Administrative Workflows

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Training Tip:	Training Tip:	Training Tip:
LM1 PCCs can ***NOT*** schedule new appointments for patients.	LM1 Clinical staff may be required to complete administrative work if there are no PCCs currently available.	Calculate the ***LOCAL TIME*** of a Market prior to contacting Landmark / Optum employees in that region.

Beginning & Ending Your Shift (PCC)

Logging in:

Patient Care Coordinators (PCCs) are expected to open and login to the following applications at the start of their shift:

- A VPN connection is required to run any application or web browser.

- Non-Exempt (hourly) employees may login to their systems five (5) minutes before the start of their shift.

Application Checklist:

	Ubiquity		Microsoft Outlook
	Humanity		Microsoft Teams
	NENA (EPIC) 911 Database		Genesys Cloud

Post-Login Checklist:

- ✓ Login to the IEX Web Station:
  https://wfmshared.optum.com/wfm/webstation/home
- ✓ Review any emailed announcements / news in Outlook.
- ✓ Use your Teams PCC channel chat to say "Hello" to your co-workers.
- ✓ Set yourself as "On Queue" in Genesys to start taking calls.

During Your Shift:

- ✓ 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.

Ending Your Shift

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

Landmark First Administrative Scope

Background:

Landmark First is always the first point of contact for incoming calls. Callers are often attempting to reach the local market offices, but it is our job to resolve their request remotely, if possible. If a request falls outside the scope of Landmark First, we will collaborate with local office staff as needed.

Compliance & Legal Considerations:

- Adhere to any and all compliance guidelines of the organization as well as state and federal laws when assisting our callers.

General Administration:

- Provide general Landmark Health service information.
- Update the patient's visiting address upon request.
- Update the patient's or caregiver's phone number or other contact information.
- Obtain verbal authorization for new authorized contacts.
- Record and document messages for providers & other staff members.
- Accurately document caller interactions according to approved templates.

Appointment Administration:

- Confirm appointments.
    - Complete the required Covid-19 screening.
- Provide patients and caregivers with the correct appointment start windows.
- Cancel & reschedule the following visits:
    - Initial Visit (IV) & Initial Visit 2 (IV2)
    - Maintenance Visits
    - Palliative Prognosis Visits
    - Telemedicine Visits for IV2, Maintenance, and Palliative Prognosis Visits
- Complete TCPA agreements as needed.
- Assigning appointment cancellation and rescheduling to market staff.

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)

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**	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 *(clinical only)*
Busy	**Urgent Visit Documentation**	When a clinician documents an urgent visit	Determined by Clinical Leadership Teams *(clinical only)*
Busy	**Urgent Visit Oversight**	When a clinician provides oversight to an urgent visit	Determined by Clinical Leadership Teams *(clinical only)*
Away	**Away**	Do not use	(none)
Away	**Personal**	Bathroom breaks (example)	-10 minutes
Away	**System Down**	When there is a network issue or applications not responding	Notify Supervisor

Attention – Exceeding Time Limits

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 workflows.

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 descretion of a Supervisor.

- Idle time is implimented 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 anser 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.

- 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.

Supervisors will monitor an employee's use of personal time and ensure everyone is held accountable to the same standard.

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

Landmark
Part of Optum® Home & Community Care

Requests for Landmark Information

Example - Calls Received from Non-Enrolled, Non-Engaged, Patients
✓ "Hello. I received a letter from Landmark about getting some home care. Is this Landmark?" ✓ "I'm not quite sure what Landmark is. Is it a medical service?" ✓ "I already have insurance, why do I need Landmark?" ✓ "Are you a home-help aid agency?" ✓ "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.

    o 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.

    o 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.

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.

Compliance Guidelines

It is the responsibility of **_EVERY_** employee to ensure the secure disclosure of confidential Protected Health Information (PHI).

Authorized Callers:

Authorized Callers are legal representatives who may receive information on the patient's behalf.

Identification:
Authorized callers may be identified using one of the following: ✓ Contacts listed in chart Alerts in Ubiquity's Clinical Summary section. ✓ Contacts listed in Ubiquity's Demographics section. ✓ Contacts listed in consent forms uploaded to Ubiquity. ✓ Power of Attorney listed in legal documents uploaded to Ubiquity. ✓ Contacts that the patient verbally approves by phone.

Unauthorized Callers:

Unauthorized Callers are individuals who have not been given the legal authority or permission to receive information on a patient's behalf.

Verification
A contact is considered unauthorized if: ⊘ Contact does **_NOT_** appear in any chart alerts in Ubiquity. ⊘ Contact is **_NOT_** listed in the chart's Demographics section in Ubiquity. ⊘ Contact does **_NOT_** appear in any uploaded consent forms in Ubiquity. ⊘ The caller does **_NOT_** have any legal standing to act on the patient's behalf. ⊘ The patient did **_NOT_** provide verbal authorization for the contact.

Although these individuals are not privy to receive PHI, they can request medical assistance for a patient or provide patient health updates.

- Therefore, the Call Transfer Flow Process is **_NOT_** altered when we are contacted by an Unauthorized Caller.

We **_CANNOT_** deny clinical care to our patients.

Example – Authorized Callers	Example – Unauthorized Callers
✓ Friends, family members, or neighbors who appear as contacts in the patient's chart. ✓ The patient's Power of Attorney (POA). ✓ Verbally authorized callers.	🚫 Assisted living facility staff. 🚫 Pharmacists or medication shipping centers. 🚫 Employees of a home help or disability services agency

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

Attention – Unauthorized Caller Communication
Providing any Protected Health Information (PHI) to these callers is considered a HIPAA violation, and an auto-failed scorecard for PCCs.

Caller Authorization in Ubiquity:

Check the following sections of Ubiquity to confirm a caller's authorization status. If not found in these sections, the caller is considered unauthorized.

- The "Alerts" section of the patient's chart:

- The "Demographics" section of the patient's chart in a note placed with a contact phone number or listed under "Contacts".

- In uploaded legal / consent forms in the "Documents" section of a patient's chart.

Address & Contacts Updates

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 us 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:

    o Locate the "Visiting Address".

    o Click the edit icon beside the "Address" label to update it.

2. Update the necessary fields in the pop-up and click "Save & Close' when done:

    o 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.

Contacts Updates:

1. Navigate to the "Demographics" section of Ubiquity and locate the patient's authorized contact listings:

   o Click the edit icon to the right of the "Contacts" label.

2. Update the necessary fields in the pop-up as needed:

   o If adding a new contact, fill in the necessary fields and click "Add".

   o If updating an existing contact, click the edit icon beside the contact listing.

o The text fiels will populate with the contact's information. Make any edits necessary and then click "Update".

o Click "Save & Close" when complete.

