Administrative Workflows

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Training Tip:
LM1 PCCs can NOT schedule new appointments for patients.

Training Tip:
LM1 Clinical staff may be required to complete administrative work if there are no PCCs currently available.

Training Tip:
Calculate the LOCAL TIME of a Market prior to contacting Landmark / Optum employees in that region.

Beginning & Ending Your Shift

Logging Into Applications

There are several applications you will need to open prior to handling calls. Remain logged into these applications until the end of your shift. See below for details:

Login Checklist

Ubiquity
Requires VPN Connection

Microsoft Outlook

Humanity

Microsoft Teams

NENA (EPIC) 911 Database

Genesys Cloud

Post-Login Checklist

- ✓ Login to the IEX Webstation:
  https://wfmshared.optum.com/wfm/webstation/home
- ✓ Review any emailed announcements / news in Outlook.
- ✓ Use your Teams chat to say "Hello" to your co-workers.
- ✓ Set yourself as "On Queue" in Genesys to start taking calls.
- ✓ Inform your team when you are going to lunch and on break using Microsoft Teams

During Your Shift:

- ✓ Set your meal and breaks statuses in Genesys and the IEX Webstation.

Ending Your Shift

- ✓ Report your time using Global Self Service (GSS)
- ✓ Log Out of Genesys
- ✓ Finalize any open notes in Ubiquity
- ✓ Check and respond to any emails
- ✓ Say goodbye to your peers in Teams chat

Administrative V. Clinical Calls

Coverage Goals:

Remember that it is the goal of Landmark First to provide remote call and medical coverage for the Market offices. As a general rule, if we are able to handle a call remotely, we should do so.

Administrative Calls / Messages:

Resolved by: LM1 PCCs

LM1 APCs & Triage RNs (if no PCCs available)

Definition: Administrative calls are non-medical, non-emergency calls made by a patient, caregiver, or representative. These calls may include:

- Taking general messages for a market provider.

- Confirming an appointment date / time.

- Rescheduling Maintenance Visits.

- Providing FAX numbers for the receipt of medical records.

- Providing general information about Landmark Health services.

Clinical Calls / Messages:

Resolved by: LM1 APCs & Triage RNs

Definition: Clinical calls include questions or statements expressing a medical need or concern of any kind, including:

- Questions regarding prescriptions.

- Reporting an injury.

- Reporting depression / suicidal thoughts.

- Requests for a new appointment due to a medical concern.

- Questions regarding blood pressure or heart rate readings.

- Any situation that appears on the ***Buzzwords*** list.

Landmark First Reference Documents

Managing Appointments

Appointment Request Types:

Appointment Check-In Calls: The patient or caregiver requests to hear the scheduled date and time of their next appointment with Landmark.

👍 Provide the appointment's Start Time window to the patient (typically 2 hours).

👎 Do ***NOT*** provide this information to an unauthorized caller.

Appointment Confirmation Calls: A patient or caregiver will call to confirm their availability for an upcoming appointment.

Appointments can only be confirmed by patients or caregivers.

👍 Ask the Covid-19 Screening Questions.

- If "Negative" confirm the appointment in Ubiquity using the Appointment Details window.

- If positive, note this result in Ubiquity, but **DO NOT** confirm the appointment.

Appointment Cancellation Calls: A patient or caregiver will call to chancel or reschedule an upcoming appointment.

👍 Follow the steps outlined in the "Appointment Cancellation Requests" table to resolve.

Appointment Specification Calls: A patient or caregiver may call with specific instructions for the provider coming to see them on their schedule appointment day. This may include:

- Instructions for entering the home.
- Requesting a more-precise start time within their assigned start window.
- How to best prepare for the appointment.

👍 Include these questions in your Ubiquity documentation.

Who Can Confirm Appointments?

Patients and their caregivers can confirm appointments with Landmark.

Covid-19 Screening Questions:

Patients must clear a Covid-19 screening prior to appointment confirmation. Please ask the following questions to complete the Covid-19 screening.

1. Do you or anyone in your home have fever/chills, cough/sore throat, shortness of breath beyond what is typical, or new loss of taste or smell?

2. Have you or any other persons in the home been diagnosed with COVID-19 in the last 30 days?

If a patient successfully clears the Covid-19 screening, please proceed with the appointment confirmation. Please also provide the patient or caregiver with the appointment's Start Time window.

When to Confirm Appointments:

Appointments should only be verified if the verification call is made within **ONE WEEK** of the scheduled appointment date.

Attention – Return Calls for Appointment Confirmations
Sometimes, a patient or caregiver will report having missed a call from Landmark.   - Check recent notes in Ubiquity to determine if an Appointment Confirmation was attempted by a Care Team member.   - If so, please complete the Covid-19 screening and Appointment Confirmation steps.

Rescheduling Appointments:

If a caller needs to reschedule an appointment, no Appointment Verification is necessary at that time and the Covid-19 questions **DO NOT** need to be asked.

