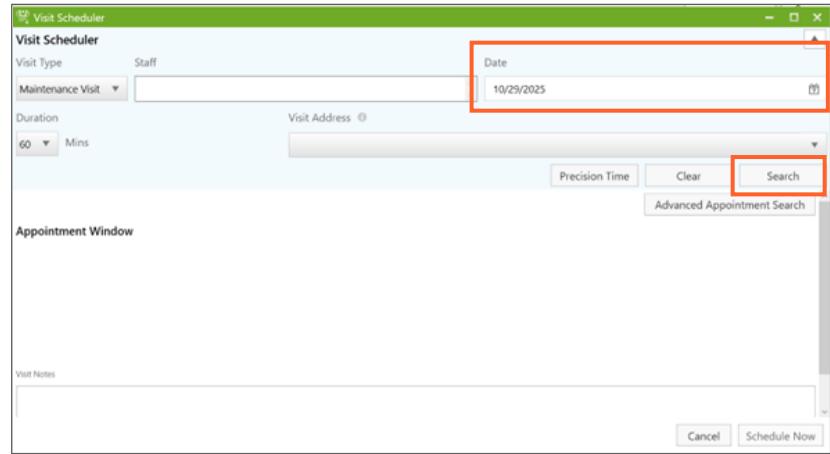
Cancel Cancel Visit

- 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

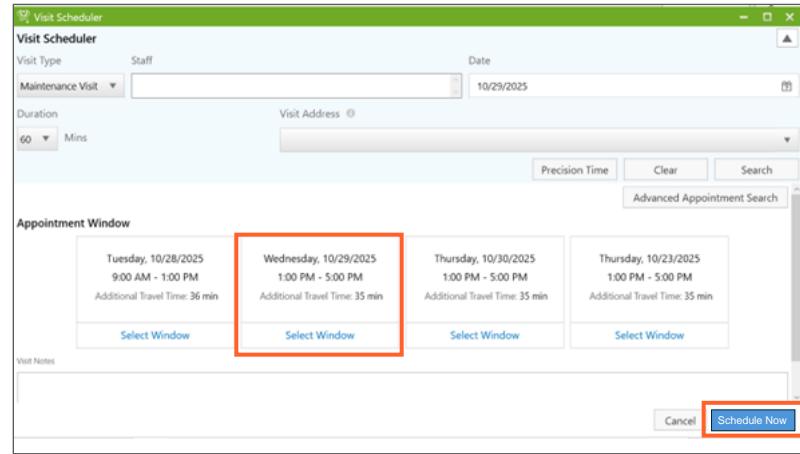
Search for Available Appointments



- 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.

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	>

Patient Name: [redacted]
Visit Type: Maintenance Visit
Staff Name: Kathy White, NP
Duration: 60 Mins
Geographical Note: Address updated by member.
Patient Cancelled: [unchecked] Landmark Cancelled: [unchecked]
Status: Scheduled
Confirmed: [checked]
Confirmation details: Jennifer Dupye, 12/09/2024 02:34 PM EST
Note: [redacted]
Buttons: Cancel, Reschedule Visit, Cancel Visit

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 is a sidebar with icons for Clinical Summary, Demographics, Operational Summary (which is selected), Note, and a note about a Maintenance Visit scheduled for Lauren Johnson. The main area displays a table titled 'Appointments'. One row in the table is highlighted with a red box around the 'Details' button at the end of the row. The columns in the table include 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.

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
4/28/2025	1:00 PM To 4:00 PM	3 Weeks 4 Days	Lauren Johnson	provider	Maintenance Visit	Scheduled	3/31/2025	Leah Rojas	Leah Rojas	3/31/2025	>

2. In the Visit Details window, check the "Patient Cancelled" checkbox to enable to 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), Date and Time (4/28/2025 01:00 PM To 04:00 PM), Visit Address (713 Kiwi Road, Apt. 5. Chambers, FL 33109), Geographical Note (-), and Visit Note (-). At the bottom of the window, there are two checkboxes: 'Patient Cancelled' (which is checked) and 'Landmark Cancelled'.

*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

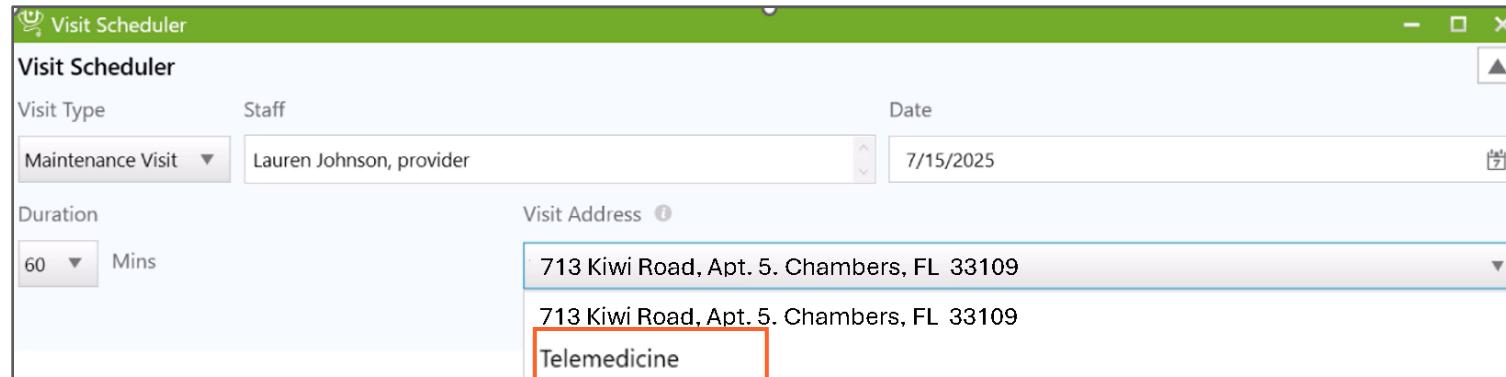
Cancel Reschedule Visit Cancel Visit

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

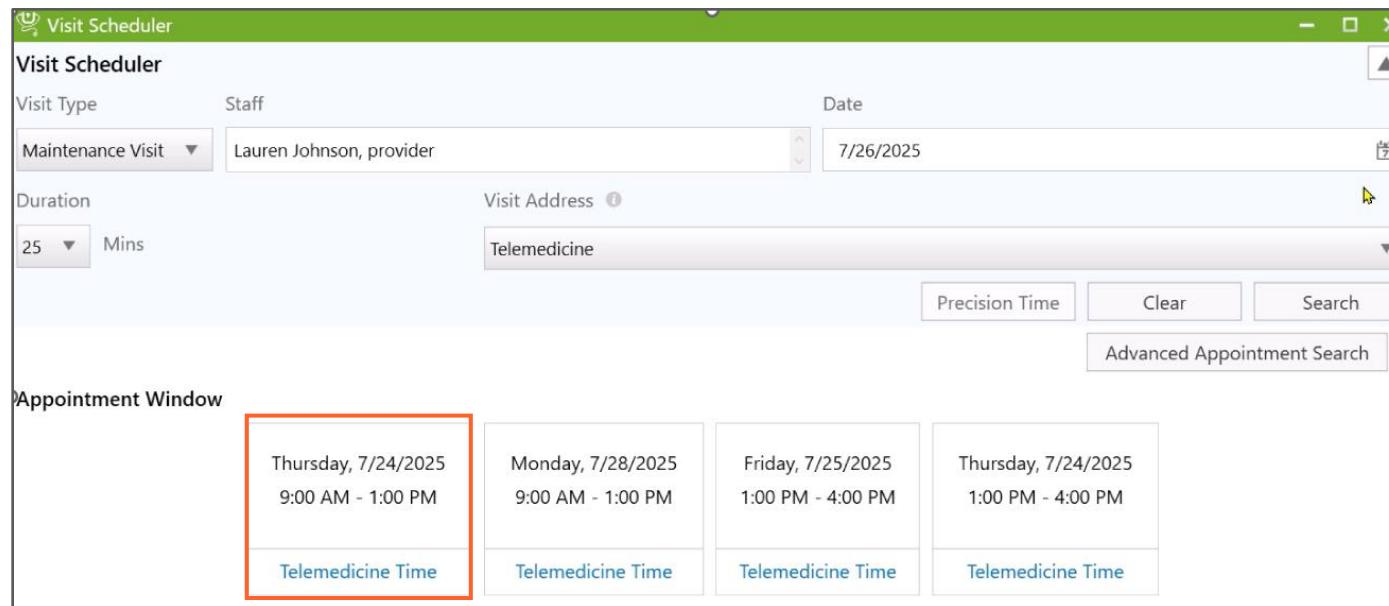
Cancel Reschedule Visit Cancel Visit

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

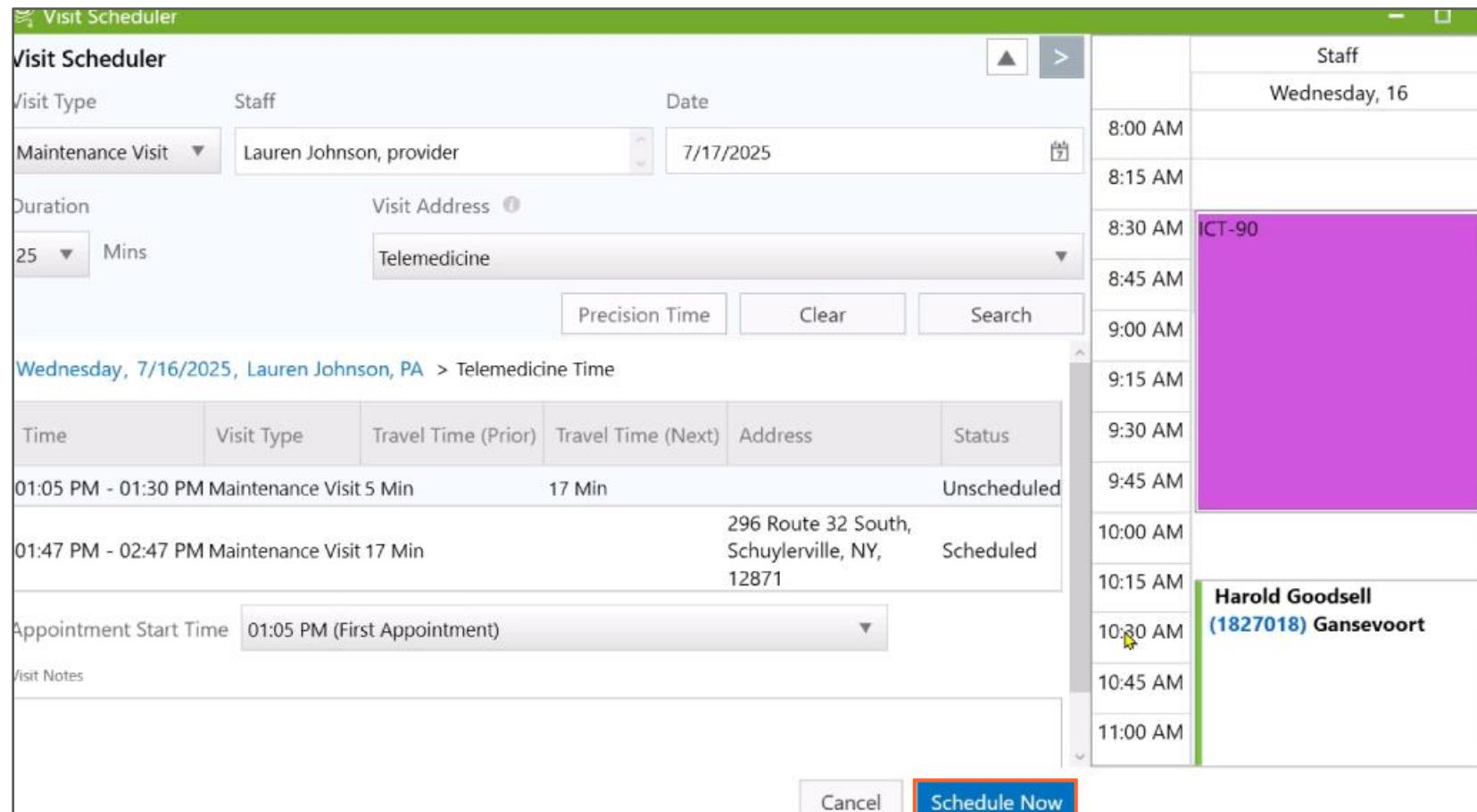
6. In the **Visit Scheduler** window, click the patient's Visit Address to open a drop-down menu. From the menu, select the **Telemedicine** option:



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 last row for Thursday 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)

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

Initial Visit 2 (IV2)

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

Initial Visit – BH

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

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	
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"> Call the visiting clinician listed in Ubiquity for warm transfer. 	<ul style="list-style-type: none"> Send the visiting clinician a notification via Teams chat to inform them of the cancellation. Send a follow-up email to the patient’s Care Team and the Metro Call Center Mailbox.
All Reschedule	<ul style="list-style-type: none"> Call the visiting clinician listed in Ubiquity for warm transfer. 	<ul style="list-style-type: none"> Send the visiting clinician a notification via Teams chat to inform them of the cancellation. Send a follow-up email to the patient’s Care Team and the Metro Call Center Mailbox.

Maintenance Visit (MV)

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

Maintenance Visit – BH

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

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	
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"> Call the visiting clinician listed in Ubiquity for warm transfer. 	<ul style="list-style-type: none"> Send the visiting clinician a notification via Teams chat to inform them of the cancellation. Send a follow-up email to the patient’s Care Team and the Metro Call Center Mailbox.
All Reschedule	<ul style="list-style-type: none"> Call the visiting clinician listed in Ubiquity for warm transfer. 	<ul style="list-style-type: none"> Send the visiting clinician a notification via Teams chat to inform them of the cancellation. Send a follow-up email to the patient’s Care Team and the Metro Call Center Mailbox.