3. Indicate any changes you made to the "Contacts" section in your after-call documentation.

Obtain Patient Authorization.

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.

   o 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.

   o If the patient confirms that they are providing an ongoing authorization, add the contact to the chart's "Contacts" section.

Appointment Confirmations

Overview of Step-by-Step Process:

Landmark First may confirm all appointments within *__ONE WEEK__* of the appointment.

Step 1:	Step 2:	Step 3:
Patient or caregiver calls Landmark to confirm an upcoming appointment.	Patient completes Covid-19 screening administered by LM1 and indicates no Covid-19 symptoms.	If Covid-19 screening is negative, LM1 confirms the upcoming appointment in Ubiquity's "Visit Details" window.
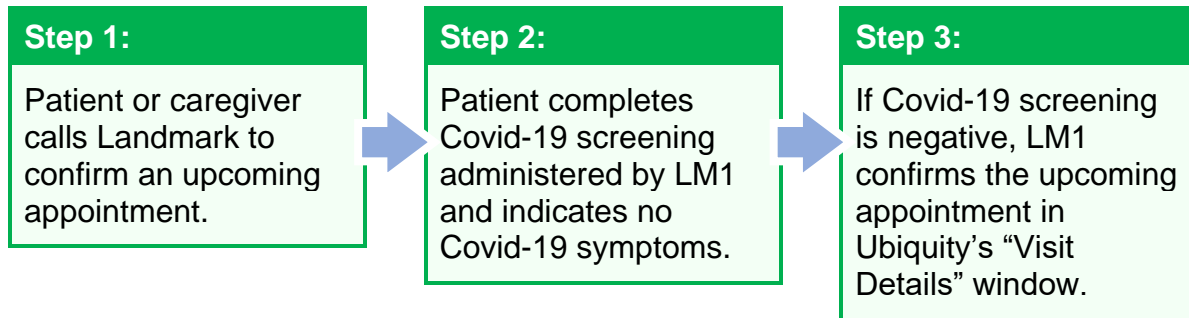
Covid-19 Screening Questions:

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 Start Time window as listed in Ubiquity.

Positive Covid-19 Screen:

If the patient is experiencing symptoms associated with Covid-19, as indicated by the questions above, do *__NOT__* confirm the appointment. Instead, notify the visiting clinician

- Include an "Action Required" statement in your note for market identification.

Appointment Cancellations & Rescheduling

Appointments Managed by Department:

LM1 PCCs
Initial Visit (IV)
Initial Visit 2 (IV2)
Maintenance Visit
Palliative Prognosis

LM1 Dispatch
Urgent Visit

Market CC
Post-Discharge Visit (PDV)
Palliative Co-Visit

Visiting "Staff Name"
Initial Visit – BH
Maintenance Visit – BH
Urgent Visit – BH
IDT Visit
Telephonic Visit
Palliative Management

Conditions:

LM1 PCCs will cancel / reschedule appointments ***ONLY*** if:

- ✓ The appointment type is within the LM1 PCC scope.
- ✓ There is no immediate clinical / medical concern.
- ✓ The available appointment coincides with the patient's Acuity and Intensity.

The appointment type, visiting provider / staff, and duration should ***NEVER*** be changed.

Available Appointment Start Windows:

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.

- The selected appointment start window should ***NEVER*** be determined by a "Precision Time" search. LM1 PCCs.

Appointments by User Role:

Visit Type:	Visiting Clinician:	Scheduling:
Initial Visit	Provider	LM1 PCC
Initial Visit 2	Provider	LM1 PCC
Maintenance Visit	Provider	LM1 PCC
Telemedicine (T)	Provider	LM1 PCC *(for above visit types)*
Urgent Visit	Provider or Urgentivist Extender	Transfer to LM1 Clinician
IDT Visit	Social Worker, Community Health Advocate	Transfer to visiting clinician
Post Discharge Visit	Provider	Transfer to Market CC
Initial Visit BH	Provider BH	Transfer to visiting BH Provider
Maintenance Visit BH	Provider BH	Transfer to visiting BH Provider
Urgent Visit BH	Provider BH	Transfer to visiting BH Provider
Palliative Prognosis Visit	Provider	LM1 PCC
Palliative Co-Visit	Provider & Social Worker	Transfer to Market CC Queue
Palliative Management	Palliative Care Medical Director, Provider	Transfer to PCMD *(if PCMD scheduled)* LM1 PCC handles

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

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

Landmark First Reference Documents

Rescheduling Appointments Based on Acuity:

The example below demonstrates the range of dates in which an Acuity A patient may be rescheduled for a visit. These dates are limited to one week after the original appointment or sooner.

SUN	MON	TUE	WED	THU	FRI	SAT
	1 📞 Date of Call	2 🔍 Check Availability	3 🔍 Check Availability	4 🔍 Check Availability	5 🔍 Check Availability	6
7	8 🔍 Check Availability	9 🔍 Check Availability	10 🔍 Check Availability	11 🔍 Check Availability	12 🔍 Check Availability	13
14	15 🔍 Check Availability	16 🔍 Check Availability	17 🔍 Check Availability	18 🏠 Appointment	19 🔍 Check Availability	20
21	22 🔍 Check Availability	23 🔍 Check Availability	24 🔍 Check Availability	25 🔍 Check Availability	26 🔍 Check Availability	27
28	29 ❌ Do Not Schedule	30 ❌ Do Not Schedule	31 ❌ Do Not Schedule	1 ❌ Do Not Schedule	2 ❌ Do Not Schedule	

Compare this to an Acuity B patient who may be rescheduled for a visit two weeks after the original appointment or sooner:

SUN	MON	TUE	WED	THU	FRI	SAT
	1 📞 Date of Call	2 🔍 Check Availability	3 🔍 Check Availability	4 🔍 Check Availability	5 🔍 Check Availability	6
7	8 🔍 Check Availability	9 🔍 Check Availability	10 🔍 Check Availability	11 🔍 Check Availability	12 🔍 Check Availability	13
14	15 🔍 Check Availability	16 🔍 Check Availability	17 🔍 Check Availability	18 🏠 Appointment	19 🔍 Check Availability	20
21	22 🔍 Check Availability	23 🔍 Check Availability	24 🔍 Check Availability	25 🔍 Check Availability	26 🔍 Check Availability	27
28	29 🔍 Check Availability	30 🔍 Check Availability	31 🔍 Check Availability	1 🔍 Check Availability	2 🔍 Check Availability	

Appointment Details & Adjustments by Type

🔗 Appointment Quick Select

Initial Visit (IV)	IDT Visit
Initial Visit 2 (IV2)	Telephonic Visit
Initial Visit - BH	Post-Discharge Visit
Maintenance Visit	Palliative Prognosis Visit
Maintenance Visit - BH	Palliative Co-Visit
Urgent Visit	Palliative Management
Urgent Visit - BH	Telemedicine Visits