Visit Types:

Visit Type	Description	Management
Initial Visits (IV1 & IV2)	Enrollment Visits	• Scheduled by Outreach • Rescheduled by Outreach • Visit completed by Market Provider
Urgent Visit / Initial Visit (UVIV1)	Enrollment Visit + Urgent Visit Eligible patient calls in with a clinical complaint but has not yet been enrolled.	• Triage completed by LM1 • Visit completed by Market Provider
Urgent Visits (UV)	Urgent Visits that do not involve an Urgentivist Extender.	• During business hours posted to Teams by LM1 or Market NCM • After Hours handoff to On-Call Provider. • Visit completed by Market Provider
Urgentivist Extender Urgent Visit (UEUV)	Urgentivist Extender visits the patient in their home with oversight.	• Scheduled by LM1 Clinical staff or Market NCM • Posted to Teams by LM1 Clinical staff or Market NCM. • Oversight completed by LM1 APC or Market Provider.
Telephonic Urgent Visit (Tele UV)	Telephonic visit with a patient who has a medical complaint that does not necessitate a face-to-face visit or a face-to-face visit is not possible.	• Completed after LM1 Clinical triage or handoff • Completed by LM1 APC or Market Provider
Post-Discharge Visits (PDV)	Visits completed when appropriate following hospitalization or ED visit.	• Posted to Teams by LM1 Clinical staff after triage • Scheduled by Market NCM • Completed by Market Provider
Maintenance Visit (MV)	Routine visits. Frequency dependent on patient Acuity and Intensity.	• Scheduled by Market Provider, NCM, or CC • Rescheduled by LM1 PCC staff only • Completed by Market Provider
Palliative Care Visit	Routine palliative management visits. Frequency of visits depend on patient Acuity and Intensity	• Scheduled by Market Provider, NCM, or CC • Completed by Market Provider with or without Social Worker.

Special Scheduling Conditions by Appointment Type:

Appointment	Procedure	Documentation
Maintenance Visits	Cancel or Reschedule • Call Provider / Email Care Team and Market for same-day requests	• Document Ubiquity
Initial Visits (Inv. or Inv2)	Email Local Outreach	• Document Ubiquity
Urgent Visits	Do _NOT_ Cancel or Reschedule	• Notify a Team Lead or Supervisor if on duty. • Document Ubiquity. • Forward to LM1 UE Email: lm1uehandoff@optum.com
Post Discharge Visits	Cancel, but do _NOT_ Reschedule	• Document Ubiquity.
Palliative Care Visit	Do _NOT_ Cancel or Reschedule	• Document Ubiquity.

Attention – Attempt to Reschedule Appointments!

It is important that our patients receive regular care and maintenance visits in order to maintain their quality of life and health.

- For this reason, ALWAYS ask the patient if they want to reschedule an appointment if a cancelation is requested.

- Please strongly suggest, <u>BUT DO NOT FORCE</u> the issue when the patient does not want to reschedule.

- If you are not able to reschedule during the call, the Care Team will conduct a follow-up at a later time.

Managing Appointment Cancellations & Rescheduling By Visit Type:

Maintenance Visits:

Request	Visit Date	Communication	Documentation
Appointment Confirmation	-1 Week	Covid-19 Screening	• Confirm the appointment (no Covid-19 symptoms) • Document Ubiquity
Appointment Confirmation	+1 Week	Provide the start time window	• Document Ubiquity
Appointment Cancellation / Reschedule	-1 Week +1 Week	Offer Telephonic visit	• Update the visit to "Telephonic" if accepted • Cancel / Reschedule the visit if "no" to telephonic • Document Ubiquity
Appointment Cancellation / Reschedule	Next Day	Offer Telephonic visit	• Update the visit to "Telephonic" if accepted • Cancel / Reschedule the visit if "no" to telephonic • Document Ubiquity • Email the Provider, Care Team, and Market
Appointment Cancellation / Reschedule	Same Day (market hours)	Call the visiting provider to update	• Document Ubiquity
		• If the provider does not answer	• Document Ubiquity • Email the Provider, Care Team, and Market
Appointment Cancellation / Reschedule	Same Day (after hours)	Inform the patient that their provider will be notified of the update	• Document Ubiquity • Email the Provider, Care Team, and Market
Provider Arrival Questions	Same Day (market hours)	1. Provide the start time window 2. If late, call the provider for an arrival update	• Document Ubiquity
		• If the provider does not answer	• Document Ubiquity • Email the Provider, Care Team, and Market

Initial Visits or Second Initial Visits (IV or IV2):

Request	Visit Date	Communication	Documentation
Appointment Confirmation	-1 Week	Covid-19 Screening	• Confirm the appointment (no Covid-19 symptoms) • Document Ubiquity
Appointment Confirmation	+1 Week	Provide the start time window	• Document Ubiquity
Appointment Cancellation / Reschedule	-1 Week +1 Week	Inform the patient that their request is noted	• Document Ubiquity
Appointment Cancellation	Next Day	Inform the patient that their request is noted	• Document Ubiquity • Email the Provider and Local Outreach Team
Appointment Cancellation / Reschedule	Same Day (market hours)	Call the visiting provider to update	• Document Ubiquity
		• If the provider does not answer	• Document Ubiquity • Email the Provider and Local Outreach Team
Appointment Cancellation / Reschedule	Same Day (after hours)	Inform the caller that their provider will be notified of the update	• Document Ubiquity • Email the Provider and Local Outreach Team
Provider Arrival Questions	Same Day (market hours)	1. Provide the start time window 2. If late, call the provider for an arrival update	• Document Ubiquity
		• If the provider does not answer	• Document Ubiquity • Email the Provider and Local Outreach Team

Urgent Visits:

Request	Visit Date	Communication	Documentation
Appointment Confirmation	-1 Week	Covid-19 Screening	• Confirm the appointment (no Covid-19 symptoms) • Document Ubiquity
Appointment Confirmation	+1 Week	Provide the start time window	• Document Ubiquity
Appointment Cancellation / Reschedule	-1 Week +1 Week Next Day	Inform the patient that their request is noted	• Notify a Team Lead or Supervisor if on duty. • Document Ubiquity. • Forward to LM1 UE Email: lm1uehandoff@optum.com
Appointment Cancellation / Reschedule	Same Day (market hours)	Call the visiting provider to update	• Document Ubiquity • Forward to LM1 UE Email: lm1uehandoff@optum.com
		• If the provider does not answer	• Document Ubiquity • Email the Provider, Care Team, and Market • Forward to LM1 UE Email: lm1uehandoff@optum.com
Appointment Cancellation / Reschedule	Same Day (after hours)	Inform the caller that their provider will be notified of the update	• Document Ubiquity • Email the Provider, Care Team, and Market • Forward to LM1 UE Email: lm1uehandoff@optum.com
Provider Arrival Questions	Same Day (market hours)	1. Provide the start time window 2. If late, call the provider for an arrival update	• Document Ubiquity
		• If the provider does not answer	• Document Ubiquity • Email the Provider, Care Team, and Market • Forward to LM1 UE Email: lm1uehandoff@optum.com