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">● Send a follow-up email to:<ul style="list-style-type: none">○ The patient's Care Team○ The Metro Call Center mailbox found in the Metros Summary,○ LM1 Dispatch at: lm1uehandoff@optum.com	
<i>Reschedule</i>	<ul style="list-style-type: none">● Send a follow-up email to:<ul style="list-style-type: none">○ The patient's Care Team○ The Metro Call Center mailbox found in the Metros Summary,○ LM1 Dispatch at: lm1uehandoff@optum.com	
<i>Same / Next Day Request for Information</i>	<ul style="list-style-type: none">● Check Visit Details in Ubiquity:<ul style="list-style-type: none">○ Provide the requested information to authorized callers.○ Call the visiting clinician as needed.	<ul style="list-style-type: none">● Send a follow-up email to:<ul style="list-style-type: none">○ The patient's Care Team○ The Metro Call Center mailbox found in the Metros Summary,○ LM1 Dispatch at: lm1uehandoff@optum.com
<i>Same Day Request to Cancel or Reschedule (Weekends Included)</i>	<ul style="list-style-type: none">● Call the visiting clinician or staff member to inform them of the adjustment.	<ul style="list-style-type: none">● Send a follow-up email to:<ul style="list-style-type: none">○ The patient's Care Team○ The Metro Call Center mailbox found in the Metros Summary,○ LM1 Dispatch at: lm1uehandoff@optum.com

Urgent Visit – BH

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

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	
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"> Call the visiting clinician listed in Ubiquity for warm transfer. 	<ul style="list-style-type: none"> Send the visiting clinician a notification via Teams chat to inform them of the cancellation. Send a follow-up email to the patient’s Care Team and the Metro Call Center Mailbox.
All Reschedule	<ul style="list-style-type: none"> Call the visiting clinician listed in Ubiquity for warm transfer. 	<ul style="list-style-type: none"> Send the visiting clinician a notification via Teams chat to inform them of the cancellation. Send a follow-up email to the patient’s Care Team and the Metro Call Center Mailbox.

IDT Visit

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

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	
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"> Call the visiting clinician listed in Ubiquity for warm transfer. 	<ul style="list-style-type: none"> Send the visiting clinician a notification via Teams chat to inform them of the cancellation. Send a follow-up email to the patient’s Care Team and the Metro Call Center Mailbox.
All Reschedule	<ul style="list-style-type: none"> Call the visiting clinician listed in Ubiquity for warm transfer. 	<ul style="list-style-type: none"> Send the visiting clinician a notification via Teams chat to inform them of the cancellation. Send a follow-up email to the patient’s Care Team and the Metro Call Center Mailbox.

Telephonic Visit

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

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	
12/18/2024	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"> Call the visiting clinician listed in Ubiquity for warm transfer. 	<ul style="list-style-type: none"> Send the visiting clinician a notification via Teams chat to inform them of the cancellation. Send a follow-up email to the patient’s Care Team and the Metro Call Center Mailbox.
All Reschedule	<ul style="list-style-type: none"> Call the visiting clinician listed in Ubiquity for warm transfer. 	<ul style="list-style-type: none"> Send the visiting clinician a notification via Teams chat to inform them of the cancellation. Send a follow-up email to the patient’s Care Team and the Metro Call Center Mailbox.

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

Palliative Prognosis Visit

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

Palliative Co-Visit

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

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	
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	>	

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

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">Call the visiting clinician listed in Ubiquity for warm transfer.	<ul style="list-style-type: none">Send the visiting clinician a notification via Teams chat to inform them of the cancellation.Send a follow-up email to the patient's Care Team and the Metro Call Center Mailbox.
All Reschedule	<ul style="list-style-type: none">Call the visiting clinician listed in Ubiquity for warm transfer.	<ul style="list-style-type: none">Send the visiting clinician a notification via Teams chat to inform them of the cancellation.Send a follow-up email to the patient's Care Team and the Metro Call Center Mailbox.

Provider 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	
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"> • Completed by LM1 PCCs <ul style="list-style-type: none"> ◦ LM1 Clinicians and Triage RNs will adjust the visit if they receive the call first. 	
Reschedule	<ul style="list-style-type: none"> • Completed by LM1 PCCs <ul style="list-style-type: none"> ◦ LM1 Clinicians and Triage RNs will adjust the visit if they receive the call first 	
Same / Next Day Request for Information	<ul style="list-style-type: none"> • Check Visit Details in Ubiquity: <ul style="list-style-type: none"> ◦ Provide authorized caller with information requested. ◦ Call the visiting clinician or staff member for updates as needed. 	<ul style="list-style-type: none"> • Send the visiting clinician a notification via Teams chat to inform them of the cancellation. • Send a follow-up email to the patient's Care Team and the Metro Call Center Mailbox.
Same / Next Day Request to Cancel or Reschedule	<ul style="list-style-type: none"> • Call the visiting clinician or staff member to inform them of the adjustment. 	<ul style="list-style-type: none"> • Send the visiting clinician a notification via Teams chat to inform them of the cancellation. • Send a follow-up email to the patient's Care Team and the Metro Call Center Mailbox.

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			

At the bottom, there are three buttons: 'Cancel', 'Reschedule Visit', and 'Cancel Visit'. The 'Visit Address' field is highlighted with a red rectangle.

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 Select Window	Wednesday, 4/2/2025 1:00 PM - 5:00 PM Additional Travel Time: 6 min Select Window

- 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 red boxes and numbers:

- 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, **Select Window**
 - Tuesday, 4/8/2025, 9:00 AM - 1:00 PM, Additional Travel Time: 5 min, **Select Window**
 - Tuesday, 4/1/2025, 1:00 PM - 5:00 PM, Additional Travel Time: 4 min, **Select Window**
 - Wednesday, 4/2/2025, 1:00 PM - 5:00 PM, Additional Travel Time: 6 min, **Select Window**
- 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 2nd to reschedule an appointment originally scheduled on the 12th:

- 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 2nd to reschedule an appointment originally scheduled on the 12th:

- 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.

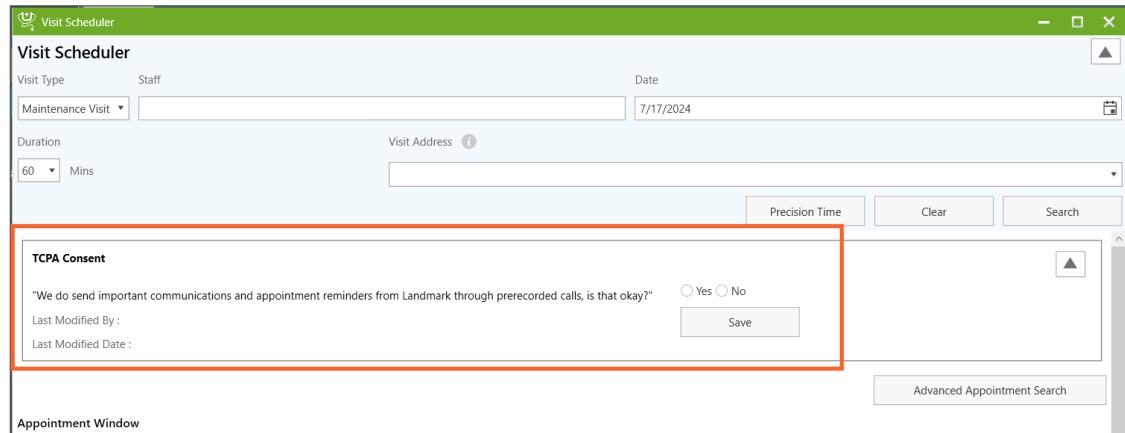
	1	2	3	4	Closed
Intensity Level	Full Service	Partial Service	Minimum Service	Unreachable for Service	No Service
Level of Service	Full Service	To Patient's Specifications	Service Upon Request	No Service	Declined Service
Calls & Visits	Standard Frequency	Modified Frequency	Contact Initiated by Patient Only	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>Complete HIPAA Verification</p> <p>Follow patient verification steps as detailed in the <i>Compliance Standards</i> section of the <u>Company Resources & Employee Reference Job Aid</u>.</p> <p>Patient HIPAA Verification should follow the <u>3 Patient Identifier Verification Procedure</u>.</p>	<p>Obtain Valid Verbal Consent</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 <i>Compliance Standards</i> section of the <u>Company Resources & Employee Reference Job Aid</u>.</p> <p>For more information, please reference the <u>Valid Verbal Consent Job Aid</u>.</p>	<p>Provide the Requested Information</p> <p>After HIPAA verifications & 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 <u>HouseCalls Request for Clinician</u> 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 NOT be rescheduled: <ul style="list-style-type: none">• Notify patient of Landmark service end.• Cancel the visit.• Redirect needs to PCP or Health Plan's Member Services	DO NOT transfer the call to a LM1 TRN or APC: <ul style="list-style-type: none">• Redirect to PCP, 911, or ED to resolve any clinical needs.
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 23rd, 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 Community Resources & Services Advisory](#)
- [Prospective Patient Requests for Services or Enrollment](#)
- [UCard Rewards & Troubleshooting](#)
- [Insurance / Health Plan Requests](#)
- [Answering Service Message & Callback Requests](#)
- [HPSI Tab Market & Coverage Information](#)



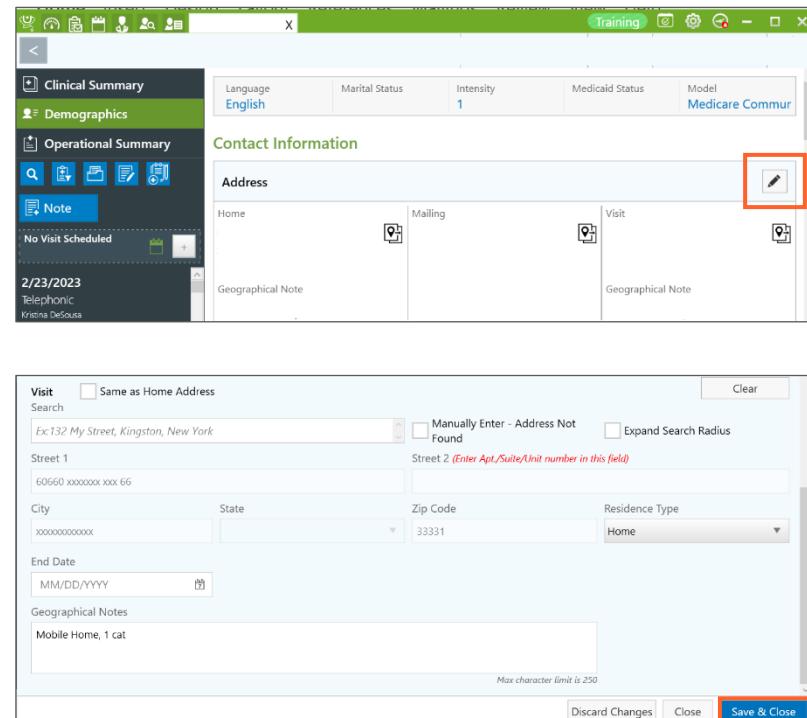
Address & Contact Updates in Ubiquity

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, the Clinical Summary and Demographics sections are visible. In the center, a list of contacts for a patient named "Mobile Home, 1 cat" is displayed. An edit icon (pencil) is highlighted with a red box next to the "Contacts" label. To the right, a "Edit Contacts" dialog box is open, showing fields for First Name, Middle Name, Last Name, Relationship, Phone Number 1, Phone Number 2, Email, Type, and various checkboxes for contact details like Primary Contact for Health-Related Issues, Contact is a Landmark Patient, etc. At the bottom of the dialog box are "Add" and "Cancel" buttons. Below the dialog box, a preview of the updated contact list is shown with edit and delete icons for each row, and buttons for "Discard Changes", "Close", and "Save & Close".

- 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 Community Resources & Services Advisory

Patients may inquire about services that we do not offer, such as grocery delivery, transportation, home health aide services, or additional support available in their local community:

These resources are linked in the [Metros Summary](#) profile cards beside “**Local Resources**”.

Green Bay		Back to Metros List
Time Zone: Central (CST)	Office Phone: (833) 247-9620	Emails:
State: Wisconsin	Office Fax: (888) 618-3543	Triage Callback: greenbaytriage@landmark.pure.cloud
Region: Midwest	Outreach: (877) 240-3112	LM1 APC Escalation: APPgreenbayEscalation@landmark.pure.cloud
Office Address 4650 W Spencer Street Suite 15 Appleton, WI 54914	Escalation Ext: 324	Metro Call Center: call_center_greenbay@optum.com
	Local Resources: Open List	Central Outreach: centraloutreachescheduling@optum.com

Resource List Updates

If you discover that a Local Resource listing is out of date, please notify the LM1 Training Team at LM1Training@optum.com.