Details:

Appointment:	Description:
Initial Visit	Introduction to the program and sign paperwork.
Initial Visit 2	Initial Visit follow-up to review medical history / records.
Initial Visit BH	Introduction to the Landmark Behavioral Health program.
Maintenance Visit	Routine visit based on patient's Acuity & Intensity.
Maintenance Visit BH	Routine visit based on patient's BH needs, Acuity & Intensity.
Urgent Visit	Same day / next day visit for acute or urgent medical issues.
Urgent Visit BH	Same day / next day visit for acute behavioral health issues.
IDT Visit	Visits with non-Providers (e.g. Social Workers, CHAs, etc.).
Telephonic Visit	Telephonic visit that does not generate standard encounter notes or visit unit values.
Post-Discharge Visit	Provider visit within 3 days of medical facility discharge.
Palliative Prognosis	First visit and introduction to the Palliative Pathway program.
Palliative Co-Visit	Combined Provider and Social Worker visit (75m visit length).
Palliative Management	Maintenance visits for patients in the Palliative Pathway.
Telemedicine	A remote condition assigned to other appointment types.

Initial Visit (IV):

Initial Visits are first scheduled by the Central Outreach team but may be cancelled or rescheduled by LM1 PCCs.

Adjustment:	Business Hours: *(8:30 AM – 5:30 PM Local Time)*	After Hours *(Or Unsuccessful Warm Transfer)*

Cancellation	• Completed by LM1 PCCs
	   o LM1 Clinicians and Triage RNs will adjust the visit if they receive the call first.
		• Completed by LM1 PCCs.
		   o LM1 Clinicians and Triage RNs will adjust the visit if they receive the call first.

Reschedule	• Completed by LM1 PCCs
	   o LM1 Clinicians and Triage RNs will adjust the visit if they receive the call first
		• Completed by LM1 PCCs
		   o LM1 Clinicians and Triage RNs will adjust the visit if they receive the call first

Same / Next Day Request for Information	• Check Visit Details in Ubiquity:
	   o Provide authorized caller with information requested.
	   o Consult the visiting provider or staff member for updates as needed.
		• Send the visiting provider / staff a notification in Teams.
		• Send an email notification to the Care Team and Market

Same / Next Day Request to Cancel or Reschedule	• Consult the visiting provider or staff member to inform them of the adjustment.	• Send the visiting provider / staff a notification in Teams. • Send an email notification to the Care Team and Market

ALL CALLS <u>MUST</u> BE DOCUMENTED IN UBIQUITY!

Initial Visit 2 (IV2):

The majority of scheduling requests will be completed by LM1 PCCs.

- Market CCs will manage appointments if LM1 is unable to find available start windows within the patient's Acuity time frame.

Adjustment:	Business Hours: (8:30 AM – 5:30 PM Local Time)	After Hours (Or Unsuccessful Warm Transfer)
Cancellation	• Completed by LM1 PCCs ○ LM1 Clinicians and Triage RNs will adjust the visit if they receive the call first.	• Completed by LM1 PCCs. ○ LM1 Clinicians and Triage RNs will adjust the visit if they receive the call first.
Reschedule	• Completed by LM1 PCCs ○ LM1 Clinicians and Triage RNs will adjust the visit if they receive the call first	• Completed by LM1 PCCs ○ LM1 Clinicians and Triage RNs will adjust the visit if they receive the call first
Same / Next Day Request for Information	• Check Visit Details in Ubiquity: ○ Provide authorized caller with information requested. ○ Consult the visiting provider or staff member for updates as needed.	• Send the visiting provider / staff a notification in Teams. • Send an email notification to the Care Team and Market
Same / Next Day Request to Cancel or Reschedule	• Consult the visiting provider or staff member to inform them of the adjustment.	• Send the visiting provider / staff a notification in Teams. • Send an email notification to the Care Team and Market

*ALL CALLS **MUST** BE DOCUMENTED IN UBIQUITY!*

Initial Visit - BH:

Behavioral Health visits are managed by the visiting "Staff Name" listed 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
6/21/2024	1:05 PM To 1:50 PM	2 Weeks 3 Days	Visiting Provider Here	provider h	Maintenance Visit - BH	Scheduled	6/3/2024			6/3/2024	>

Adjustment:	Business Hours: *(8:30 AM – 5:30 PM Local Time)*	After Hours *(Or Unsuccessful Warm Transfer)*
All Cancellation	• Consult the visiting "Staff Name" listed in Ubiquity for warm transfer.	• Send the visiting provider / staff a notification in Teams. • Send an email notification to the Care Team and Market
All Reschedule	• Consult the visiting "Staff Name" listed in Ubiquity for warm transfer.	• Send the visiting provider / staff a notification in Teams. • Send an email notification to the Care Team and Market

*ALL CALLS **MUST** BE DOCUMENTED IN UBIQUITY!*

Maintenance Visit:

Maintenance Visits are primarily adjusted by LM1 PCCs.

- Market CCs will manage appointments if LM1 is unable to find available start windows within the patient's Acuity time frame.

Adjustment:	Business Hours: *(8:30 AM – 5:30 PM Local Time)*	After Hours *(Or Unsuccessful Warm Transfer)*

Cancellation	• Completed by LM1 PCCs
	     o LM1 Clinicians and Triage RNs will adjust the visit if they receive the call first.
		• Completed by LM1 PCCs.
		     o LM1 Clinicians and Triage RNs will adjust the visit if they receive the call first.

Reschedule	• Completed by LM1 PCCs
	     o LM1 Clinicians and Triage RNs will adjust the visit if they receive the call first
		• Completed by LM1 PCCs
		     o LM1 Clinicians and Triage RNs will adjust the visit if they receive the call first

Same / Next Day Request for Information	• Check Visit Details in Ubiquity:
	     o Provide authorized caller with information requested.
	     o Consult the visiting provider or staff member for updates as needed.
		• Send the visiting provider / staff a notification in Teams.
		 • Send an email notification to the Care Team and Market

Same / Next Day Request to Cancel or Reschedule	• Consult the visiting provider or staff member to inform them of the adjustment.	• Send the visiting provider / staff a notification in Teams. • Send an email notification to the Care Team and Market

*ALL CALLS **MUST** BE DOCUMENTED IN UBIQUITY!*

Maintenance Visit - BH

Behavioral Health visits are managed by the visiting "Staff Name" listed in Ubiquity.