Post-Discharge Visits:

Request	Visit Date	Communication	Documentation
Appointment Confirmation	-1 Week	Covid-19 Screening	• Confirm the appointment (no Covid-19 symptoms) • Document Ubiquity
Appointment Confirmation	+1 Week	Provide the start time window	• Document Ubiquity
Appointment Cancellation	-1 Week +1 Week	Inform the patient that their request is noted	• Cancel the visit • Document Ubiquity
Appointment Cancellation	Next Day	Inform the patient that their request is noted	• Cancel the visit • Document Ubiquity • Email the Provider, Care Team, and Market
Appointment Reschedule	Any	Inform the caller that their request is noted	• Document Ubiquity
Appointment Cancellation / Reschedule	Same Day (market hours)	Call the visiting provider to update	• Document Ubiquity
		• If the provider does not answer	• Document Ubiquity • Email the Provider, Care Team, and Market
Appointment Cancellation / Reschedule	Same Day (after hours)	Inform the caller that their provider will be notified of the update	• Document Ubiquity • Email the Provider, Care Team, and Market
Provider Arrival Questions	Same Day (market hours)	1. Provide the start time window 2. If late, call the provider for an arrival update	• Document Ubiquity • Email the Provider, Care Team, and Market
		• If the provider does not answer	• Document Ubiquity • Email the Provider, Care Team, and Market

Palliative Care Visits:

Request	Visit Date	Communication	Documentation
Appointment Confirmation	-1 Week	Covid-19 Screening	• Confirm the appointment (no Covid-19 symptoms) • Document Ubiquity
Appointment Confirmation	+1 Week	Provide the start time window	• Document Ubiquity
Appointment Cancellation / Reschedule	-1 Week +1 Week Next Day	Inform the patient that their request is noted	• Document Ubiquity
Appointment Cancellation / Reschedule	Same Day (market hours)	Call the visiting provider to update	• Document Ubiquity
		• If the provider does not answer	• Document Ubiquity • Email the Provider, Care Team, and Market
Appointment Cancellation / Reschedule	Same Day (after hours)	Inform the patient that their provider will be notified of the update	• Document Ubiquity • Email the Provider, Care Team, and Market
Provider Arrival Questions	Same Day (market hours)	3. Provide the start time window 4. If late, call the provider for an arrival update	• Document Ubiquity
		• If the provider does not answer	• Document Ubiquity • Email the Provider, Care Team, and Market

Landmark First Reference Documents

Updating Appointments in Ubiquity

A patient's appointments, as well as their current status, can be viewed from the Appointments table found in the Operational Summary section of the chart.

If the patient has an upcoming appointment, it will be listed below the blue "Note" button.

The Appointments Table Layout:

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
5/3/2024	9:00 AM To 1:00 PM	4 Days	Tene McDonald-Gelin	provider	Palliative Management	Scheduled	3/11/2024	MutitaP Honsberger	MutitaP Honsberger	3/11/2024	>
4/30/2024	9:25 AM To 10:25 AM	1 Day	Boahen Kwakye	provider	Urgent Visit	Other	4/29/2024	Manpreet Kaur	Manpreet Kaur	4/29/2024	>

Table Column	Description
Date of Visit:	The date of the visit.
Start Time:	A 1-5 hour arrival window of the visiting provider.
Duration:	The time remaining between now and the appointment.
Staff Name:	The name of the visiting provider.
User Role:	The visiting provider's title / occupation.
Visit Type	The type and reason for the visit.
Status	The appointment's current scheduling status.
Status Updated On:	When the appointment details or status were last updated.
Status Updated By:	Who updated the appointment details or status last?
Scheduled By:	Who initially scheduled the appointment with the patient?
Scheduled On:	On what day was the appointment entered into Ubiquity?
Visit Details:	Click to open a pop-up including specific appointment details.

Landmark First Reference Documents

Confirm Appointments:

If a patient has a negative Covid-19 screening result, proceed to the Operational Summary section of their chart to confirm their appointment:

1. Select the button under the "Visit Details" section of the table to open a new pop-up window to display detailed appointment information and modification options:

2. Check the "Confirm" option in the Visit Details window:

3. There is no save option for this function. Simply close the window once the "Confirm" option is checked. If successfully confirmed, a new icon will appear beside the visit date:

Telephonic Visit Updates:

When a patient chooses to update their scheduled appointment to a Telephonic visit:

1. Select the button under the "Visit Details" section of the table to open a new pop-up window to display detailed appointment information and modification options:

2. At the top of the new pop-up window, look for the "Visit Type" heading and click the pencil-shaped icon beside "Maintenance Visit" to make an edit:

3. Clicking the edit icon will allow you to select "Maintenance Visit" as an option in a drop-down list.

4. From the options available, choose "Telephonic" and then click "Save".

5. Once saved, you may close the Visit Details window.

Appointment Cancellations:

If a patient requests to cancel an appointment:

1. Select the button under the "Visit Details" section of the table to open a new pop-up window to display detailed appointment information and modification options:

2. Check the "Patient Cancelled" option:

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3. You will be required to select a reason for cancellation from the "Status" drop-down list and enter a brief note to indicate why the appointment was cancelled.