The link will open an Excel spreadsheet in your browser where resources will be listed by category:

Example – Food and Meal Resources for WI

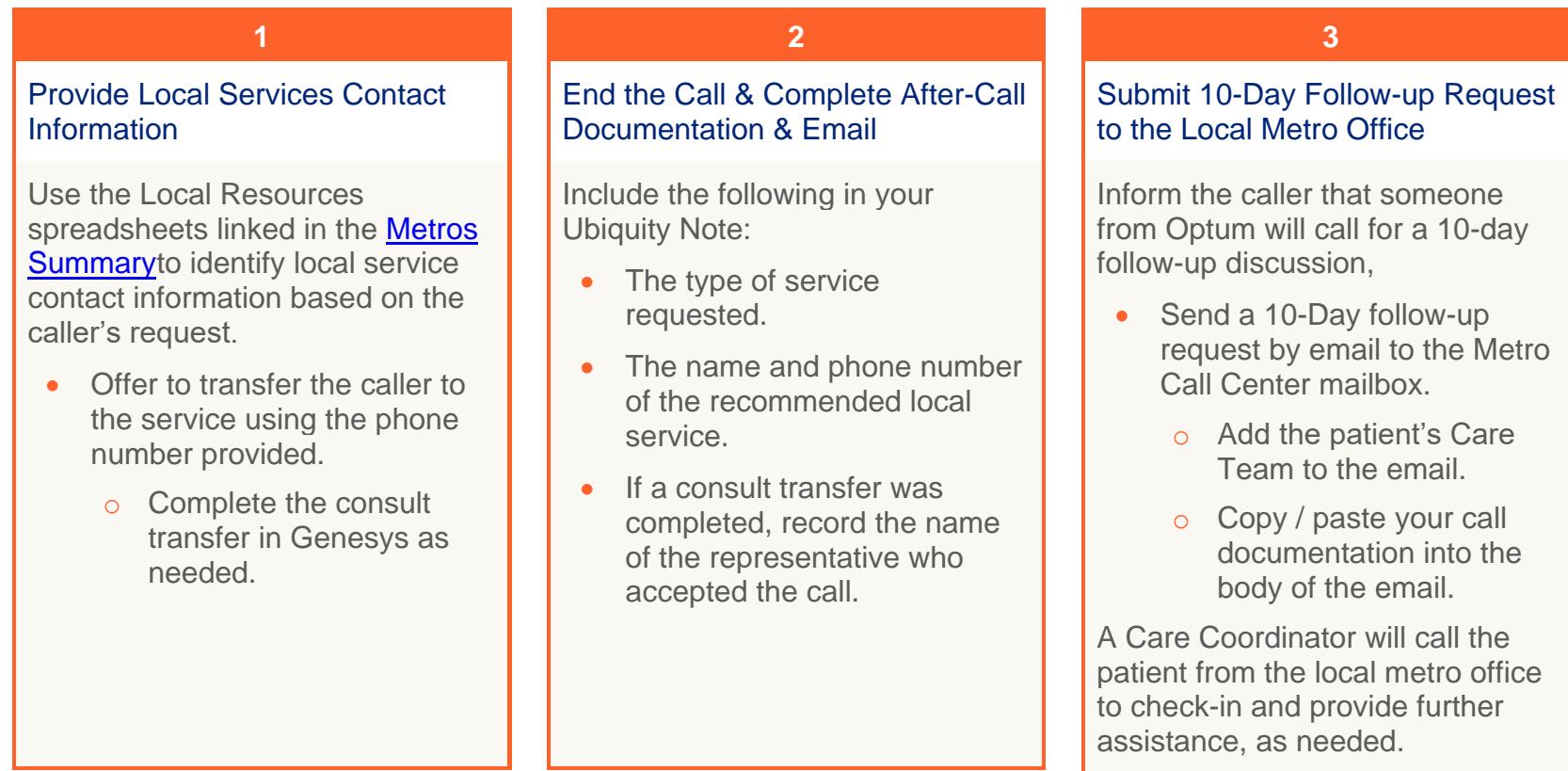
Counties/Boroughs/Cities Served (include zip codes)	Organization	Contact Number
WI/MN	Hunger Task Force	866-211-3380
... WI - Medication WI - Health Benefits WI - Food & Meals WI - Transportation		

The majority of these tables will be organized into the following categories:

- **Medication** will list resources to assist individuals seeking affordable medications or a medication assistance fund.
- **Health Benefits** will list contacts to assist individuals with insurance company contact and benefits explanations.
- **Food & Meals** will list resources that provide affordable solutions for groceries, meals, or food delivery.
- **Transportation** will list local transportation resources.

Please note that we cannot determine or guarantee if the caller qualifies for these services or if these services are covered by their health plan.

Community or Local Service Request Workflow



[Back to Metros List](#)

Emails:

Triage Callback: greenbaytriage@landmark.pure.cloud

LM1 APC Escalation: APPgreenbayEscalation@landmark.pure.cloud

Metro Call Center: call_center_greenbay@optum.com

Central Outreach: centraloutreachscheduling@optum.com



 Send

From paul.nichols@optum.com

To Call Center Green Bay;

Cc

Subject Jennifer Iris Maloney (0000000) Maine

(Copy / Paste the contents of your call documentation here)

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.

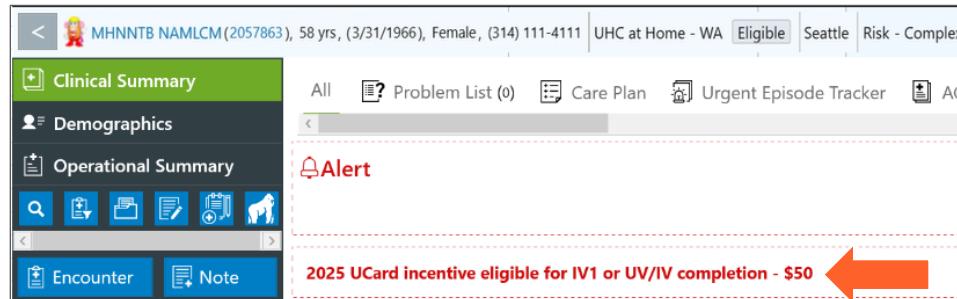
UCard Rewards & Troubleshooting

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 <u>UCard: Transaction Review</u>.</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>Complaints Including:</p> <ul style="list-style-type: none"> • Deposit Not Received after 7 business days • Amount Dispute • Transaction History or Deposit Date Concern 	<p>Complaint Submission & Health Plan Transfer</p> <ol style="list-style-type: none"> 1. Submit a complaint through Enterprise Now 2. Consult the Health Plan for Complain Follow-Up (Submitting a Complaint via KB) 	<p>A complaint must be submitted when a deposit has not been applied:</p> <ul style="list-style-type: none"> • Issue Category: Quality of Service • Issue Subcategory: Program /Plan Issues • Full Description of Issue / Expected Outcome: 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
<p>Transaction History or Deposit Date General Review (no concern)</p>	<p>Consult the Health Plan</p>	<p>Request a Transaction Review</p>
<p>Lost or Stolen UCard</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 _____
Contact Type
 Patient
 Community
 Facility (If applicable)
 Landmark

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

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



The screenshot shows the 'Phone Call' tab of a note. At the top, there are three tabs: 'Note Info' (highlighted in green), 'Progress Note' (grey), and 'Phone Call' (black). Below the tabs, the section title 'Phone Call' is displayed. Under 'Health Plan', it lists 'Baylor Scott & White Health Plan' with contact information: HealthPlan: (844) 279-3627, Outreach: (877) 260-9992; (254) 218-4989, and IDT Number: (833) 874-2581. To the right, 'Time Zone' is listed as 'Central Standard Time (12/30/2024 10:00:21 AM)'.

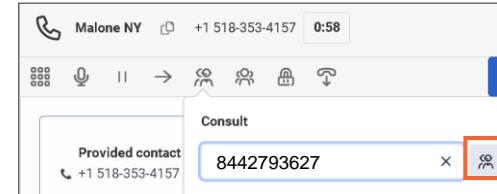
You may find a caller's health plan information under the "Phone Call" tab of your Ubiquity note.

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

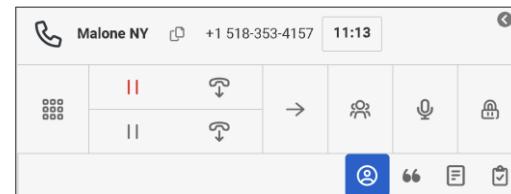


The screenshot shows a Genesys dial pad interface. The top bar displays 'Malone NY', phone number '+1 518-353-4157', and time '0:58'. The dial pad has standard touch-tone keys. A blue box highlights the 'Consult' button, which is labeled 'Consult' and has a telephone icon. Below the dial pad, a message says 'Provided contact +1 518-353-4157' and shows the number '8442793627' in a red-bordered box.

- 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



The screenshot shows the Genesys dial pad after the transfer. The top bar now shows '11:13'. The dial pad has two rows of buttons. The first row includes a red double-hold key, a red down arrow key, a red right arrow key, and a red end call key. The second row includes a red double-hold key, a red down arrow key, a red right arrow key, and a red end call key. The bottom right corner of the dial pad has several small icons: a person, a speech bubble, a document, and a clipboard.

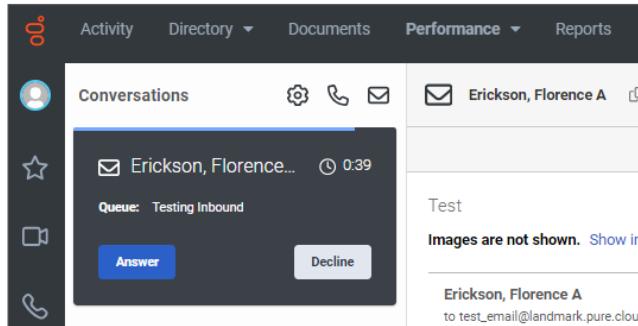
- Use the dial pad to navigate any touch-tone response menus after the health plan is called.
- Specify that you would like to speak to a representative.
- Introduce yourself and the organization to the representative.
- Inform the representative that you have a patient / caller awaiting transfer.
-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

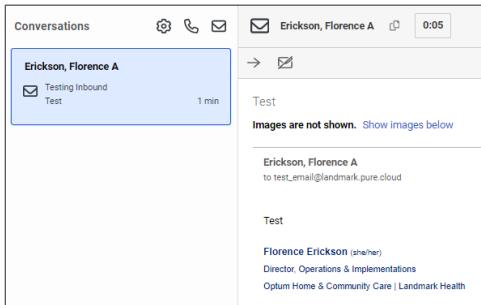
Example: Answering Service Messages

The screenshot shows an email message from 'Erickson, Florence A' with the subject 'Testing Inbound Test'. The message was sent 1 minute ago. The body of the email contains the text: 'Images are not shown. Show images below', 'Erickson, Florence A to test_email@landmark.pure.cloud', 'Florence Erickson (she/her) Director, Operations & Implementations Optum Home & Community Care | Landmark Health florence.erickson@optum.com', and a disclaimer about email confidentiality. At the bottom, there are 'Reply' and 'Forward' buttons.

Answering Service Message Workflow

1

Review Message & Patient Details



The screenshot shows the Genesys interface with a message from 'Erickson, Florence A'. The message content is 'Testing Inbound Test'. The interface includes standard communication icons (phone, email) and a timestamp of '1 min'.

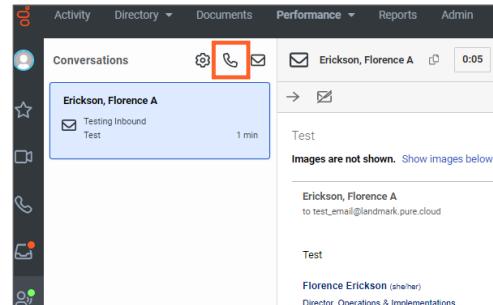
Set your Genesys status to **Answering Service**:

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 Genesys interface with the same message from 'Erickson, Florence A'. The phone icon in the header is highlighted with a red box. The message content is 'Testing Inbound Test'.

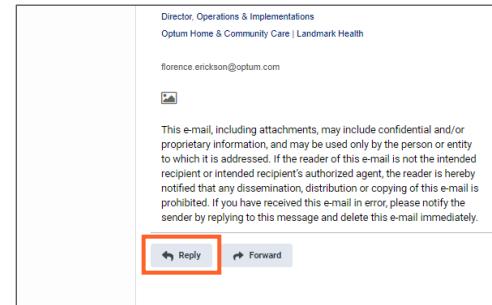
Refer to the **Answering Service Message & Callback Workflows** table in this section to determine the workflow that best matches the caller's request.

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. The 'Reply' button at the bottom is 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 – (your first and last name)
Return Call to Metro Staff	Administrative – Complete – (your first and last name)
Non-Urgent Clinical	Administrative – Sent to Triage – (your first and last name)
Prescription Refill	Administrative – Sent to APC – (your first and last name)

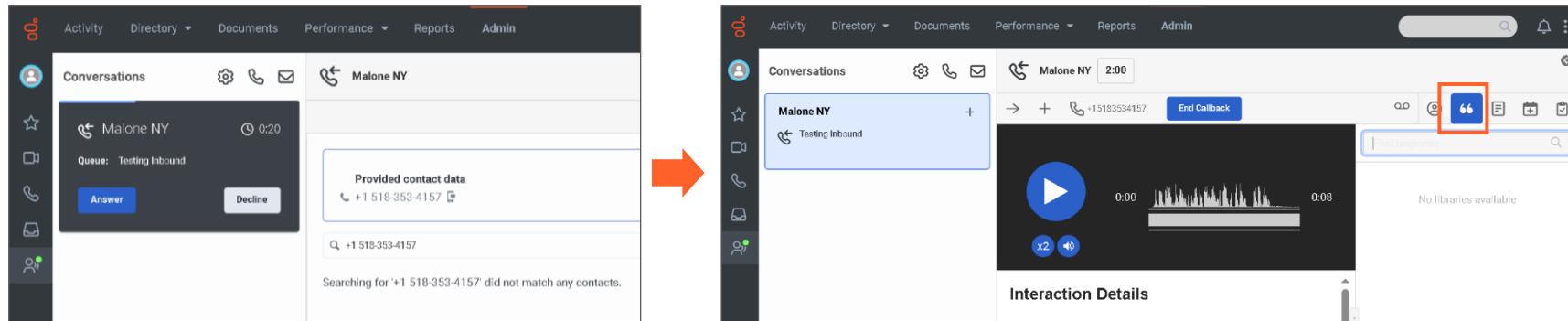
Example: Answering Service Message Reply

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 right, there are icons for trash, edit, and send, along with the text "Draft saved" and a blue "Send" button.

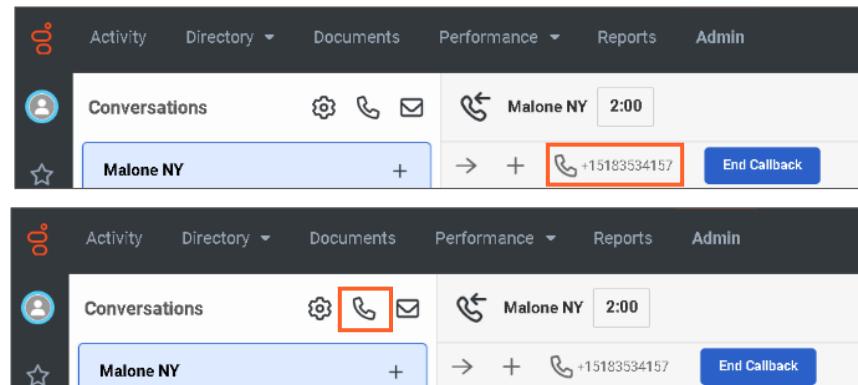
Callback Requests

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.