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
6/21/2024	1:05 PM To 1:50 PM	2 Weeks 3 Days	Visiting Provider Here	rovider h	Maintenance Visit - BH	Scheduled	6/3/2024			6/3/2024	>

Adjustment:	Business Hours: (8:30 AM – 5:30 PM Local Time)	After Hours (Or Unsuccessful Warm Transfer)
All Cancellation	• Consult the visiting "Staff Name" listed in Ubiquity for warm transfer.	• Send the visiting provider / staff a notification in Teams. • Send an email notification to the Care Team and Market
All Reschedule	• Consult the visiting "Staff Name" listed in Ubiquity for warm transfer.	• Send the visiting provider / staff a notification in Teams. • Send an email notification to the Care Team and Market

*ALL CALLS **MUST** BE DOCUMENTED IN UBIQUITY!*

Urgent Visit:

Urgent Visits are managed by LM1 Dispatch: lm1uehandoff@optum.com

Adjustment:	Business Hours: *(8:30 AM – 5:30 PM Local Time)*	After Hours *(Or Unsuccessful Warm Transfer)*
Cancellation	- Notify Supervisor. - Email LM1 Dispatch. - Notify the Visiting Clinician in Teams.	- Notify Supervisor. - Email LM1 Dispatch. - Notify the Visiting Clinician in Teams.
Reschedule	- Notify Supervisor. - Email LM1 Dispatch. - Notify the Visiting Clinician in Teams.	- Notify Supervisor. - Email LM1 Dispatch. - Notify the Visiting Clinician in Teams.
Same / Next Day Request for Information	- Check Visit Details in Ubiquity: - Provide authorized caller with information requested. - Consult the visiting provider or staff member for updates as needed.	- Notify Supervisor. - Email LM1 Dispatch. - Send the visiting provider / staff a notification in Teams. - Send an email notification to the Care Team and Market.
Same / Next Day Request to Cancel or Reschedule	Consult the visiting provider or staff member to inform them of the adjustment.	- Notify Supervisor. - Email LM1 Dispatch. - Send the visiting provider / staff a notification in Teams. - Send an email notification to the Care Team and Market.

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Urgent Visit – BH:

Behavioral Health visits are managed by the visiting "Staff Name" listed in Ubiquity.

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
6/21/2024	1:05 PM To 1:50 PM	2 Weeks 3 Days	**Visiting Provider Here**	provider bh	Maintenance Visit - BH	Scheduled	6/3/2024			6/3/2024	>

Adjustment:	Business Hours: *(8:30 AM – 5:30 PM Local Time)*	After Hours *(Or Unsuccessful Warm Transfer)*
All Cancellation	• Consult the visiting "Staff Name" listed in Ubiquity for warm transfer.	• Send the visiting provider / staff a notification in Teams. • Send an email notification to the Care Team and Market
All Reschedule	• Consult the visiting "Staff Name" listed in Ubiquity for warm transfer.	• Send the visiting provider / staff a notification in Teams. • Send an email notification to the Care Team and Market

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IDT Visit:

IDT visits are managed by the visiting "Staff Name" listed 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	
6/21/2024	1:05 PM To 1:50 PM	2 Weeks 3 Days	Visiting Provider Here	provider bh	Maintenance Visit - BH	Scheduled	6/3/2024			6/3/2024	>	

Adjustment:	Business Hours: (8:30 AM – 5:30 PM Local Time)	After Hours (Or Unsuccessful Warm Transfer)
All Cancellation	• Consult the visiting "Staff Name" listed in Ubiquity for warm transfer.	• Send the visiting provider / staff a notification in Teams. • Send an email notification to the Care Team and Market
All Reschedule	• Consult the visiting "Staff Name" listed in Ubiquity for warm transfer.	• Send the visiting provider / staff a notification in Teams. • Send an email notification to the Care Team and Market

*ALL CALLS **MUST** BE DOCUMENTED IN UBIQUITY!*

Telephonic Visit:

Telephonic visits are managed by the visiting "Staff Name" listed 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
6/21/2024	1:05 PM To 1:50 PM	2 Weeks 3 Days	Visiting Provider Here	provider ph	Maintenance Visit - BH	Scheduled	6/3/2024			6/3/2024	>

Adjustment:	Business Hours: *(8:30 AM – 5:30 PM Local Time)*	After Hours *(Or Unsuccessful Warm Transfer)*
All Cancellation	• Consult the visiting "Staff Name" listed in Ubiquity for warm transfer.	• Send the visiting provider / staff a notification in Teams. • Send an email notification to the Care Team and Market
All Reschedule	• Consult the visiting "Staff Name" listed in Ubiquity for warm transfer.	• Send the visiting provider / staff a notification in Teams. • Send an email notification to the Care Team and Market

*ALL CALLS **MUST** BE DOCUMENTED IN UBIQUITY!*

Post Discharge Visit (PDV):

Post-Discharge visits are primarily managed by market Care Coordinators (CCs).

Adjustment:	Business Hours: (8:30 AM – 5:30 PM Local Time)	After Hours (Or Unsuccessful Warm Transfer)
Cancellation	• Consult the CC Transfer Queue for warm transfer	• Send an email notification to the Call Center Mailbox. • Include "Action Required" in your after-call documentation.
Reschedule	• Consult the CC Transfer Queue for warm transfer.	• Send an email notification to the Call Center Mailbox. • Include "Action Required" in your after-call documentation.

Same / Next Day Request for Information	• Check Visit Details in Ubiquity:
	  o Provide authorized caller with information requested.
	  o Consult the visiting provider or staff member for updates as needed.
		• Send the visiting provider / staff a notification in Teams.
		• Send an email notification to the Care Team and Market

Same / Next Day Request to Cancel or Reschedule	• Consult the visiting provider or staff member to inform them of the adjustment.	• Send the visiting provider / staff a notification in Teams. • Send an email notification to the Care Team and Market

*ALL CALLS **MUST** BE DOCUMENTED IN UBIQUITY!*

Palliative Prognosis Visit:

Palliative Prognosis Visits are primarily adjusted by LM1 PCCs.

- Market CCs will manage appointments if LM1 is unable to find available start windows within the patient's Acuity time frame.

Adjustment:	Business Hours: (8:30 AM – 5:30 PM Local Time)	After Hours (Or Unsuccessful Warm Transfer)

Cancellation	• Completed by LM1 PCCs
	  o LM1 Clinicians and Triage RNs will adjust the visit if they receive the call first.
		• Completed by LM1 PCCs.
		  o LM1 Clinicians and Triage RNs will adjust the visit if they receive the call first.

Reschedule	• Completed by LM1 PCCs
	  o LM1 Clinicians and Triage RNs will adjust the visit if they receive the call first
		• Completed by LM1 PCCs
		  o LM1 Clinicians and Triage RNs will adjust the visit if they receive the call first

Same / Next Day Request for Information	• Check Visit Details in Ubiquity:
	  o Provide authorized caller with information requested.
	  o Consult the visiting provider or staff member for updates as needed.
		• Send the visiting provider / staff a notification in Teams.
		• Send an email notification to the Care Team and Market

Same / Next Day Request to Cancel or Reschedule	• Consult the visiting provider or staff member to inform them of the adjustment.	• Send the visiting provider / staff a notification in Teams. • Send an email notification to the Care Team and Market

*ALL CALLS **MUST** BE DOCUMENTED IN UBIQUITY!*

Palliative Co-Visit:

Palliative Co-Visits are primarily managed by market Care Coordinators (CCs).