4. When finished, click "Cancel Visit":

Appointment Reschedule:

1. Follow the procedure for cancelling an appointment for the patient; however, click "Reschedule Visit" instead of cancelling it:

2. A second pop-up will appear to allow you to search alternative dates for the appointment. Navigate to the "Date" field and click the calendar icon to select an alternative appointment date:

3. With a new date selected, click "Search":

4. Offer the available appointment slots to the patient. If the patient selects one, click on the "Select Window" option:

5. Click "Schedule Now" to complete the appointment reschedule:

Requests for Landmark Information

> ## Example - Calls Received from Non-Enrolled, Non-Engaged, Patients
>
> 1. "Hello. I received a letter from Landmark about getting some home care. Is this Landmark?"
> 2. "I'm not quite sure what Landmark is. Is it a medical service?"
> 3. "I already have insurance, why do I need Landmark?"
> 4. "Are you a home-help aid agency?"
> 5. "How do I get signed up for Landmark?"

What is Landmark?

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; *HOWEVER*, you are encouraged to provide the following information when a caller asks about us for the first time:

- Landmark provides home health care solutions for patients with qualifying chronic conditions.
- 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.
    - The Central Outreach Team will then attempt to set up an Initial Visit at the patient's home.
- While the prospective patient contacts their health plan, an email will be sent from Landmark First to the Local Outreach Team to advise them of the request.
- Prospective patients should be on the lookout for phone calls from Landmark or Optum Home Health as follow-up.
- If we are unable to provide services, we may be able to refer the patient to community resources in their area.

Follow-Up Local Outreach Email:

After the call ends, send an email to the Central Outreach. Please include:

- Caller's Name
- Callback Number

Example – Local Outreach Email
Send To CentralOutreach@optum.com
Cc
Subject Caller's Name, Location or Market
Callers Name: William Flynn
Contact number: (919) 440-9333

Follow-Up with Central Outreach:

In addition to local outreach email addresses, there is a central outreach email that should only be used if:

1. The caller is looking to start services with Landmark; AND
2. The market does not have a local outreach email.

The central outreach email: CentralOutreach@optum.com.

What is an Initial Visit (IV)?

During the initial visit, the patient will meet with a Landmark Provider to discuss:

1. What services Landmark provides.
2. Our 24/7 coverage is explained in more detail.
3. The patient's health goals and conditions are reviewed.
4. Authorized contacts and consents are approved.
5. Handouts are left with the patient that include Landmark's contact information.

Attention – Non-Enrolled / Non-Engaged Patient Charts
Blank charts may exist in Ubiquity for Non-Enrolled / Non-Engaged patients. Please attempt to locate such a chart if contacted by a prospective patient.

Empathy & Courtesy Statements

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.

Empathy / Courtesy Statement Definitions:

Courtesy Statement	
	A statement to express respect and politeness.

Empathy Statement	
	A compassionate response to acknowledge the medical, mental, or emotional state of a patient or caregiver. *(requires active listening)*

Empathy / Courtesy Statement Examples

Please see the lists below for suggested empathy and courtesy phrases.

Examples - Courtesy Statements

"Thank you"	"I appreciate that"
"Thank you for calling Landmark"	"Have a nice day"
"Thank you for your patience"	"One moment, please"
"You're welcome"	"I'm happy to assist"
"My apologies"	"Please hold"

Example - Empathy Statement

"We're here for you"	"I'm sorry for your loss"
"You can call us anytime"	"I'm sorry to hear you missed our call"
"I hope your day improves"	"I appreciate your patience"
"I understand why that would be a concern"	"I'd like to help you with _____ (restate the patient's concern)"
"I'm sorry you're going through that"	

Empathy and Active Listening

If you actively listen to a patient's concern, there are more opportunities to use empathy phrases that the caller will find meaningful. Remember that our callers:

- Are struggling with multiple ongoing health conditions.
- Might be in pain when they are speaking to us.
- 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.

Call Transfer Guidelines:

Expectations:

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

Handoff Procedure to Clinical Staff:

When handing a call off to a member of our clinical staff, use the following process:

APC / Triage RN   *PCC*

1. "Hello, this is (Clinical Staff Name), (Title). How can I help you?"

2. "Hello, this is (PCC Name), Patient Care Coordinator with Landmark First. Are you ready for the patient's ID number?"

3. "Yes, ready."

4. *(PCC Provides Patient ID and Eligibility Status)*

5. *(Confirm patients' name and DOB once pulled up in Ubiquity)*
   - *Confirm RN licensure, APC credentialling, patient eligibility*

6. *(Summarize patient request)*
   - *Include History of Present Illness (HPI) present concern / complaint*

7. *(APC / Triage RN agrees to the handoff)*
   - *Do NOT decline the call handoff (see exceptions below)*

8. "Transferring Now"

Handoff Exceptions

A clinical staff member may refuse a call if:

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

Additional Procedural Guidelines

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

- Leave the patient on hold for extended period s of time.
- No small talk / No Personal Chatting.
- No commentary on patient's request.
- Give clinical advice of any kind.

Voicemails

🚫 If redirected to a provider's voicemail, **DO NOT LEAVE A MESSAGE**. Move to the next stage of the Call Transfer Flow Process. This also applies to Same-Day Appointment Cancellations.

Non-Eligible Members Expressing Medical Concerns

If Non-Urgent

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

Email Subject:

Patient ID, Market

(ADD EXCEPTION FOR ELEGIBLE.