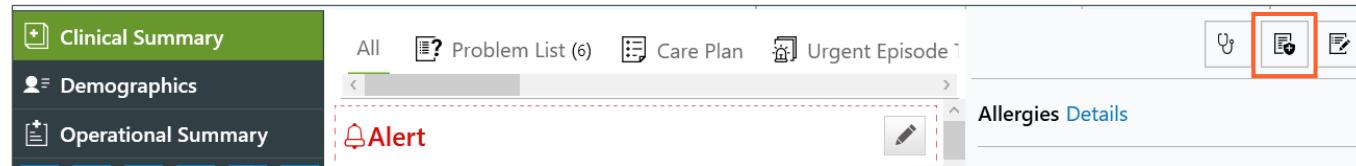


- If the caller requests to be called on the same number used to contact us, click the phone number displayed above the call recording to initiate a callback.
- However, if the caller requests a callback to an alternate phone number, proceed to make a new outbound call by selecting the ‘Phone’ icon from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



HPSI Tab Market & Coverage Information

The HPSI tab may be used to view metro, provider coverage, Transition Program information, and other data to supplement workflows. It can be accessed by clicking the **Health Plan Specific Information** button in the **Clinical Summary** of the chart.



Example – Metro Information

The screenshot shows two panels. On the left, under 'Health Plan Specific Information Notes', there is a note for 'Home Address Note (60120)' with 'State: Illinois' and 'Humanity: Chicago'. Below this, in red text, are 'UE COVERAGE Chicago' and 'Urgentivist Chicago'. An orange arrow points from this panel to a calendar on the right. The calendar is titled 'ShiftPlanning' and shows the month of December 2024. The date 13 is highlighted in blue. At the bottom of the calendar, there is a dropdown menu with the following options:

- IL - Chicago ▾
- #1 Daytime Clin..
- #1 Daytime Clin..
- #1 Provider

Metro Identification

As our geographical coverage continues to change, Metros may be listed under alternate names between applications. Please see the heading of the patient's chart, HPSI tab, and Metro's Summary for accurate metro identification.

UE Coverage

At this time, UE Coverage information does not apply to LM1 PCC workflows.

Example – Large Metro Specifications

Some markets, like Greater Michigan, are divided into smaller zones. Because of this, the HPSI tab will specify zone coverage.

- Use this information to locate provider coverage in Humanity.

 Health Plan Specific Information Notes □ X

Home Address Note (48650)
Humanity: Greater Michigan

Provider On Call: #1 Provider Saginaw

UE Coverage: UE RN Saginaw

tcp | Humanity 3       Legacy

ShiftPlanning Day Week Month < Today >

Dec 2024 < >

Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	1	2	3	4
5	6	7	8	9	10	11

12/13/2024 - 12/13/2024 12/13/2024 - Friday

#1 Provider Saginaw
5:00pm - 9:00pm MI - Greater Michigan



MI - Greater Mic. ▲
 #1 Daytime Clin..
 #1 Provider - Gr..
 #1 Provider - La..
 #1 Provider - La..
 #1 Provider Flin..
 #1 Provider Kala..
 #1 Provider Nort..
 #1 Provider Sagi..



Example – Large Metro Specifications

Some markets, like Greater Michigan, are divided into smaller zones. Because of this, the HPSI tab will specify zone coverage.

- Use this information to locate provider coverage in Humanity.

 Health Plan Specific Information Notes □ X

Home Address Note (48650)
Humanity: Greater Michigan

Provider On Call: #1 Provider Saginaw

UE Coverage: UE RN Saginaw

tcp | Humanity 3       Legacy

ShiftPlanning Day Week Month < Today >

Dec 2024 < >

Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	1	2	3	4
5	6	7	8	9	10	11

12/13/2024 - 12/13/2024 12/13/2024 - Friday

#1 Provider Saginaw
5:00pm - 9:00pm MI - Greater Michigan



MI - Greater Mic. ▲
 #1 Daytime Clin..
 #1 Provider - Gr..
 #1 Provider - La..
 #1 Provider - La..
 #1 Provider Flin..
 #1 Provider Kala..
 #1 Provider Nort..
 #1 Provider Sagi..



Local Metro or External Call Transfers

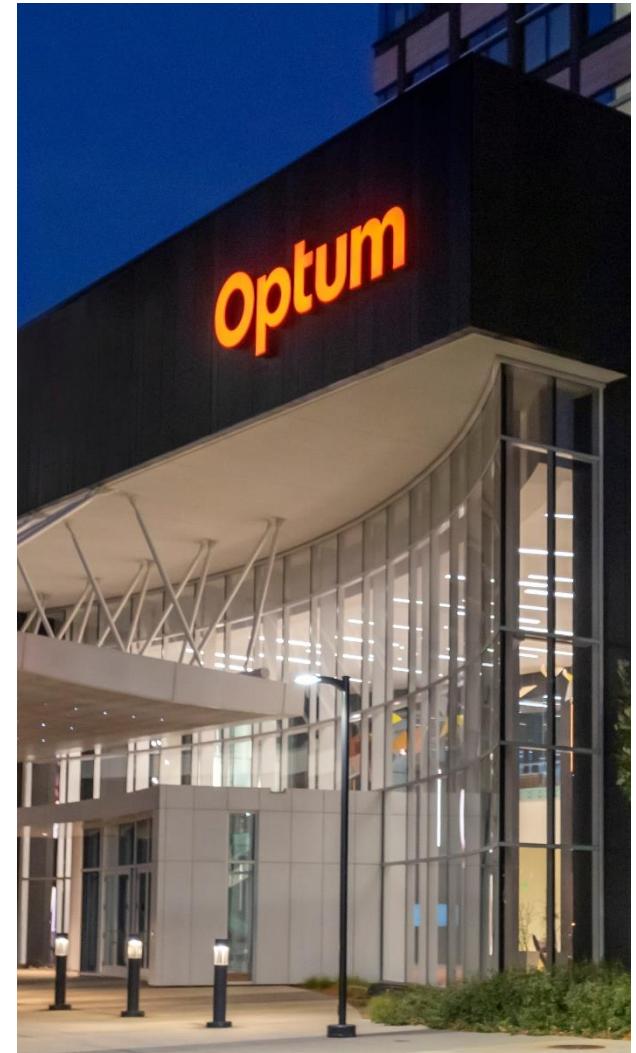
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- [Care Team + Market Emails](#)
- [Central Outreach Team Consult Transfer Guidelines](#)
- [Return Calls to Metro Office Staff](#)
- [Other Call Types](#)
- [Alert Care Patients](#)

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 ABC DEF
4 5 6 MNO GHI JKL
7 8 9 WXYZ PQRS TUV
* 0 #

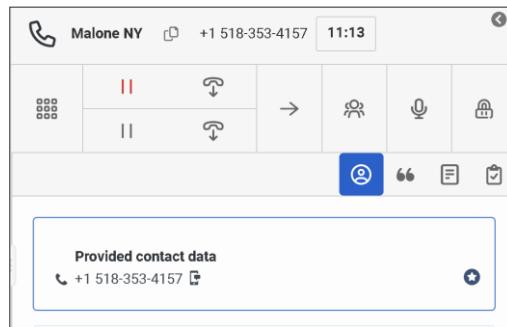
any contacts.

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.

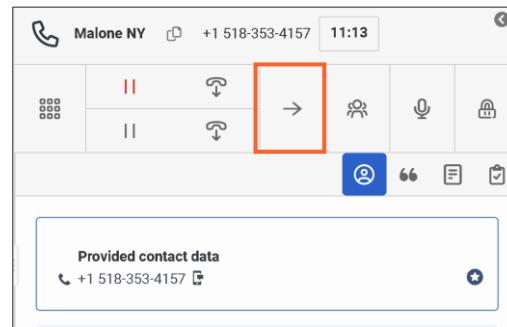
Refer to the [Company Resources & Employee Reference Job Aid](#) for transfer guidelines to provide:

- 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



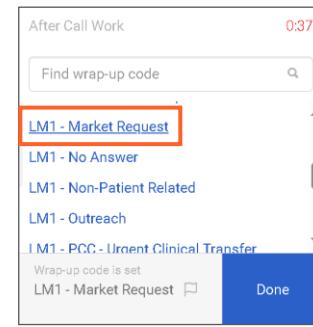
Briefly summarize the caller's question, concern, or reason for transfer.

- 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	

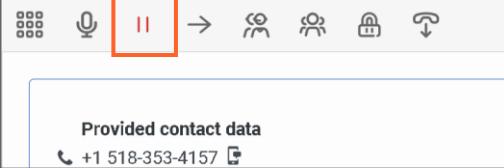
Hartford		Back to Metros List
Time Zone: East (EST)	Office Phone: (833) 749-2009	Emails:
State: Connecticut (CT)	Office Fax: (833) 983-2041	Triage Callback: hartfordtriage@landmark.pure.cloud
Region: New England	Outreach: (877) 240-3112	LM1 APC Escalation: APPhartfordEscalation@landmark.pure.cloud
Office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

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.

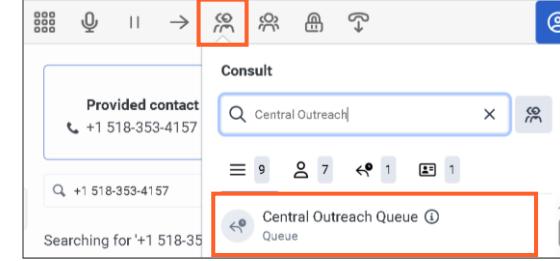
- The hold button will light up in red when active.

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'

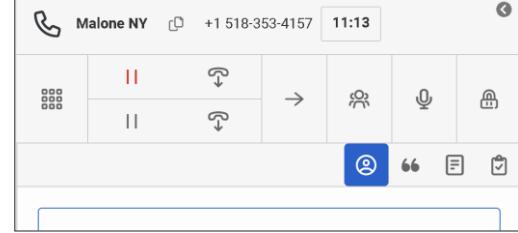
Central Outreach Queue

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

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](#).

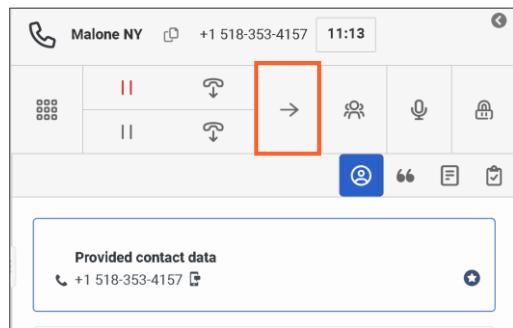
- The caller's name.
- The caller's relationship to the patient, company, or agency.
- Caller's authorization status.
- Did the caller complete patient HIPAA verification?

The patient will remain on hold during this time.

*This workflow is continued on the next page.

4

Complete the Call Transfer



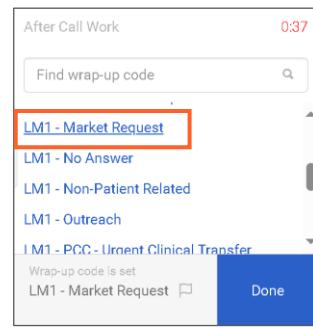
Briefly summarize the caller's question, concern, or reason for transfer.

- 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 <i>(within the scope of Landmark First)</i>	Resolved by the LM1 PCC	
Administrative <i>(Outside the scope of Landmark First)</i>	Transfer the caller to a metro Care Coordinator between the hours of 8:00 AM and 8:00 PM .	Send an email to the Metro Call Center mailbox found in the Metros Summary .
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">1. Note Ubiquity2. Notify the original caller in Teams3. Send an email to the Care Team and Market

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:

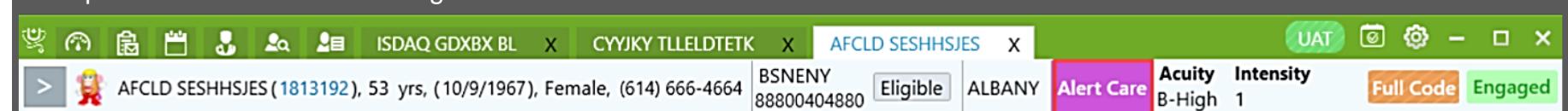
- Phone: (844) 772-2161

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

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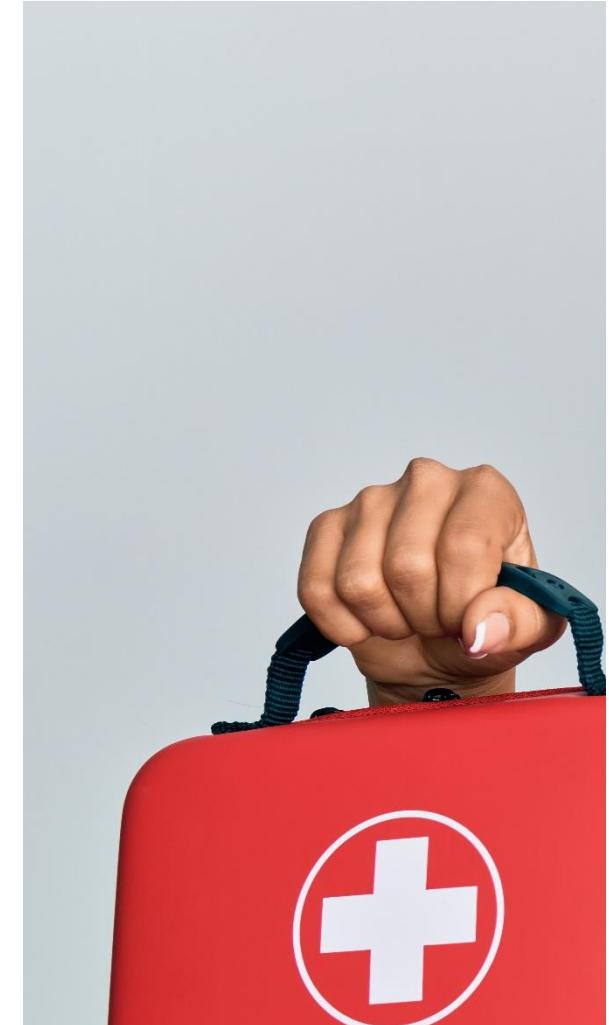
- [General Non-Urgent Clinical Request Types](#)
- [Unauthorized Callers Expressing Non-Urgent Clinical Concerns for a Patient](#)
- [Non-Urgent Clinical Consult Transfer Workflow](#)
- [Email Request for LM1 Triage RN Callback](#)
- [Medication / Prescription Refills or Pharmacy Call Workflow](#)
- [HouseCalls Request for Clinician](#)
- [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