Adjustment:	Business Hours: *(8:30 AM – 5:30 PM Local Time)*	After Hours *(Or Unsuccessful Warm Transfer)*
Cancellation	• Consult the CC Transfer Queue for warm transfer	• Send an email notification to the Call Center Mailbox. • Include "Action Required" in your after-call documentation.
Reschedule	• Consult the CC Transfer Queue for warm transfer.	• Send an email notification to the Call Center Mailbox. • Include "Action Required" in your after-call documentation.

Same / Next Day Request for Information	• Check Visit Details in Ubiquity:
	  o Provide authorized caller with information requested.
	  o Consult the visiting provider or staff member for updates as needed.
		• Send the visiting provider / staff a notification in Teams.
		• Send an email notification to the Care Team and Market

Same / Next Day Request to Cancel or Reschedule	• Consult the visiting provider or staff member to inform them of the adjustment.	• Send the visiting provider / staff a notification in Teams. • Send an email notification to the Care Team and Market

*ALL CALLS **MUST** BE DOCUMENTED IN UBIQUITY!*

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

Adjustment:	Business Hours: (8:30 AM – 5:30 PM Local Time)	After Hours (Or Unsuccessful Warm Transfer)
Cancellation	• Consult the visiting "Staff Name" listed in Ubiquity for warm transfer.	• Send the visiting provider / staff a notification in Teams. • Send an email notification to the Care Team and Market
Reschedule	• Consult the visiting "Staff Name" listed in Ubiquity for warm transfer.	• Send the visiting provider / staff a notification in Teams. • Send an email notification to the Care Team and Market

Provider Visit

Adjustment:	Business Hours: *(8:30 AM – 5:30 PM Local Time)*	After Hours *(Or Unsuccessful Warm Transfer)*

Cancellation	• Completed by LM1 PCCs
	  o LM1 Clinicians and Triage RNs will adjust the visit if they receive the call first.
		• Completed by LM1 PCCs.
		  o LM1 Clinicians and Triage RNs will adjust the visit if they receive the call first.

Reschedule	• Completed by LM1 PCCs
	  o LM1 Clinicians and Triage RNs will adjust the visit if they receive the call first
		• Completed by LM1 PCCs
		  o LM1 Clinicians and Triage RNs will adjust the visit if they receive the call first

Same / Next Day Request for Information	• Check Visit Details in Ubiquity:
	  o Provide authorized caller with information requested.
	  o Consult the visiting provider or staff member for updates as needed.
		• Send the visiting provider / staff a notification in Teams.
		• Send an email notification to the Care Team and Market

Same / Next Day Request to Cancel or Reschedule	• Consult the visiting provider or staff member to inform them of the adjustment.	• Send the visiting provider / staff a notification in Teams. • Send an email notification to the Care Team and Market

ALL CALLS ***MUST*** BE DOCUMENTED IN UBIQUITY!

Visiting
Provider
Here

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.
    - Same day and -3 day adjustment workflows do not change if a visit is Telemedicine.

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

Appointments Within HBMC Safety Zones

Overview:

To help protect the safety of our visiting clinicians while they are in the field, The Safety Zone program allows market / metro staff members 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 area and determine the need for time constraints to patient visits or travel time.

Current Safety Zone Restrictions:

A up-to-date list of safety zones and restrictions can be viewed on the Safety Center of Excellence website linked below:

https://uhgazure.sharepoint.com/sites/Safety_Center_of_Excellence

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).

    o 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 time restriction of 8:00 AM – 4:00 PM can be scheduled within the Ubiquity scheduling block of 9:00 AM – 5:00 PM.

    o 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.

8:00 AM – 12:00 PM Safety Zone Alert

🔔 **Alert**

SA Safety Alerts: ▎Environmental

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

8:00 AM – 12:00 PM Safety Zone Appointment Scheduling

Monday, 12/2/2024	Wednesday, 11/27/2024	Monday, 12/2/2024	Tuesday, 11/26/2024
9:00 AM - 1:00 PM	9:00 AM - 1:00 PM	1:00 PM - 5:00 PM	1:00 PM - 5:00 PM
Additional Travel Time: 13 min	Additional Travel Time: 21 min	Additional Travel Time: 12 min	Additional Travel Time: 16 min
✅ Select Window	✅ Select Window	✅ Select Window	✅ Select Window

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 our organization has enforced time restrictions to assist with employee safety in various parts of the city / town.

Safety Zone Resources on SharePoint:

Name:	Link:
HouseCalls Safety Risk Assessment Policy	Open in SharePoint
HBMC Safety Policy	Open in SharePoint
HBMC Member Chart Eligibility Policy	Open in SharePoint
HBMC DNV (Do Not Visit) Procedure	Open in SharePoint

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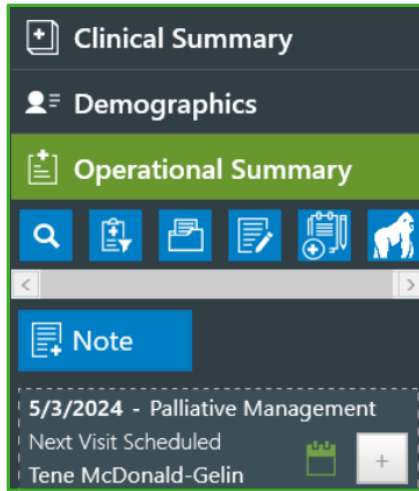
A patient's appointments, as well as their current status, can be viewed from the Appointments table found in the Operational Summary section of the chart.

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.

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:

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:

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:

- Ubiquity may display the original appointment date as an option, but do not offer this to the caller as one of the alternatives.

- Do **_NOT_** select any appointments that offer a "Select Time" option as this uses Ubiquity's Precision Time function to schedule and may create conflicts in the provider's calendar.

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

Completing a TCPA Acknowledgement

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:

- ✓ Only if the TCPA agreement appears in the visit schedular:

  - If you do not see the talking point on the scheduler tool, this means that TCPA consent was already collected from this member. Proceed with the call as normal without TCPA collection.

  - TCPA collection may be bypassed if the member may be showing blatant agitation or rushing to get off the phone.

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?"

Call Documentation & Email Follow-Up

After-Call Documentation Standards:

Use the following table as a guide to standard after-call documentation standards.