Email Body:

- Patent's First Initial, Last Name
- Callback Number

> **If Urgent Medical Situation** 🚑
>
> Advise the caller to contact 911 or emergency services in their area.
>
> If the caller is unable to call 911, follow Steps 6 – 9 in the Urgent Calls / Contact 911 section.

Attention – Eligible Patient Transfers

Eligible patients listed as *Non-Engaged* should be transferred to a clinician even if they do not have an IV or IV2 listed in the chart.

Genesys Status Tracking

Throughout your workday, you will need to indicate your current activity using the status options available in Genesys:
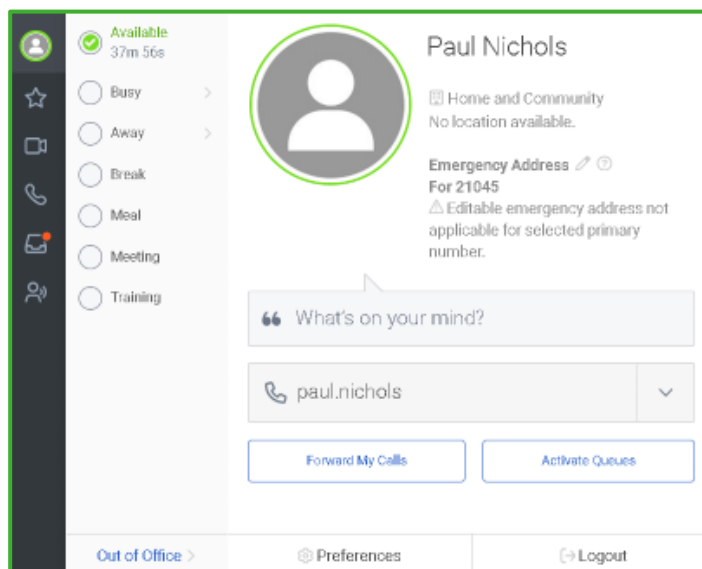
Status	When to Use	Recommended Time Limit
On Queue	Used to take all incoming calls	Whenever you are working your shift and ready to take calls
Not Responding	Automatically assigned if you fail to answer an incoming call or message	Make yourself available for interactions as soon as possible
Available	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 Team Lead
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)

Attention – Going Off-Queue
If "On Queue" selecting any other status will automatically take you "Off Queue"

Sub-Statuses:

In addition to the main statuses listed above, there are "sub-statuses" that pertain to documentation and LM1-specific activities:

Status	Sub-Status	When to Use	Recommended Time Limit
Busy	Answering Service	While reviewing / responding to an answering service message	While reviewing / responding
Busy	Busy	Do not use	(None)
Busy	Callback	When responding to a callback message	Length of call
Busy	Documenting	Documenting Ubiquity + Email on patient's behalf.	10 minutes
Busy	Triage	When a triage request is received by a clinician	Length of triage communication (clinical only)
Busy	Urgent Visit Documentation	When a clinician documents an urgent visit	
Busy	Urgent Visit Oversight	When a clinician provides oversight to an urgent visit	Length of oversight (clinical only)
Away	Away	Do not use	(none)
Away	Personal	Bathroom breaks (example)	Notify Team Lead
Away	System Down	When there is a network issue or applications not responding	Notify Team Lead

Attention – Exceeding Time Limits

If your ACW exceeds the recommended time limits, please notify your Team Lead immediately.

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:

Available Dispositions:

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

After Call Work   0:57

Find wrap-up code

LM1 - 911 Activated
LM1 - Call Disconnected
LM1 - Cancel Appt
LM1 - Clinically Managed
LM1 - Confirm Appt
LM1 - ER Advised
LM1 - In-Person UV Disptached
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

Wrap-up code is required
Select wrap-up code   Done

Documenting Calls

About Call Documenting:

- A note must be entered into Ubiquity for *EVERY* call having to do with a Landmark patient or prospective patient.

    o If a chart exists for the patient, we document, regardless of eligibility or enrollment status.

- The Approved Documentation template *MUST* be used for each Ubiquity note.

- Note accuracy and formatting are considered during weekly Call Quality Audits and effect PCC scoring.

Ubiquity Note Template:

Callers Name:
Callers Relationship to patient:
Patient full name:
Patient date of Birth:
Patient Address:
Contact number:
Reason for calling:
Did the caller request to cancel an appt?
If yes, did you offer a Telephonic Visit?
Reason For Cancellation:
Action taken:

Example – Ubiquity Note

Callers Name: Aspen Wright
Callers Relationship to patient: Self
Patient full name: Aspen Wright
Patient date of Birth: 3/25/1963
Patient Address: 300 Pure Leaf Lane, Apartment 4, Niagara Falls, NY, 14304
Contact number: (716) 521-4466
Reason for calling: Request to be seen for eye irritation in left eye that began last night.
Did the caller request to cancel an appt? No
If yes, did you offer a Telephonic Visit? N/A
Reason For Cancellation: N/A
Action taken: Transferred to APC Arnold

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

- ✓ The name 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.
- ✓ Indicate when you have obtained authorization for a new caller.
- ✓ If appointment reschedule / cancellation is requested, include the type of appointment in your "Reason for Call" section.
- ✓ 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 Covid-19 screening taking during appointment confirmations.

Information to Exclude:

Document facts that pertain to a patient's concern, communications, or health. When documenting a call, exclude:

- 🚫 Statements regarding provider availability.
- 🚫 Statements categorizing the patient as rude, moody, or angry.
- 🚫 Failed call transfer attempts.
- 🚫 Any reference to ACES complaints

Documenting Answering Service Calls:

1. Include your full name in your Answering Service email reply:

Example – Answering Service Message Documentation
Admin. Call – Complete – Paul Nichols *(Paste Answering Service Message Here)*

3. Copy / paste your reply, along with the Answering Service message, into your Ubiquity Note (this will replace the approved template for Answering Service communications).