The following list **DOES NOT** encompass every single Non-Urgent Clinical request that LM1 PCCs should expect to receive. Use this reference as a general cheat sheet to supplement active listening and on-the-job experience:

General Non-Urgent Clinical Terms or Questions

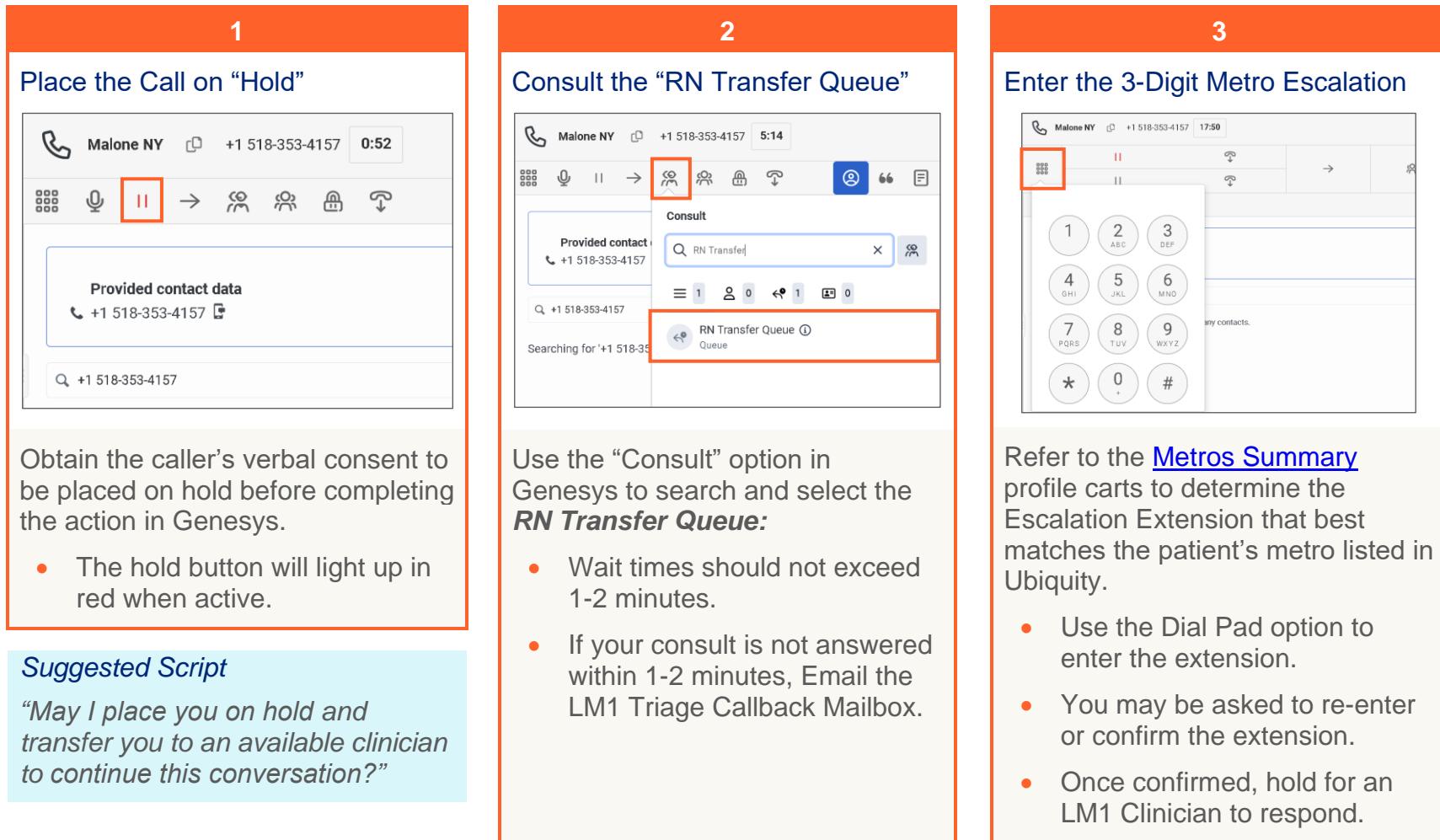
LM1 PCCs are to follow the ***Non-Urgent Clinical Consult Transfer Workflow*** when ***Eligible*** patients experience any illness, injury, soreness, symptom, or decline in health not listed as a **Red Buzzword** or **Yellow Buzzword**. The following terms or questions are also considered non-urgent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

- ✓ Any reference to ***Hospice***.
- ✓ 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.

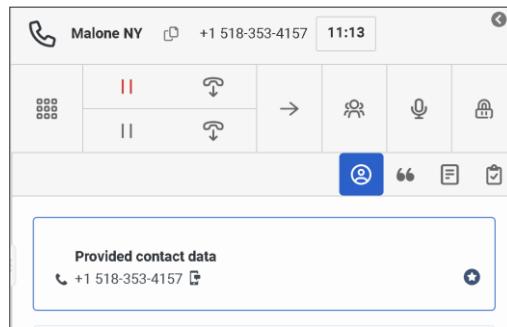
Non-Urgent Clinical Consult Transfer Workflow



*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.

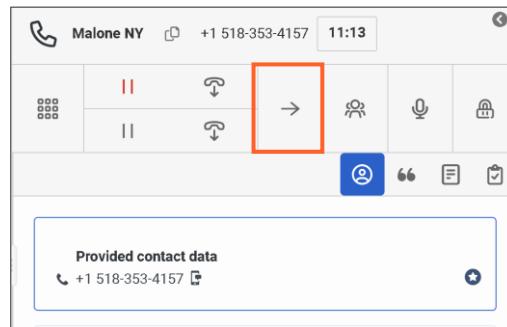
Refer to the [Company Resources & Employee Reference Job Aid](#) for details to provide the following:

- 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



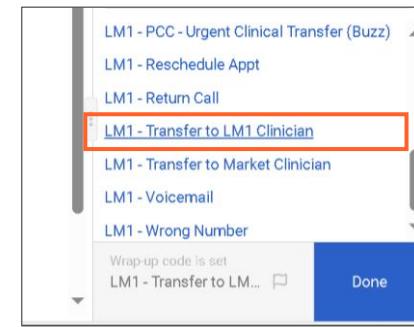
Briefly summarize the caller's question, concern, or reason for transfer.

- 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 Triage RN Callback

An email should be sent to a metro-specific LM1 Triage RN Mailbox if:

- ✓ The patient or caregiver has a clinical question / concern.
- ✓ An LM1 Clinician does not answer your consult transfer to the **RN 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.

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

From paul.nichols@optum.com

To hartfordtriage@landmark.pure.cloud

Cc

Subject John Kent (0000000) Hartford

Patient's Name: J. Kent
Callback Number: (620) 314-2214

Your email will be sent from Outlook to Genesys where an LM1 Triage RN 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.

Medication / Prescription Refills or Pharmacy Call Workflow

An email should be sent 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.

Suggested Script

"To resolve this, I am going to submit a request to our clinical department. They should call you with an update within the next three hours."

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

From paul.nichols@optum.com

To

Send

Cc

Subject Terry M. Valentine (0000000) Chicago

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

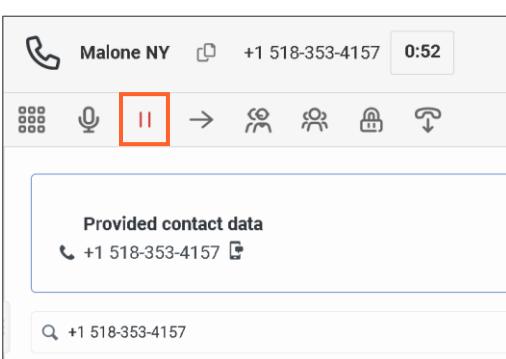
Your email will be sent from Outlook to Genesys where an LM1 APC will review your message and the chart to complete the callback.

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

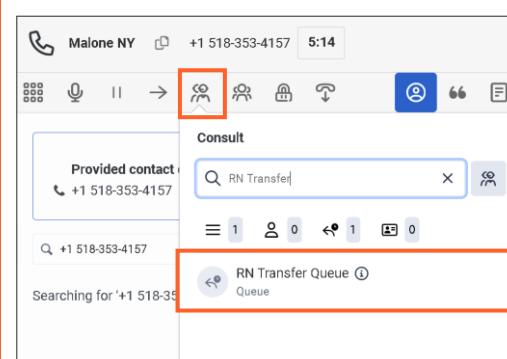
- Use the standard subject line.
 - Patient's name, ID, and Metro.
- The patient's first initial and last name.
- A phone number to be used for callback.

HouseCalls Request for Clinician

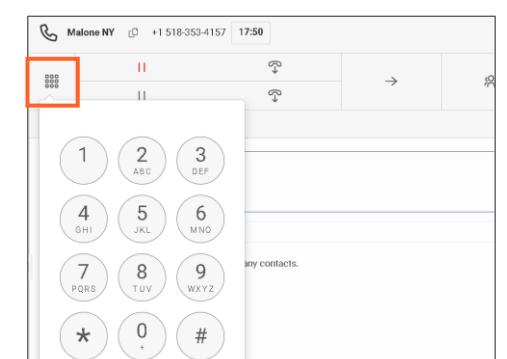
If a representative of HouseCalls requests to speak to a clinician, follow the non-urgent call flow:

- 1**
Place the Call on "Hold"


Malone NY +1 518-353-4157 0:52
Provided contact data +1 518-353-4157
+1 518-353-4157

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.
- 2**
Consult the "RN Transfer Queue"


Malone NY +1 518-353-4157 5:14
Provided contact +1 518-353-4157
Q +1 518-353-4157
Searching for '+1 518-353-4157' Queue

Use the "Consult" option in Genesys to search and select the **RN Transfer Queue**:
 - Wait times should not exceed 1-2 minutes.
 - If your consult is not answered within 1-2 minutes, Email the LM1 Triage Callback Mailbox.
- 3**
Enter the 3-Digit Metro Escalation


Malone NY +1 518-353-4157 17:50
1 2 ABC 3 DEF
4 GHI 5 JKL 6 MNO
7 PQRS 8 TUV 9 WXYZ
* 0 + #

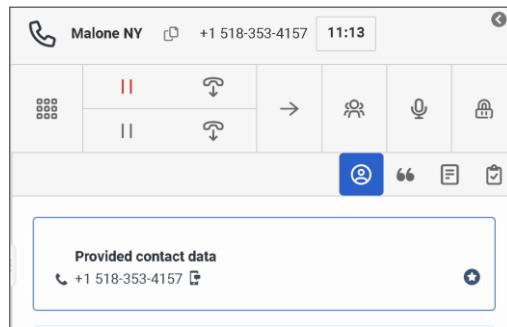
any contacts.

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 Clinician and follow call transfer guidelines.

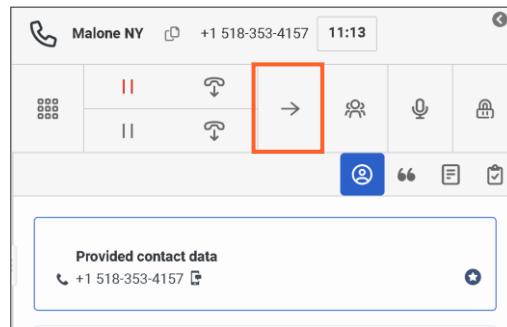
Refer to the [Company Resources & Employee Reference Job Aid](#) for details to provide the following:

- 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



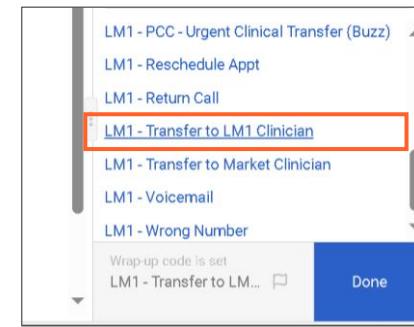
Briefly summarize the caller's question, concern, or reason for transfer.

- 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.

Return Call to LM1 Clinician Workflow

When a caller responds to a voicemail left by, or any previous contact with, a LM1 Triage RN or LM1 APC:

- 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.

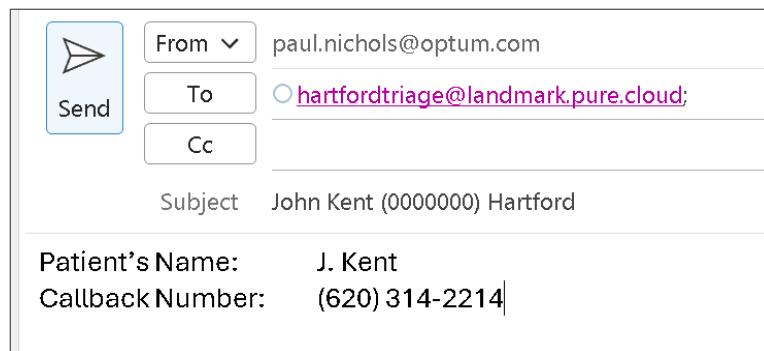
LM1 PCCs are expected to identify and resolve the caller's request or concern by completing the following:

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>	During Business Hours – LM1 PCCs will transfer the caller to the CC Transfer Queue	After Hours – 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 RN Transfer Queue	Unsuccessful Transfer – LM1 PCCs will send a callback request email to the LM1 Triage RN callback mailbox.
Prescription Refill	LM1 PCCs will attempt a consult transfer to the APC Transfer Queue	Unsuccessful Transfer – LM1 PCCs will send a callback request email to the LM1 APC Escalation 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 Triage RN Callback workflow](#).