Documentation:	Standard:
Ubiquity Note	These notes create a "call history" for the patient to be referenced in future communications. • Required for **_EVERY_** call associated with a patient. • Follow the standard note template for LM1 PCCs. • Use the #LM1PCC Hashkey in the body of the note.
Email an LM1 Triage Mailbox	Emails should be sent to a LM1 Triage mailbox if: ✓ A patient / caregiver has a non-urgent clinical concern. ✓ Unsuccessful warm transfer to an LM1 Clinician. ✓ The caller can wait up to three hours for a callback.
Email LM1 Dispatch	The LM1 Dispatch department should **_ONLY_** be contacted if a patient / caregiver requests to cancel an urgent visit.
Email the Central Outreach Office	Central Outreach offers an introduction and enrollment assistance to non-engaged patients. • Request to reschedule Initial Visits (IV). • If a Non-Engaged patient requests information about Landmark Services or enrollment.

Attention – After-Call Documentation

The quality of after-call documentation contributes to the quality of care that our patient's receive. All documentation should be clear and on-topic.

The accuracy, format, and quality of documentation is assessed in the PCC Call Audit Scorecard.

Ubiquity Notes:

- A note must be entered into Ubiquity for ***EVERY*** call related to a Landmark patient or prospective patient regardless of engagement / eligibility status.

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

Ubiquity Note Template:
(The #LM1PCC Hashkey can be entered into an open note to apply this 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:

Example – Ubiquity Note for Clinical Concern

Caller's Name: Danny Mason
Caller's Relationship to Patient: Husband
Patient Full Name: Beverly Mason
Patient Date of Birth: 3/13/1961
Patient Address: 68 Center Drive, Porcelain Point, MI 48014
Caller's Authorized Contact Status: Authorized
Callback Number: (917) 974-2212
Did the caller request to cancel an appointment? No
If yes, did you offer to reschedule the appointment (if within PCC scope)? N/A
Reason for Call: Caller reports that patient has been feeling dizzy and lightheaded since this morning
Action Taken: Transferred to LM1 Clinician Cheryl

Example – Ubiquity Note for Administrative Work Completed

Caller's Name: James Clipper
Caller's Relationship to Patient: Self
Patient Full Name: James Clipper
Patient Date of Birth: 12/22/1957
Patient Address: 88 Derby Lane, Lake Dallas, Texas 75065
Caller's Authorized Contact Status: Authorized
Callback Number: (469) 228-7373
Did the caller request to cancel an appointment? MV 9/27
If yes, did you offer to reschedule the appointment (if within PCC scope)? Yes
Reason for Call: Patient reported conflicting appointments and requested MV reschedule
Action Taken: Rescheduled MV for 10/8

Landmark First Reference Documents

Criteria & Considerations:

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 if you obtained authorization for a caller, if necessary.
- ✓ The type and date of any appointment with cancellation / reschedule requests.
- ✓ 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

Proofreading:

After-Call Documentation is subject to review for compliance and call quality assurance. Documentation accuracy directly contributes to the quality of care that patient's receive.

For this reason, *ALWAYS* proofread any notes or emails before finalizing or sending.

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
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: 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
Caller's Name: Ricki Doe
Caller's Relationship to Patient: Self
Patient Full Name: Ricki Doe
Patient Date of Birth: 3/25/1963
Patient Address: 1226 Porcelain Road, Rochester, NY 14602
Caller's Authorized Contact Status: Authorized
Callback Number: (518) 481-1776
Did the caller request to cancel an appointment?
If yes, did you offer to reschedule the appointment (if within PCC scope)?
Reason for Call: Patient is experiencing left foot pain and believes it to be gout
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 Answering Service Calls:

Answering Service message after-call documentation does not utalize the traditional note template. Instead, the message should be copied to the Ubiquity Note under one of the following headings:

Documentation:	Follow-Up:
Administrative – Complete – (Your First & Last Name)	Administrative request completed by a LM1 PCC with no follow-up action required.
Administrative – Sent to Triage – (Your First & Last Name)	Clinical requests forwarded to a Triage Mailbox for LM1 Clinician follow-up.
Administrative – Action Required – (Your First & Last Name)	Market follow-up requests such as return calls.
Administrative – Central Outreach – (Your First & Last Name)	Initial Visit reschedule requests.

Example – Answering Service Message Documentation

Admin. Call – Complete – Paul Nichols

From: LM1answeringservice
To: Answering Service Genesys Skill
Caller Name: Ron Wheeler
Patient ID: 9876543
Callback: (412) 684-1127
Message: Reschedule visit for 9/15

The format of answering service messages may change depending on the services used to send and receive the email.

Documenting Callback Requests::

Callback – Caller Reached

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: Escalated to (Supervisor) (Name)
Action taken: Callback received. Called original caller _____ at (XXX) XXX-XXXX. Spoke with _____ regarding _____.

Callback – No Answer

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: Escalated to (Supervisor) (Name)
Action taken: Callback received. called original caller _____ at (XXX) XXX-XXXX. No Answer. Left Voicemail.

Example – Callback Documentation

Caller's Name: Claire Bedford
Caller's Relationship to Patient: Patient
Patient Full Name: Charlie Shale
Patient Date of Birth: 9/22/1981
Patient Address: 27 Morning Court, Huston, TX 77006
Caller's Authorized Contact Status: Unauthorized
Callback Number: (512) 919-8873
Did the caller request to cancel an appointment? No
If yes, did you offer to reschedule the appointment (if within PCC scope)? N//A
Reason for Call: Confirm Maintenance Visit scheduled on 9/21
Action Taken: Callback received. Called Claire at (512) 919-8873 for appointment confirmation. Maintenance Visit for 9/21 confirmed.
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? No
2. Have you or any other persons in the home been diagnosed with COVID-19 in the last 30 days? No

Documenting Escalated Calls:

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

Documenting a Verbally Abusive Call
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: Escalated to (Supervisor) (Name) Action taken: Escalated & Documented

Example – Escalated Call
Caller's Name: Julie Shale Caller's Relationship to Patient: Caregiver Patient Full Name: Charlie Shale Patient Date of Birth: 10/22/1962 Patient Address: 108 Beaker Ave. Apartment 4, Solace CA 95050 Caller's Authorized Contact Status: Unauthorized Callback Number: (955) 253-4567 Did the caller request to cancel an appointment? No If yes, did you offer to reschedule the appointment (if within PCC scope)? N//A Reason for Call: Escalated to Supervisor Kayla Action Taken: Escalated & Documented

Documenting Transition Program Conversation with Patients:

Use the [Transition Conversation Scripts](#) to assist our Transition Program patients if:

- They are unaware of their change in service.
- No transition conversation was previously documented in their chart.