Documenting Triaged Calls:

In the event an email is sent to an LM1 Triage Mailbox as the result of a call, use the following statement in your documentation:

Ubiquity Note Template Guidelines – Triage Affirmation
Action taken: Caller is agreeable to a call back. Sent an email to LM1 Clinical Triage inbox for a clinician to return patient's call.

Example - Triaged Call
Callers Name: Ricki Doe Callers Relationship to patient: Self Patient full name: Ricki Doe Patient date of Birth: 3/25/1963 Patient Address: 1226 Porcelain Road, Rochester, NY 14602 Contact number: (518) 481-1776 Reason for calling: Patient is experiencing left foot pain and believes it to be gout Did the caller request to cancel an appt? No If yes, did you offer a Telephonic Visit? N/A Reason For Cancellation: N/A Action taken: Pt. agreeable to a call back. Sent an email to LM1 Clinical Triage inbox for a clinician to return Patient's call.

Documenting Escalated Calls:

Use the following documentation methods as follow-up to a verbally abusive call:

Documenting a Verbally Abusive Call
Callers Name: Callers Relationship to patient: Patient full name: Patient date of Birth: Patient Address: Contact number: Reason for calling: Escalated to (Team Lead or Supervisor Title) (Team Lead or Supervisor Name) Did the caller request to cancel an appt? If yes, did you offer a Telephonic Visit? Reason for Cancellation: Action taken: Escalated and Documented.

Example – Escalated Call
Callers Name: Peter T. Lane Callers Relationship to patient: Son Patient full name: Simon Lane Patient date of Birth: 2/16/1960 Patient Address: 77 Snowfall Ave. Apartment 3, Detroit, MI 48201 Contact number: (917) 577-6363 Reason for calling: Escalated to LM1 Team Lead, Lisa Did the caller request to cancel an appt? No If yes, did you offer a Telephonic Visit? N/A Reason for Cancellation? N/A Action taken: Escalated and Documented

Proofreading:

We depend on the accuracy of documentation as a history of our patients' health and communications. The wrong note in the wrong chart could result in a HIPAA violation, or an unwelcome change in a patient's care. In addition, documenting inaccurate information does not provide the Market office locations the coverage we have promised.

For this reason, _ALWAYS PROOFREAD YOUR DOCUMENTATION!_

Documenting Standards & Communication:

Use the following table as a guide to standard documenting practices at Landmark First:

Create a note in Ubiquity	• Required for every call associated with a patient. • Create, proofread, and finalize a note in Ubiquity. • These notes create a "call history" for the patient to be referenced in future communications.
Emails to the Care Team and Market	In addition to your Ubiquity note, email the Care Team listed in the patient's chart, as well as the market mailbox, for the following conditions. • Same-Day appointment updates (reschedules / cancellations / adjustments). • Next-Day appointment cancellation if the call was made after business hours the day before.
Emails to Local Outreach	• If a Non-Engaged patient has a chart in Ubiquity • An Engaged Patient has not had their Initial Visit (IV) with Landmark and has no Care Team listed.

Email Guidelines:

When call documentation requires that an email be sent on a patient's behalf, the following guidelines apply:

- Copy / Paste the text of your Ubiquity note into the body of the email.

- Follow the standard subject line format:

Emails – Standard Subject
Patient's ID, Market or Metro

> **Training Tip:**
>
> Market (Call Center), Triage, and Local Outreach emails can be found in the Markets Summary section of this manual.

- Double-check to make sure that you have all the appropriate contacts added to the email:

  o The Care Team and Market will always be emailed together.

  o No additional contacts needed when emailing Local Outreach

  o No additional contacts needed when emailing an LM1 Triage Mailbox

Email Example 1: Next Day Appointment Cancellation

Send

From ⌄   Miami Market Email + Care Team Members

To

Cc

Bcc

Subject   2219901, Miami

Patient's Name: E. Newground

Contact number: (786) 237-9101

Call Date: 7/17/2023

Patient Name: Earl Newground

Reason for Calling: Earl reports a visit from his daughter who is there to look after him throughout the duration of July. Earl requests that daughter, Jane, be added to his chart as an authorized contact. Because Jane can bring Earl to the hospital, if needed, he does not need an appointment at this time. Please cancel Maintenance Visit scheduled for 7/18/2023

Name / DOB / Address: Verified

This example demonstrates an email that is sent to the Care Team and Market as the result of a Same Day / Next Day appointment cancellation:

- The market staff member will check the corresponding note in Ubiquity to gather further information.

Email Example 2: Contacting Local Outreach

Send	From ⌄	Local Outreach Email
	To	
	Cc	
	Bcc	
	Subject	Kelly Flynn, South Carolina

Callers Name: William Flynn

Contact number: (919) 440-9333

Call Date: 9/27/2023

Caller Name: William Flynn

Patient Name: Kelly Flynn

Reason for Calling: William is calling to request more information about Landmark and believes it might be an ideal service for his mother, Kelly.

Name / DOB / Address: Name and DOB Noted

This example demonstrates an email that is sent to the Local Outreach based after a caller inquires about service for a prospective patient.

- PCC documented the patient's location for Local Outreach follow-up.
- A reachable contact number was documented for Local Outreach follow-up.