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



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

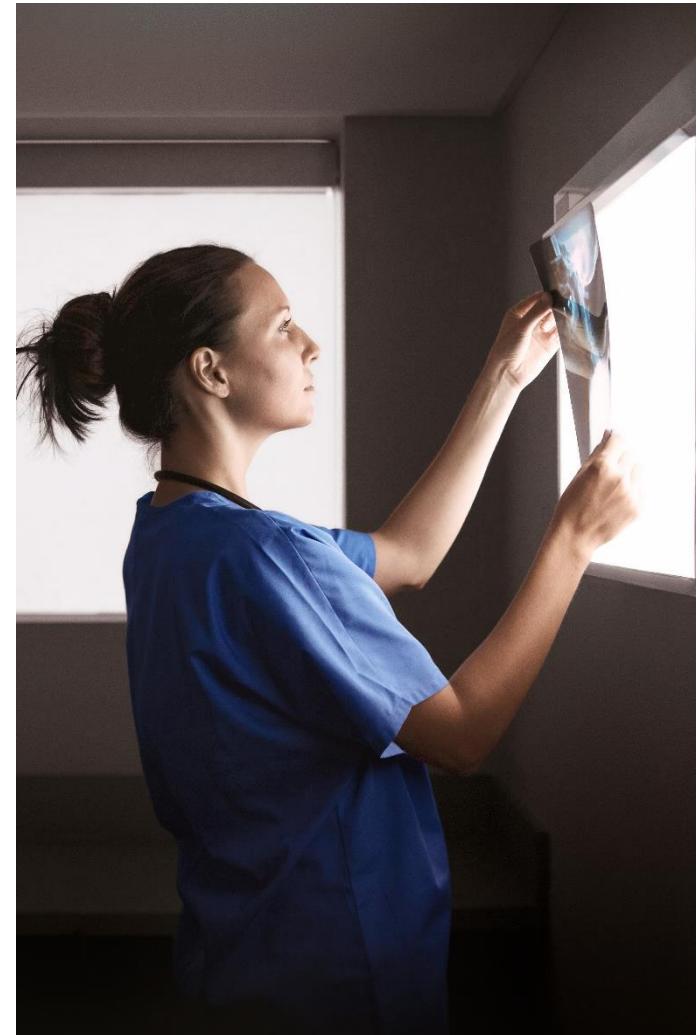
Because Outlook considers this email to be external, include only the following:

- 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

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- [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 - LM1 Triage RN Consult Transfer](#)
 - [Transfer Attempt #2 - LM1 APC Consult Transfer](#)
 - [Transfer Attempt #3 - On-Call Provider Consult Transfer](#)
- [Patient Refuses EMS Workflow](#)
- [Metro Provider Request for EMS Workflow](#)



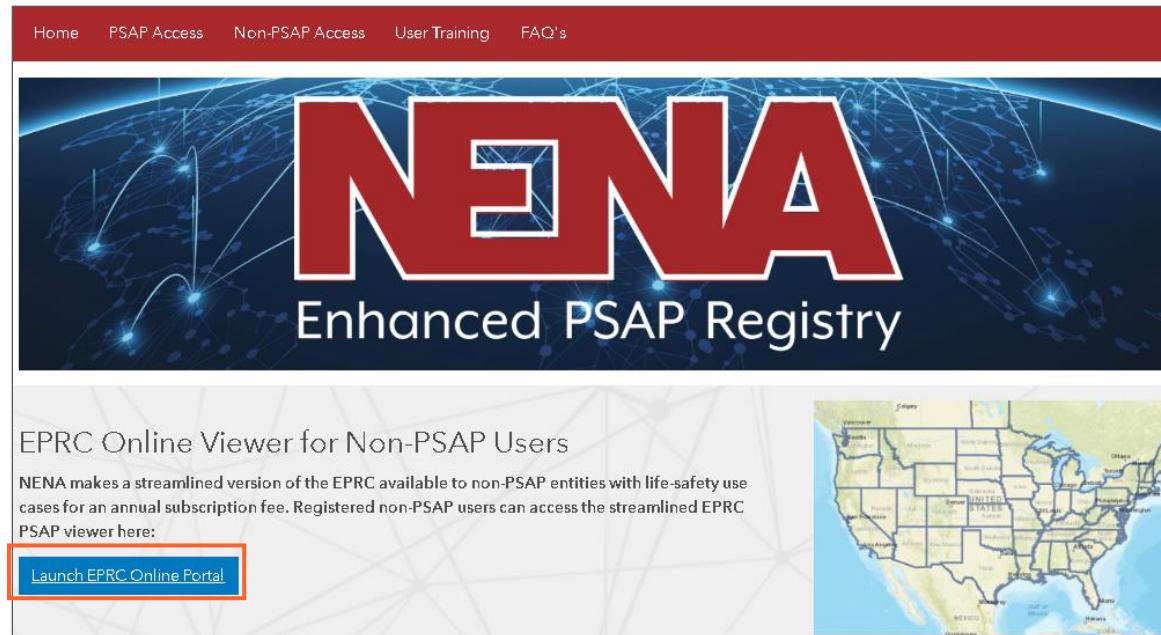
NENA 911 Database Software Tutorial

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

esri

ArcGIS login

Username

Password

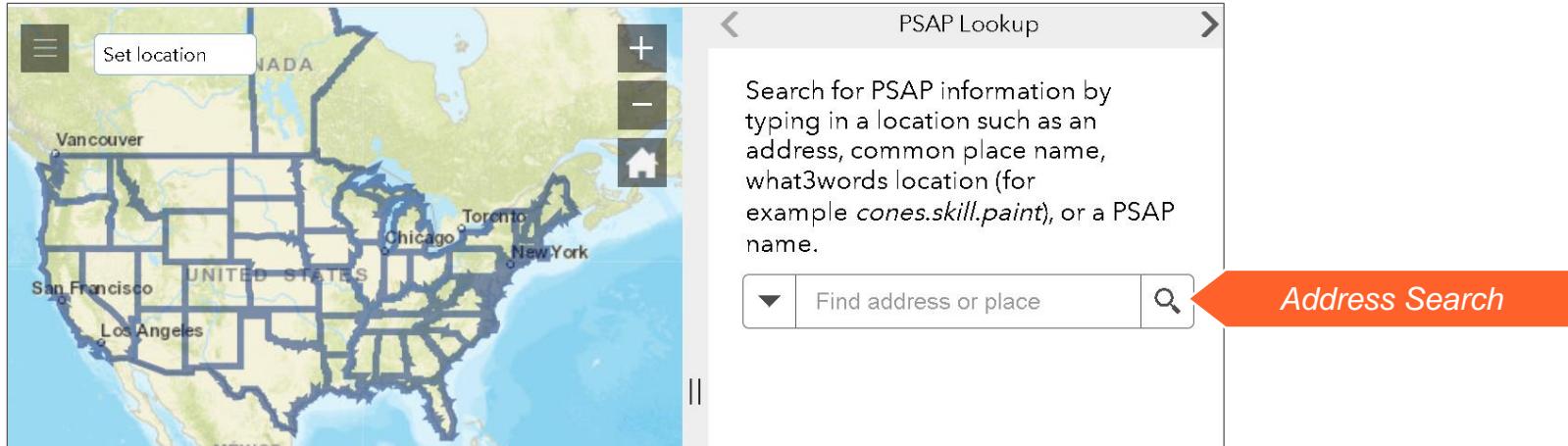
Keep me signed in

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

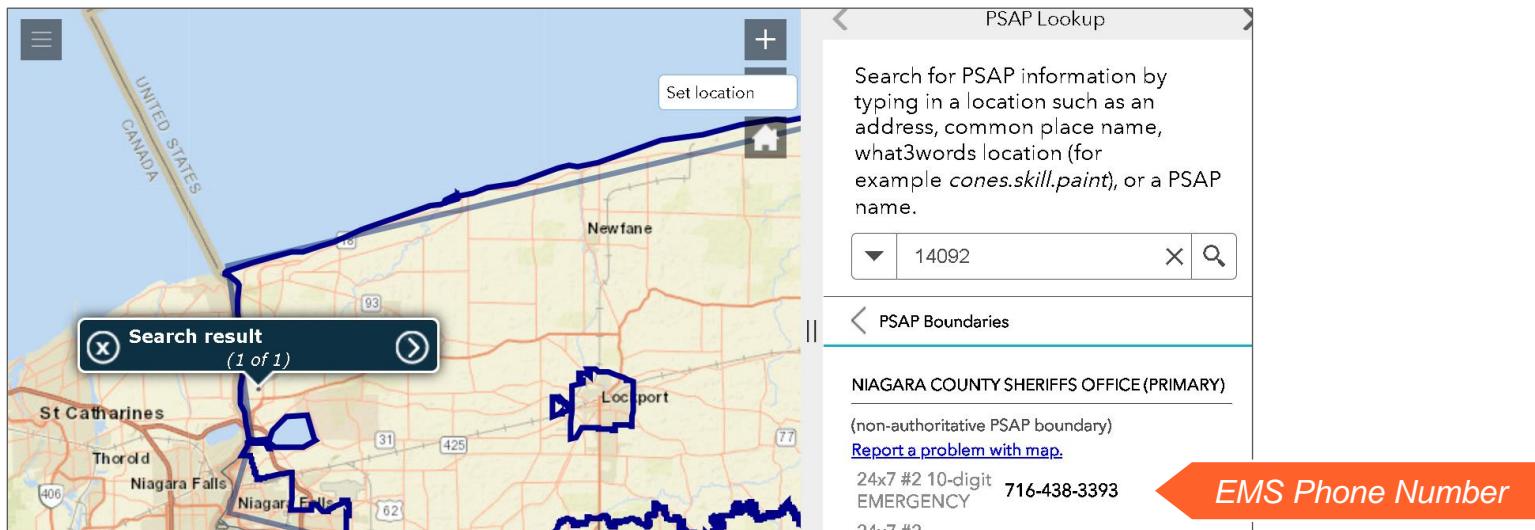
No account? [Create a NENA EPRC account.](#)

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

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

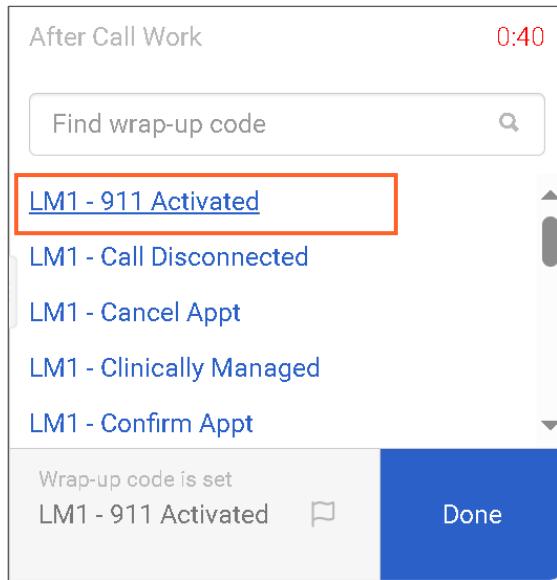
Buffalo NY +1 716 438-3393

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.

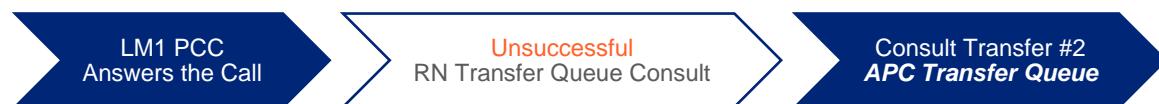
Yellow Buzzword Call Transfer Overview

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

Consult Transfer Attempt #1



Consult Transfer Attempt #2



Consult Transfer Attempt #3



Emergency Room (ER) Recommendation



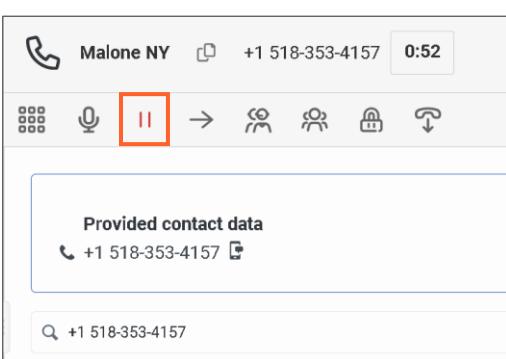
Call Disconnection

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

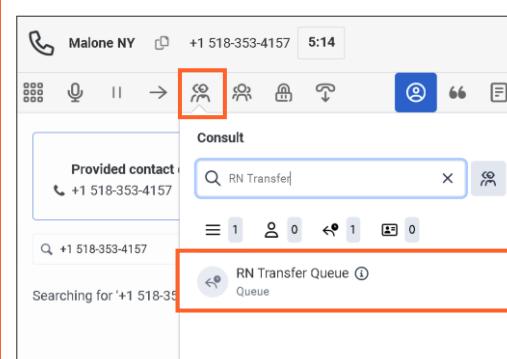
- LM1 PCCs will use the NENA 911 database to locate the **24x7 Emergency Number** listed.
- Remain on the phone until EMS arrives at the patient's location.

Transfer Attempt #1 - LM1 Triage RN Consult Transfer

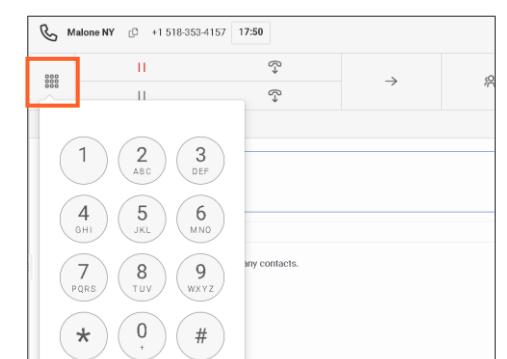
LM1 PCCs will respond to the use of a Buzzword first by attempting a consult transfer to the “**RN Transfer Queue**” in Genesys.