Include "Transition Conversation Completed" in the "Action Taken" section of your note:

Documenting a Verbally Abusive Call
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: Transition Conversation Completed

Example – Escalated Call
Caller's Name: Steven Harbor Caller's Relationship to Patient: Husband Patient Full Name: Emily Harbor Patient Date of Birth: 3/18/1955 Patient Address: 135 S Chime Drive, Memphis, TN 38016 Caller's Authorized Contact Status: Unauthorized Callback Number: (901) 433-1010 Did the caller request to cancel an appointment? No If yes, did you offer to reschedule the appointment (if within PCC scope)? N//A Reason for Call: Patient's husband called in response to a voicemail they received a few weeks ago. Inquired about next appointment. Action Taken: Transition Conversation Complete

Transition Program Patient – Administrative Request Outside PCC Scope:

If a Transition Program patient calls and requests information or follow-up that cannot be completed by an LM1 PCC, include "Transition Action Required" in the "Action Taken" section of your note:

Documenting a Verbally Abusive Call

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: Transition Action Required

Example – Escalated Call

Caller's Name: Bell Grahms

Caller's Relationship to Patient: Patient

Patient Full Name: Self

Patient Date of Birth: 7/31/1963

Patient Address: 22 Cliff View Rd. Pensacola, FL 32522

Caller's Authorized Contact Status: Unauthorized

Callback Number: (448)213-3336

Did the caller request to cancel an appointment? No

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

Reason for Call: Patient would like to know what alternate services are available to her now that Landmark services are stopping.

Action Taken: Transition Action Required

Action Required:

Include an "Action Required" statement in your note for market review for the following:

- Unsuccessful warm transfer to the CC Queue.

- After hours when the CC Queue should not be consulted.

- Unable to identify market staff member to resolve the caller's request.

- After hours request to reschedule Post Discharge Visits (PDVs).

- After hours request to reschedule Palliative Co-Visits.

- Requests for referrals to community services, transportation, meal delivery, medical equipment, etc…

Documenting a Verbally Abusive Call

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: Action Required

Example – Escalated Call

Caller's Name: Clifford Lemon
Caller's Relationship to Patient: Brother
Patient Full Name: Christine Tanner
Patient Date of Birth: 1/18/1949
Patient Address: 12 Stellar Circle, Hauler, ME, 04006
Caller's Authorized Contact Status: Unauthorized
Callback Number: (213) 423-0987
Did the caller request to cancel an appointment? PDV 7/8
If yes, did you offer to reschedule the appointment (if within PCC scope)? No
Reason for Call: Patient is no longer available for PDF and must reschedule
Action Taken: Action Required

Email Guidelines:

When after-call documentation requires email follow-up:

- LM1 Triage and Central Outreach emails can be found in the <u>Markets Summary</u>.
- Follow the standard subject line format:

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

  o If no chart can be found for the subject of the call:

Emails – Standard Subject
Action Required: Callback

- Double-check to make sure that you have all the appropriate contacts added to the email:
  o Do NOT CC contacts when sending emails to Central Outreach.
  o Do NOT CC contacts to LM1 Triage Emails.

Email Example 1 - Contacting Central Outreach

From	Central Outreach Email
To	
Cc	
Bcc	
Subject	Action Required: Callback

Caller's Name: Phillip Carstairs
Caller's Relationship to Patient: Son
Patient Full Name: Penny Carstairs
Patient Date of Birth: 2/17/1952
Patient Address: 33 Bachman Road, Quiet Hills, PA 19050
Caller's Authorized Contact Status: Obtained verbal authorization
Callback Number: (414) 902-3303
Did the caller request to cancel an appointment? IV 8/13
If yes, did you offer to reschedule the appointment (if within PCC scope)? No
Reason for Call: Caller requesting to reschedule IV so he can be home during the visit to assist
Action Taken: Emailed Central Outreach, Added Phillip Carstairs to Contacts.

Copy / paste the Note from Ubiquity to the body of the email.

LM1 Triage mailboxes are not under the Optum email domain and are considered external. Because of this, the information in Triage emails must be limited or the message will be blocked by Outlook.

- The subject line should include the patient's ID and Market / Metro.

- The body should list the patient's first initial, last name, and callback number.

Email Example 2 - Contacting a Triage Mailbox

From ∨	Market Triage Mailbox
To	
Cc	
Bcc	
Subject	2212221, Maine

Patient Name: S. Bellows

Contact number: (218) 565-5512

Email Example 3 – Urgent Visit Reschedule Request

From ∨	LM1 UE Handoff Mailbox
To	
Cc	
Bcc	
Subject	5432567, Jacksonville

Caller's Name: Sandy Tripp
Caller's Relationship to Patient: Self
Patient Full Name: Sandy Tripp
Patient Date of Birth: 5/17/1959
Patient Address: 909 Trellis Road, Nashville TN 37037
Caller's Authorized Contact Status: Authorized
Callback Number: (714) 214-3333
Did the caller request to cancel an appointment? Urgent Visit 8/11
If yes, did you offer to reschedule the appointment (if within PCC scope)? No
Reason for Call: Requested Urgent Visit cancellation. Patient no longer has stomach pain.
Action Taken: Notified LM1 UE Handoff

Copy / paste the Note from Ubiquity to the body of the email.

When a patient calls to cancel an appointment happening that same day, the visiting staff and market must be notified by email under the following conditions:

- The visiting staff did not respond to your attempted consult transfer.
    - If unavailable in Genesys, call their number as listed in Humanity.
    - If no answer, send a notification by email.
- After hours, do not attempt to call the visiting provider. Instead send a notification by email.

The email should be sent to:

- The market-specific email found in the Markets Summary.
- The patient's Landmark Team found in Ubiquity's Clinical Summary section.
- The visiting staff found in Ubiquity's Operational Summary section.

Email Example 4 – Same-Day Appointment Cancellation

|		
	From ∨	call_center_denver@optum.com
Send	To	Katie Rhyme, Crey D'Jal Stewart, Glenn Hallendar, Allison Autumn
	Cc	
	Bcc	
	Subject	0000001, Denver

Caller's Name: Heather M. Gillespie
Caller's Relationship to Patient: Self
Patient Full Name: Heather M. Gillespie
Patient Date of Birth: 9/24/1971
Patient Address: 42 E. Lowside Road, Denver, CO 80014
Caller's Authorized Contact Status: Authorized
Callback Number: (983) 616-3322
Did the caller request to cancel an appointment? Maintenance Visit 2/11
If yes, did you offer to reschedule the appointment (if within PCC scope)? No
Reason for Call: Request to cancel today's maintenance visit due to family coming into town.
Action Taken: Sent notification by email to Visiting Staff, Landmark Team, and Market

Copy / paste the Note from Ubiquity to the body of the email.