Email Example 3: Contacting a Triage Mailbox

Send

From ⌄ Market Triage Mailbox

To

Cc

Bcc

Subject 2212221, Maine

Callers Name: S. Bellows

Contact number: (218) 565-5512

Call Date: 1/13/2024

Caller Name: Samantha Bellows

Patient Name: Timothy Bellows

Reason for Calling: Timothy Bellows calls to report that his wife, Samantha, fell while getting dressed. There is a hard wood floor in the bedroom and she had a rough collision on her side. She has several bruises on her hip and shoulder that are turning purple and growing. Timothy is worried that there might be a fracture or internal bleeding due to the color of bruises.

Name / DOB / Address: Name and DOB Noted

This example demonstrates an email that is sent to a triage mailbox due to a caller's expressed non-urgent medical concern.

- The LM1 Clinician will check the corresponding note in Ubiquity and follow-up on the patient's clinical concern.

Adding a Note to Ubiquity

Use the following guidelines to create and finalize a note in Ubiquity:

1. Click the "Note" option in the patient's chart.

2. Add the Note's Category, Subcategory, and Supplemental information:

- Category = Landmark First – Patient Call

- Sub Category = Administrative

- Supplementary = Phone Call (check)

When finished, click "Start"

3. Using the note template to enter the call's details.

- Copy / Paste the note template into the text field highlighted above.
- Fill in each category of the template with relevant information.

4. Add Note Type and Contact Type information.

- Note Type = Call(s) Completed
  - An additional "Call(s) Completed" check to indicate who you spoke to (the patient, caregiver, community provider, etc…)
- Contact Type = Check based on who you spoke to (the patient, caregiver, community provider, etc…)

Click "Save & Close" when complete.

5. You must Finalize the note after closing. This is like signing your name to the Note to attest to its accuracy.

Click on the Note's Open status and select "Finalized Documentation" from the drop-down menu.

6. Click "Update" when Finalized Documentation is selected.

Your Note is now entered and Finalized.

"Ubiquity Down" Call Handling

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 Team Lead, 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 Team Lead, Supervisor, or Manager with an attached "Ubiquity – Offline Tracker" document to be opened in Microsoft Excel.

3. Save the offline tracker to a location on your Laptop / Desktop that you will remember for later access.
   - The Offline Tracker is a spreadsheet that includes columns for each category of the documentation template (Reason for Call, Action Taken, etc.).

4. Use the offline tracker to take notes during calls.

5. SAVE OFTEN!

6. When Ubiquity comes back online, transfer your notes from the offline tracker to the appropriate patient charts.

Call Flows:

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

Attention – System Management during "Ubiquity Down" Time
If a network-wide Ubiquity issue is encountered and announced, DO NOT restart your system unless given express permission from your Team Lead, Supervisor, or Manager.

Filing an A.C.E.S. Complaint

Reporting Guidelines:

ACES reports should be submitted in response to:

- Patient grievances
- Quality issues
- Adverse medication events
- Process flow failures
- Inappropriate employee / staff behavior
- Discriminatory employee / staff behavior
- Insurance / HIPAA compliance concerns.

The Details of an A.C.E.S. complaint should be limited. Describe the nature of the complaint in general terms with few details included.

Attention – A.C.E.S. Documentation
References to ACES complaint submission, or the details of an ACES complaint should not be included in after-call documentation. If the events of a call lead to the filing of an ACES complaint, follow the procedure for Documenting Escalated Calls.

Attention – When to file an A.C.E.S. Complaint
Do not assume that a patient wishes to have an A.C.E.S. complaint filed on their behalf. Only file an A.C.E.S. complaint if a patient explicitly requests it.

Access & Use

The ACES complaint form can be accessed via SharePoint and Landmark Home:

1. Visit the Landmark Homepage and scroll to the bottom of the webpage: https://landmarkhealth.sharepoint.com/sites/Intranet
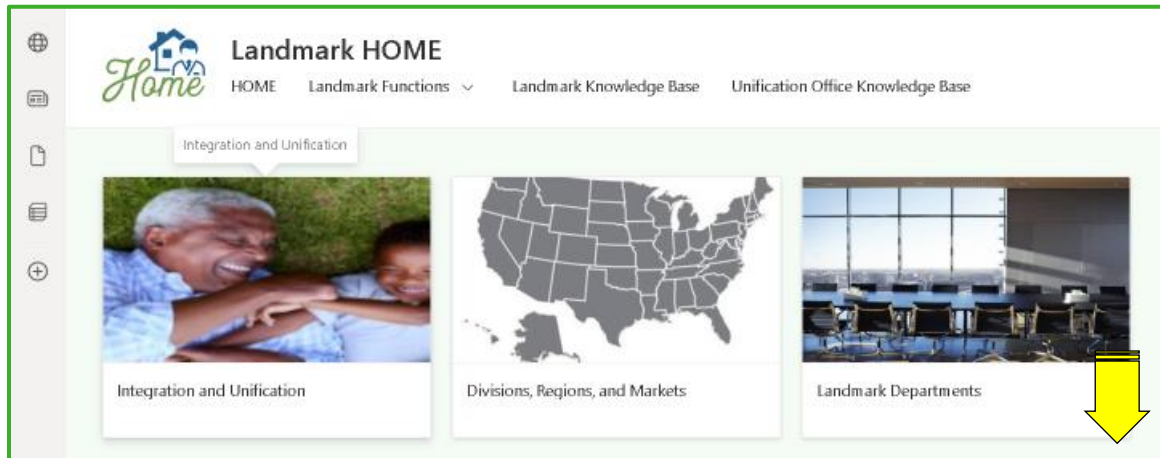
Click the "A.C.E.S(Incident/Complaint Report)" option:

2. You will be redirected to the ACES complaint form landing page. Click "Next" to proceed.

3. Indicate whether the incident concerns a patient or employee. If the incident involves an employee, confirm whether they are a Prospero or Landmark staff member. When finished, click "Next".