- 1**
Place the Call on “Hold”


Malone NY +1 518-353-4157 0:52
Provided contact data +1 518-353-4157
+1 518-353-4157

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.
- 2**
Consult the “RN Transfer Queue”


Malone NY +1 518-353-4157 5:14
Provided contact +1 518-353-4157
Q +1 518-353-4157
Searching for '+1 518-353-4157' Queue
RN Transfer Queue

Use the “Consult” option in Genesys to search and select the **RN Transfer Queue**:
 - Wait times should not exceed 1-2 minutes.
 - If no answer, attempt a consult transfer to the **APC Transfer Queue** after checking on the patient.
- 3**
Enter the 3-Digit Metro Escalation


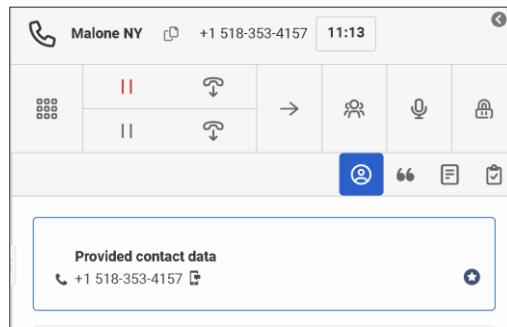
Malone NY +1 518-353-4157 17:50
any contacts.
1 2 ABC 3 DEF
4 GHI 5 JKL 6 MNO
7 PQRS 8 TUV 9 WXYZ
* 0 + #

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 Clinician and follow call transfer guidelines.

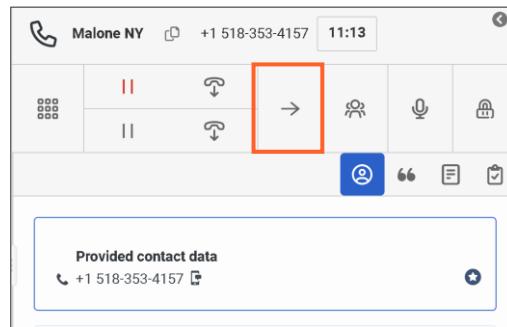
Refer to the [Company Resources & Employee Reference Job Aid](#) for details to provide the following:

- 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



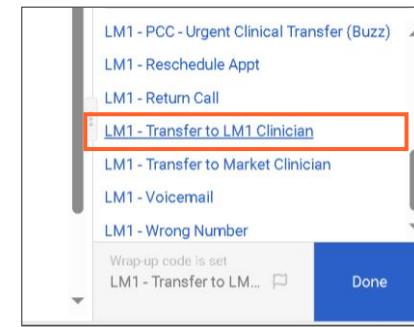
Briefly summarize the caller's question, concern, or reason for transfer.

- 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.

Transfer Attempt #2 - LM1 APC Consult Transfer

If a Buzzword is used during a call, but no LM1 Triage RNs respond to the first transfer attempt, LM1 PCCs will attempt a consult transfer to the “**APC Transfer Queue**” in Genesys.

1 Place the Call on “Hold”

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

Provided contact data +1 518-353-4157

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”

Malone NY +1 518-353-4157 0:28

Consult

Provided contact +1 518-353-4157

Searching for '+1 518-353-4157' 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

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

Any contacts.

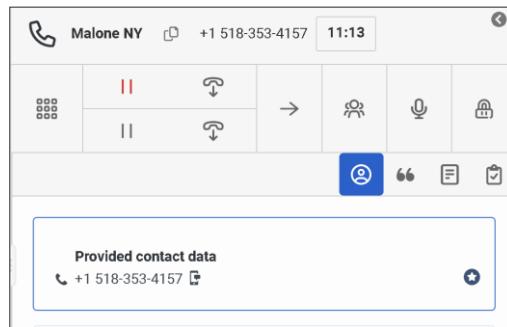
Refer to the [Metros Summary](#) profile carts to determine the Escalation Extension that best matches the patient's metro listed in Ubiquity.

- 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.

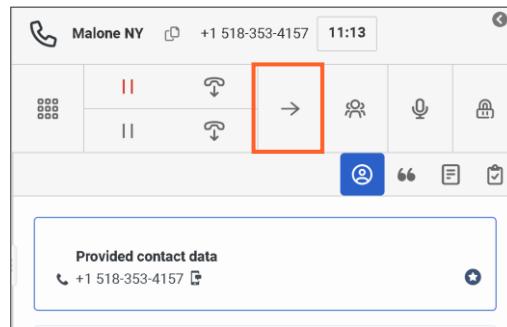
Refer to the [Company Resources & Employee Reference Job Aid](#) for details to provide the following:

- 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



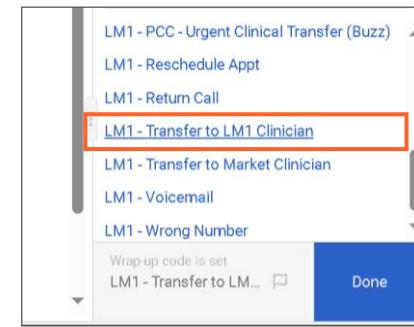
Briefly summarize the caller's question, concern, or reason for transfer.

- 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 #3 - On-Call Provider Consult Transfer

If there are no LM1 Triage RNs or LM1 APCs available to respond to a Buzzword, attempt a consult transfer to the On-Call Provider listed in the [Humanity](#) web application:

- On-Call Provider coverage schedules can be found under the “**Shift / Planning (Legacy)**” tab.
 - Schedule range should be set to the “Day” view.
 - Ensure the selected date on the calendar is current.
 - Select the drop-down arrow beside a Metro’s name to open the provider coverage list by type.
 - Schedules may be viewed by position, by staff, or as a list using the buttons to the upper-right of the window.

The screenshot shows the ShiftPlanning Legacy interface. At the top, there's a navigation bar with links for Dashboard, ShiftPlanning, Leave, Training, Staff, Availability, Reports, and ShiftPlanning (which is highlighted). Below the navigation bar is a header with "ShiftPlanning", "Schedule Range" (with Day, Week, Month buttons), "Acknowledge shifts", and "Schedule View Options". The main area features a calendar for December 2024. A red arrow labeled "Date Selection" points to the date "31" in the calendar. Another red arrow labeled "Metro Selection" points to a dropdown menu on the left containing options: "AL - Alabama", "AR - Arkansas", and "AZ - Phoenix".

On-Call Provider Selection

With a metro's coverage listings expanded, LM1 PCCs may select the #1 Daytime, #1 Provider, or #2 Backup Physician on-call staff to view their shifts.

- Check the patient's on-call coverage information in the HPSI tab to determine POD / Zone coverage specifications.
 - Typically, #1 Daytime Clinicians provide coverage for the entire metro while on shift.
 - Provider's offering coverage after business hours may focus their coverage to smaller PODs or Zones depending on the size of the market.
- Contact the On-Call Provider who is on shift at the current time.

LM1 PCCs should **NEVER** consult UE / UV contacts listed in Humanity.

Example: If an On-Call Provider is needed to accept a call transfer at 6:30 PM (your time), consult the HPSI tab to obtain specific POD and Zone information before matching it to current coverage in Humanity.

The screenshot shows two windows side-by-side. On the left is the 'Health Plan Specific Information Notes' window, which displays the following information:

- State:** Alabama
- Humanity:** Alabama
- NO UE COVERAGE**
- OnCall Provider:** Montgomery/Huntsville/Dothan

An orange arrow points from the 'OnCall Provider' text in the HPSI window to the 'ShiftPlanning' window on the right. The 'ShiftPlanning' window shows the following details:

- ShiftPlanning** tab is selected.
- Date:** Dec 2024
- Day View:** Tuesday, December 31, 2024
- Schedule Search:** 12/31/2024 - 12/31/2024
- Shifts:**
 - #2 Physician - Alabama (9:00am - 10:00pm)
 - #1 Daytime Physician (9:00am - 6:00pm)
 - #1 Provider - Montgomery/Huntsville/Dothan (6:00pm - 10:00pm)** (This shift is highlighted with a red box.)
 - #1 Provider - Birmingham (6:00pm - 10:00pm)
 - #1 Provider - Mobile (6:00pm - 10:00pm)
- Filter:** AL - Alabama
- Shift Types:** #1 Daytime Physi., #1 Provider - Bi.., #1 Provider - Mo.., #1 Provider - Mo.., #2 Physician - A.., #2 Physician - B.., Huddle Coverge

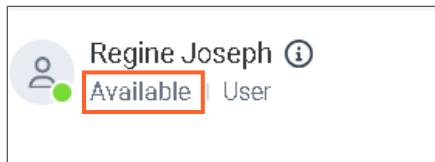
Genesys Transfer Guidelines

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.

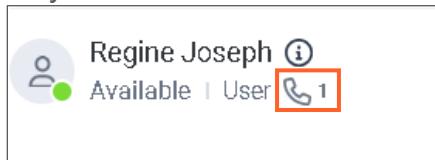
- If “**Available**”, always attempt to call the provider.
- If “**Busy**” or in a call, move to the next step in the call transfer workflow.
- If “**Away**” or “**Offline**”, attempt to contact their backup cellphone number.

Genesys Status Indications

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

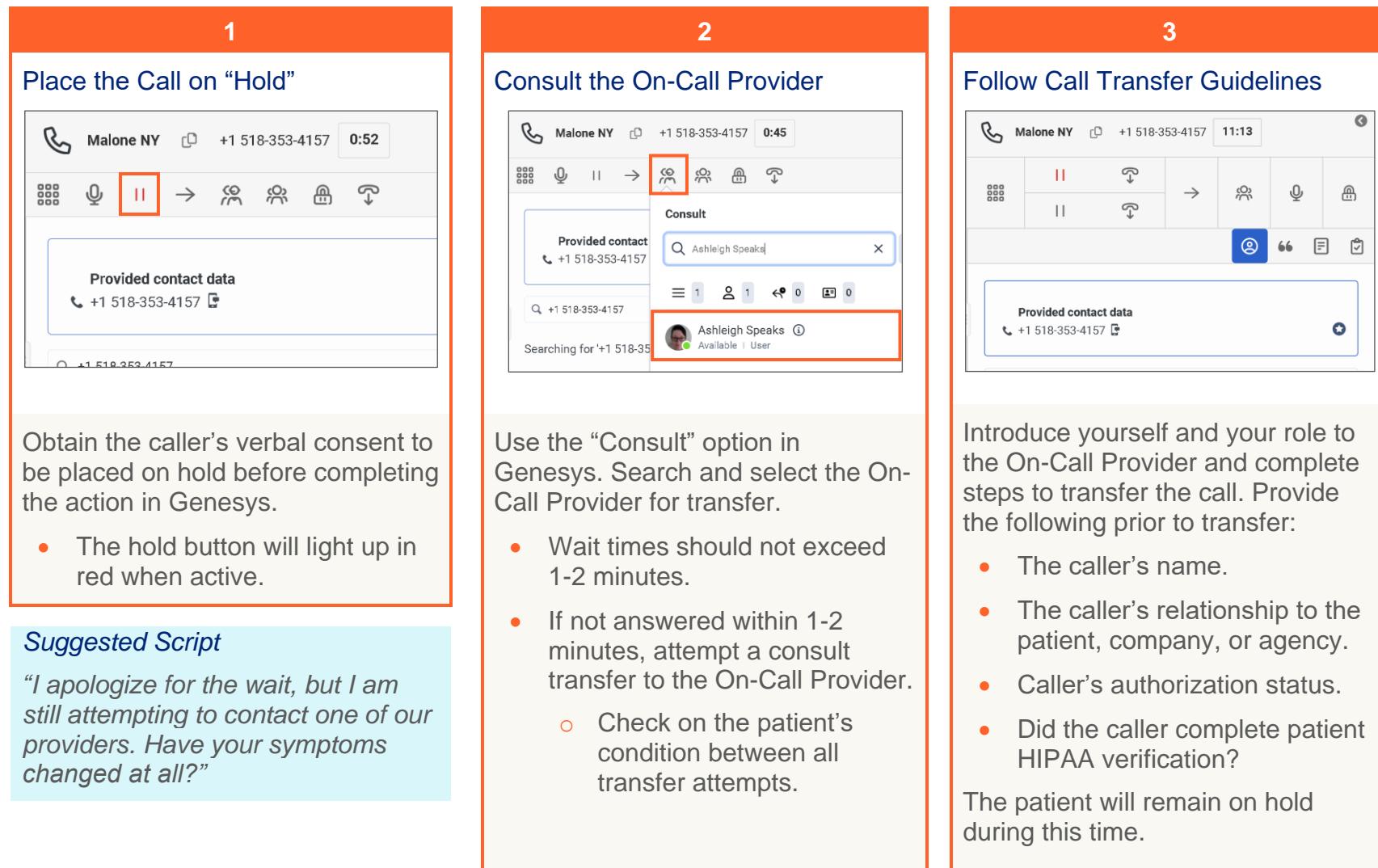


- Genesys users should not be called if “**Busy**” or “**Offline**”.
- Users may be listed as “**Available**”, but display a phone icon beside their status. This indicates that they are in a call and should **NOT** be contacted:



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 card for "+1 518-353-4157". Further down, it says "Searching for..." and shows a card for "RJ Joseph, Regine | Humanity Directory | External Contact". At the bottom, it shows another card for "Regine Joseph" with the same status as the search results. Three orange arrows point from the text "Genesys User Account" to the "Provided contact" card, the "Searching for..." card, and the bottom "Regine Joseph" card respectively. An orange arrow also points from the text "All Contacts Tab" to the search bar.

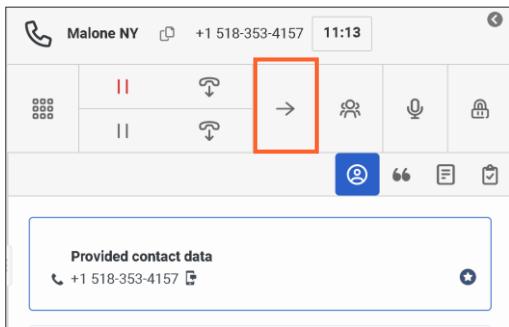
On-Call Provider Call Transfer Workflow



*This workflow is continued on the next page.