Patient or Employee?

- Patient
- Employee

Business Entity

- Landmark
- Optum at Home Legacy
- Prospero Legacy

Components of the A.C.E.S. Complaint Form

Patient Name	_____
Landmark Member ID	_____
Health Plan Partner	(Select from Dropdown)
Health Plan ID	_____

Next

Please Note: If the incident/complaint you are reporting is related to the Call Center in Landmark First, enter which Market the patient resides in under "Comments."

Market Incident / Complaint Occurred In   (Select Market from Dropdown)

Add Comment (Optional)   _____

Metro Incident / Complaint Occurred In   (Select Metro from Dropdown)

Landmark Provider   _____

Below, you will find some examples/instructions to help clarify for selection decision making:

- *If patient/representative was only voicing frustration about care/service, but their needs were satisfied and does not state they want to file a complaint this would be an entry for tracking and process improvement. The health plan may not be notified.*

- *If the patient/representative states they want to file a complaint, but only so Landmark can resolve their issue to their satisfaction this should be entry for tracking and process improvement. The health plan may not be notified.*

- *If patient/representative states they want a complaint filed about our excessive calls, late appointments, etc. and requests disenrollment, this would be a request for complaint to be filed and the health plan could be notified.*

- *If the patient/representative complain about the quality of care the patient received, this would be a request for a complaint to be filed and the health plan would be notified.*

- *Any issue whereby the person entering the issue cannot determine or clarify if a complaint should be filed. (this would be reviewed for impact, tracked and trended an might require health plan notification)*

- *Patient/representative may state they do not want it to go to the HP—If so, enter it for internal tracking and process improvement and put note in comments box*

Did patient/representative request a formal complaint be filed?   ☐ Yes

Is the incident entered for internal tracking for process improvement?   ☐ Yes ☐ Unknown

[Next]

Any COVID-19 incident involving an employee exposure to COVID-19 should be entered via the COVID-19 Reporting Survey on the LM Home Compliance Page. Please do NOT enter Employee COVID incidents into this system.

[Next]

Date of Incident / Complaint	(Select Date)
Did this incident involve a possible violation of protected health information (PHI)?	(Select from Dropdown)
Incident / Complaint Category	(Select from Dropdown)
Description of Incident / Complaint	_____
Investigation Details	_____
Investigated By	_____
Incident / Complaint Supporting Documents	(Add files here)

Save & Submit

Compliance Guidelines

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

Authorized Caller:

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

- Appointment dates / times.

- Patient's address information.

- Patient's contact information.

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

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

- Any other form of Protected Health Information (PHI)

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

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

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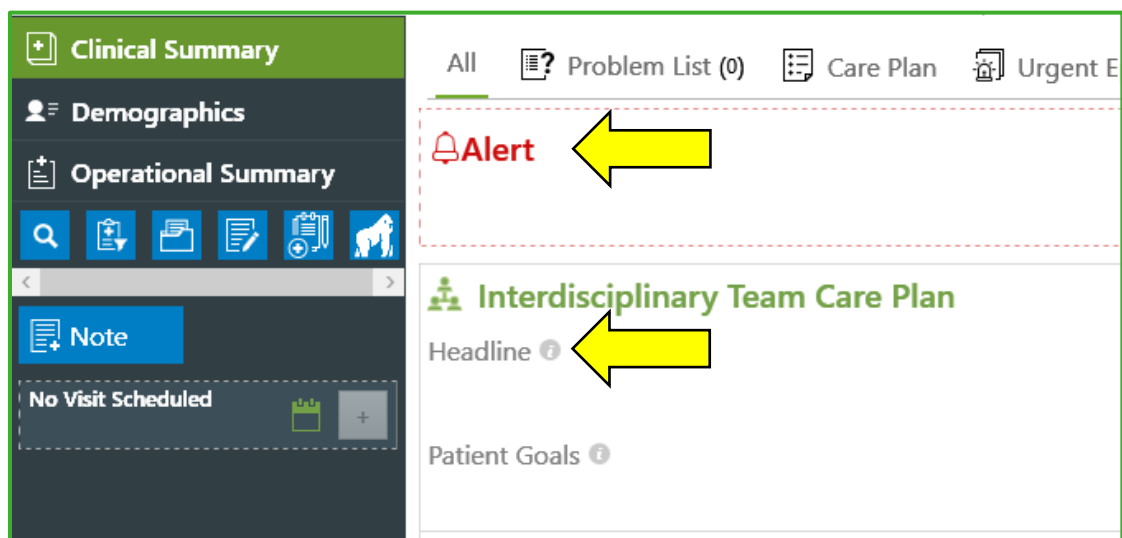
- Demographics *(Contacts section or Phone Numbers sections).*

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

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

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

Unauthorized Callers:

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

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

> ### Example – Who are Unauthorized Callers
>
> 9. Family, friends, or neighbors who are not listed in the patient's chart as authorized contacts and no legal documentation to support an Authorized Caller status.
> 10. Pharmacists or medical equipment providers.
> 11. Assisted Living Facility Staff.
> 12. Previous Authorized Callers who have been removed from the patient's chart.

Clinical Care Conditions:

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

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

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

What is PHI:

Note sure what information is protected by HIPAA? The categories of information below should be shared with Authorized Callers ONLY.

- Name

- Addresses

- Dates *(appointments, enrollment, etc.)*

- Patient or Contact Phone Numbers

- Patient's Fax Number

- Patient's Email addresses

- Social Security Number

- Medical Record Number (Including Landmark Patient ID and Optum ID)

- Health Plan Beneficiary Number

- Account Number

- Certificate or License Number

- Any Other Unique Identifying Characteristic