4

Complete the Call Transfer



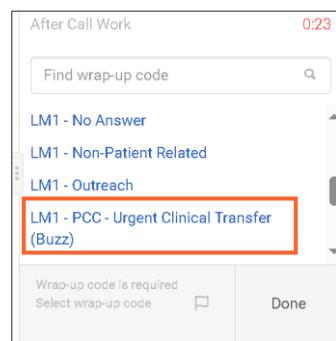
Briefly summarize the caller's question, concern, or reason for transfer.

- 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

Send a Callback Request to a LM1 Triage Mailbox

Use the [Metros Summary](#) to locate the “Triage Callback” 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.”

 Send	From <input type="button" value="▼"/> paul.nichols@optum.com
	To <input type="text" value="hartfordtriage@landmark.pure.cloud;"/>
	Cc <input type="text"/>
	Subject John Kent (0000000) Hartford
Patient's Name:	J. Kent
Callback Number:	(620) 314-2214

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 with fields for First Name, Last Name, Date of Birth (M/D/YYYY), and Health Plan ID. There are also buttons for Expanded Search, Search, and Clear.

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.

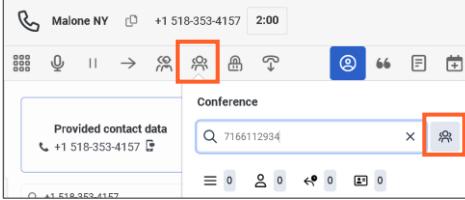
- The LM1 PCC will provide the phone number to the metro provider.
- The LM1 PCC will offer to conference call EMS dispatch.

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

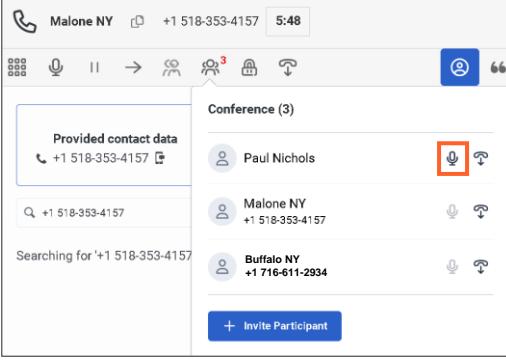
Initiate a Conference Call



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



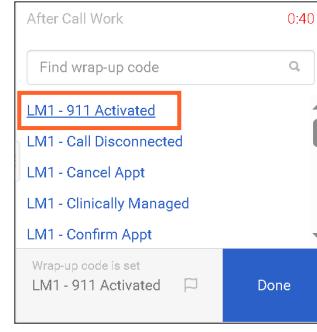
Once the conference call starts, mute yourself and allow the metro provider to communicate with the dispatcher.

- 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

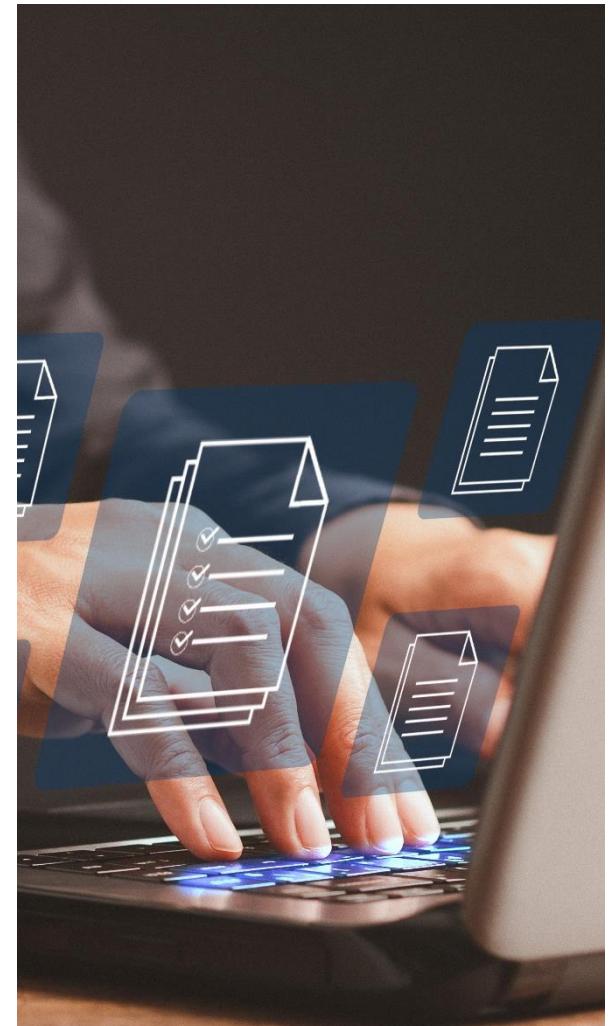
A Ubiquity Note **MUST** be documented for **EVERY** incoming or outgoing call or answering service message on behalf of patient care, general updates, and administration.

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.

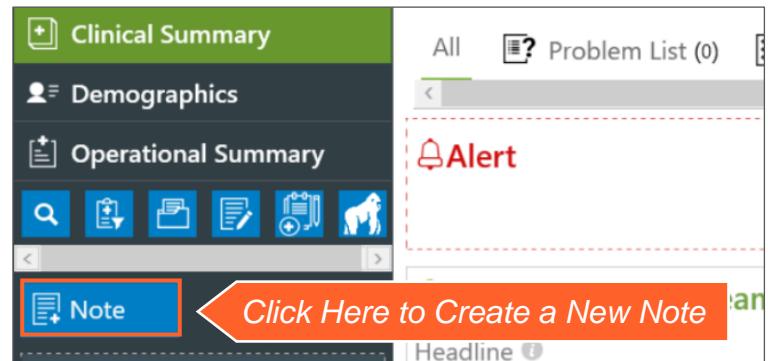
Proofreading

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

Patient Family/friend
 Community Provider - PCP or Specialist Community Provider - Other
 Facility (IP, LTC, SNF) Health plan
 Landmark Provider Landmark IDT
 Community Pharmacy Landmark Link Call

Urgent Management

Patient referred to ER Patient direct admitted to SNF/SAR
 Landmark First Only: Provider dispatched 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;"> Open Update </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>
Case Note 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;"> Finalized Documentation Update </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>
Case Note Case Note 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
LM1 Clinician Transfer	Transferred to (clinician's name), (clinician's title)
Sent Triage Callback Request Email	Caller is agreeable to a call back. Sent an email to LM1 Clinical Triage inbox for a clinician to return patient's call.
Callback – Resolved	Callback received – Called (caller's name) back at (caller's phone number), spoke with (caller) to (describe request resolution).
Callback – No Answer	Callback received – Attempted callback at (phone number), no answer, left voicemail.
Escalations / Complaints	Escalated (<i>include no details about the complaint in this section</i>)
Metro Care Coordinator (CC) Follow-Up Request	Action Required (CCs will review your "Reason for Call" section for details)
Transition or Non-Eligible Patient	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
Administrative (LM1 PCC scope)	Administrative – Complete – (your first & last name)
Administrative (metro CC follow-up required)	Administrative – Action Required – (your first & last name)
Clinical Request / Concern	Administrative – Sent to Triage – (your first & last name)
Medication Refill Request	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

The screenshot shows an Outlook email interface. The 'From' field contains 'paul.nichols@optum.com'. The 'To' field contains a link 'hartfordtriage@landmark.pure.cloud;'. The 'Cc' field is empty. The 'Subject' field contains 'John Kent (0000000) Hartford'. In the body of the email, there are two lines of text: 'Patient's Name: J. Kent' and '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

The screenshot shows an Outlook email interface. The 'From' field contains 'paul.nichols@optum.com'. The 'To' field contains a link 'Call Center Virginia;'. The 'Cc' field contains '(add care team members here)'. The 'Subject' field contains 'Denice Wheeler, 0000000, Virginia'. Below the message body, there is a block of text containing patient information and a follow-up note: '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.', and '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 for selecting the type of interpreter used and providing additional details.

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.
 - o 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.

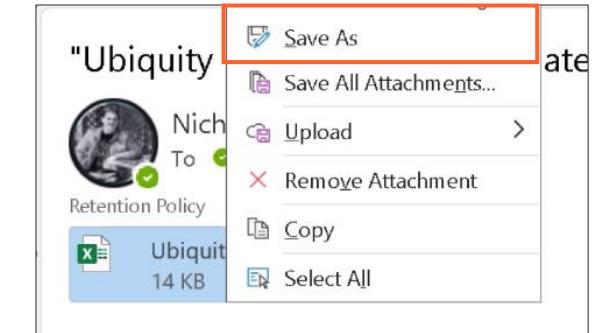
Call Flows

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, Triage RNs, 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:

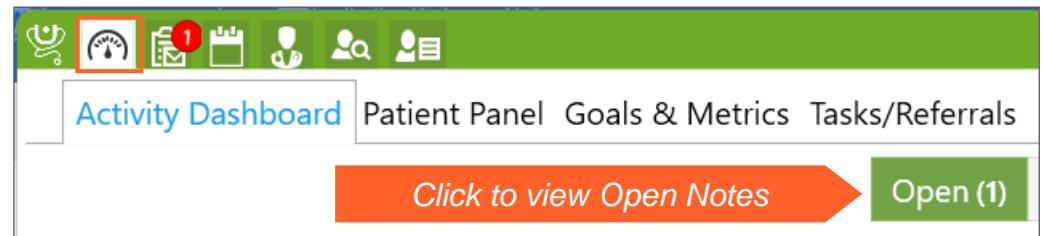
- Note closure and finalization should take place after every call as part of after-call documentation workflows. The end of day check is performed as a back-up just in case a Note was accidentally left open between interactions.

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.



Name	Patient ID	Date	Type	Status	Status Last Updated	
Alexis Trill ######	2/11/1950	Landmark First – Patient...	Open	3/4/2025		>

LM1 PCC Call Audits

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- [Call Scoring Metrics & Values](#)
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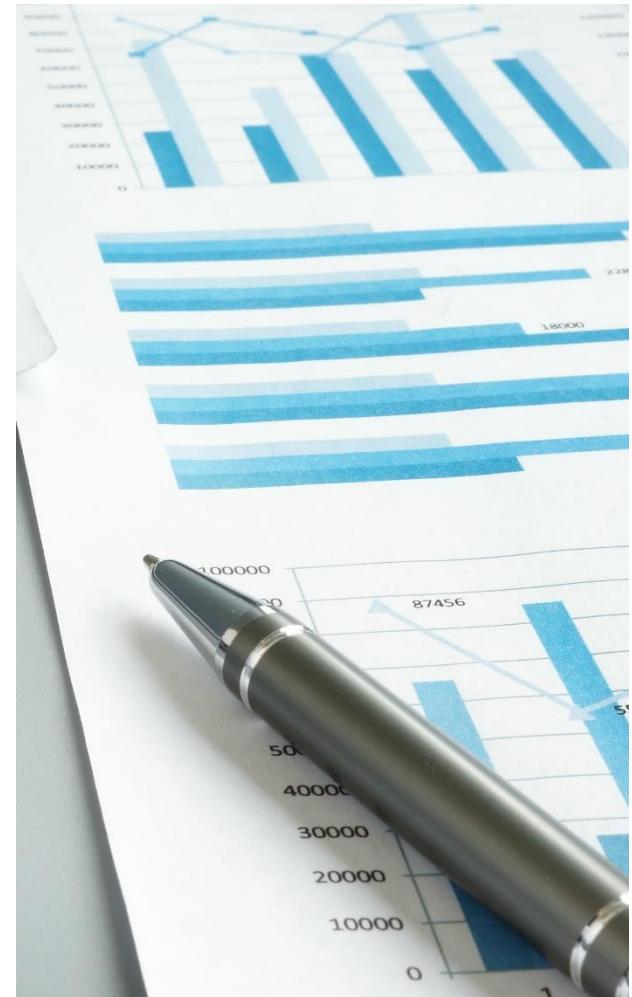
Call Audit Overview

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	Max Points	Full Credit	No Credit	Half Credit	Total Points
#1 Greeting	Must Include: "Thank you for Calling Landmark First. My name is "Name", Patient Care Coordinator"	6				6
#2 HIPAA Verification	PCC attempted to confirm three HIPAA identifiers during the call. "To help us protect the patient's protected health information...": - Please provide the patient's full name. - Thank you for that, may I have the patient's date of birth? - As a last step for verification, may I have the patient's full address including city, state, and ZIP code please?	14				14
#3 Caller Authorization	PCC verbally verified the caller's identity and relationship to the patient. (Check for caller authorization and perform authorization steps as needed)	10				10
#4 Phone Number	PCC verbally confirmed a valid callback number from the caller to use in the event of follow-up or call disconnection.	6				6
#5 Interruptions	PCC did not intentionally speak over the caller at any point during the call.	7				7
#6 Holds	PCC obtained the caller's verbal permission before placing them on hold.	7				7
#7 Transfer Introduction	PCC provided their name and role to the provider upon accepted transfer.	10				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				10
#9 Empathy Statement	PCC used at least one (1) empathy phrase during a patient or caregiver call: (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)	6				6
#10 Courtesy Statement	PCC used at least two (2) courtesy phrases on this call other than those used in the greeting? (Please; thank you; May I; I'd be happy to assist you; Thank you for calling Landmark First; Please allow me one moment to access your chart)	6				6
#11 Ubiquity Note	Did the PCC document the call appropriately using the approved documentation template defined by the #LM1PCC Hash Key?	18				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. (Including hold times)					
#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? (small talk, unnecessary chatting, keeping the patient on hold extended time, etc.)					
#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					

Total Points: **100.00**

Assessment Criteria

1. Greeting
2. HIPAA Verification
3. Caller Authorization
4. Callback Number
5. Interruptions Assessment
6. Verbal Hold Notifications & Consent
7. Transfer Introduction
8. Caller Request Summary
9. Empathy Statements Used
10. Courtesy Statements Used
11. Call Documentation

Auto-Fail Conditions

12. HIPAA Breach
13. Noise Quality
14. Negative, Degrading, or Derogatory Dialogue
15. Use of Profanity
16. Call Handoff Small Talk or Unprofessionalism
17. Failure to Follow the Call Transfer Workflows

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.
 - 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.