Documentation in Ubiquity

Adding a Note:

1. From the patient's open chart, select the "Note" button:
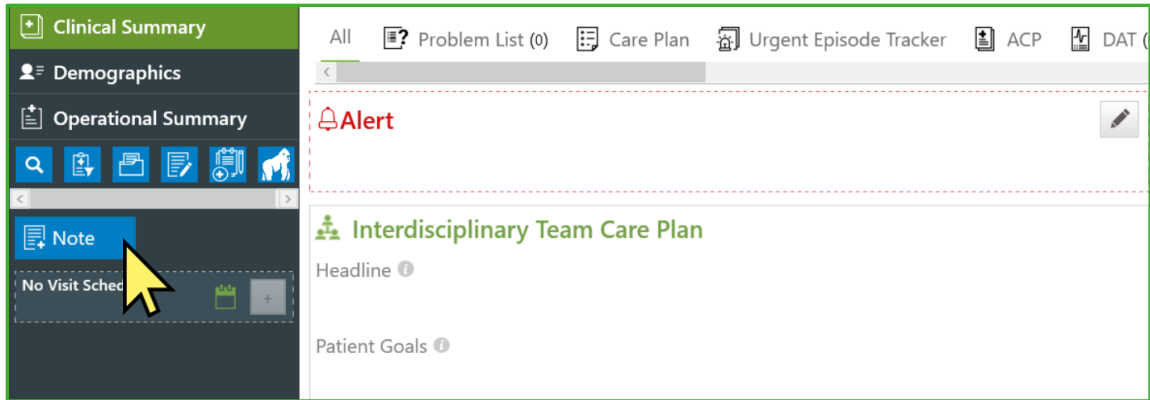
2. Add Category, Sub-Category, and Supplemental note information:

- *Category:*   Landmark First – Patient Call
- *Sub-Category:*   Administrative
- *Supplemental:*   Phone Call

When finished, click "Start"

3. Use the #LM1PCC Hashkey to enter the current note template:

4. Fill in each section of the note template:

- Check Note Type information.

- Check Contact Type information.

- Check "Patient identity verified as per policy"

When finished, proofread your note and click "Save".

5. Save & Close your note:

6. Select the "Open" drop-down menu:

- Select "Finalize Documentation" and then "Update" to complete your note:

Your note should now be listed as finalized:

"Ubiquity Down" Call Completion

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.

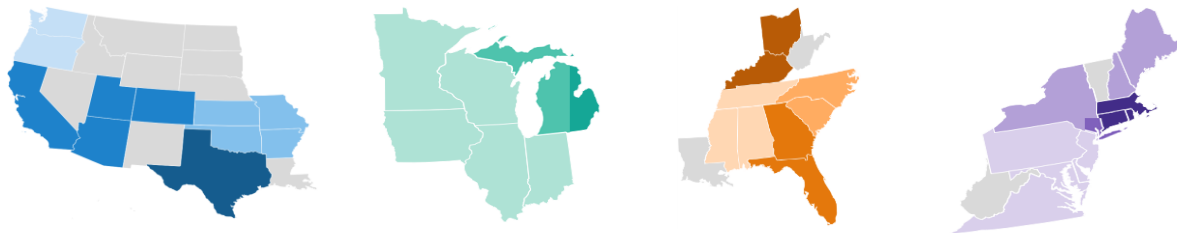| Attention – System Management during "Ubiquity Down" Time |
| --- |
| If a network-wide Ubiquity issue is encountered and announced, DO NOT restart your system unless given express permission from your Supervisor or Manager. |

Transition Program Patients

Overview:

As of August 2024, the following metros were closed due to a change in the Cohort Modification algorithm. This change reduced the percentage of clinically complex patients we serve from 10% to 5%. With this reduction in service, some metros were too small to remain open.

Closed Metros:

West	*Central*	*Southeast*	*East*
• Tucson	• Indianapolis	• Pensacola	• Maine
• Bay Area	• Fort Wayne	• Chattanooga	• Eastern Virginia
• Sacramento	• Minnesota	• Memphis	
• San Diego		• Tri-Cities	
• Inland Empire		• Gainesville	
• San Antonio		• Jacksonville	
		• Fort Meyers	

The profile cards for these metros will remain in the [Markets Summary](#) through 2024.

Transition Program Patients in Ubiquity:

Transition Program Patients are identified in Ubiquity in two different ways:

- The blue "Transition" tag located in the upper-right corner of their Ubiquity chart.

- The Patient Notes section under "Alerts" in the Clinical Summary.
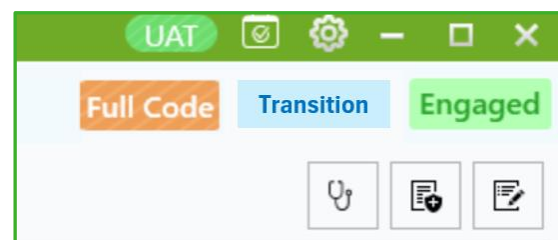
> ***Patient Notes:***
> *"Landmark Transition Program: Inbound LM1 services eligible; PCC & TRN Clear Triage Patient Transition protocol set ONLY. (No Market/LM1 APC escalation.)"*

Please note that some Transition Program patients are listed in metros remaining open.

Landmark First Transition Program Assistance:

The patients effected by this change will continue to receive modified services until 12/31/2024 or 11/30/2024 (SNP).

Administrative Requests:

- Landmark First may continue to update contact and visiting address information for these patients as well as submit patient complaints.

  - Any patient complaints should be submitted via https://enterprisenow.optum.com.

- If a patient calls with an administrative request that cannot be resolved by LM1 PCCs, the caller should be directed to contact the patient assistance / customer service number located on the back of their insurance card.

  - This also applies to questions regarding the Transition Program details and service eligibility.

  - Document the request thoroughly in a Ubiquity note, including the phrase "Transition Action Required" to ensure appropriate follow-up.

    - Inform the patient they will receive a call back during the next business day.

Clinical Requests:

- Transition patients calling with a clinical concern should be transferred to the LM1 Clinical Lines listed in the Markets Summary.

  - Once transferred, LM1 Triage RNs will assist the patient.

  - However, ***NO ON-CALL PROVIDERS*** in Humanity should be contacted if the patient expresses an urgent medical concern. Instead, recommend contacting emergency services and offer to assist, if needed.

- These patients ***SHOULD NOT BE TRANSFERRED TO THE MARKET / METRO*** offices for any reason.

Transition Program Patient Call Documentation:

Please follow the Transition Program Documentation guidelines listed under Call Documentation & Email Follow-Up to complete your Ubiquity note.

Attention – Patients Receiving Standard Services
The top 5% of clinically complex patients will continue to receive standard services from us and are ***NOT*** affected by the transition program. Follow standard call transfers, workflows, and documentation for these patients.

Patient Transition Conversation:

Employees of closing metros have attempted to reach patients to inform them of their change in service. However, some patients may call Landmark First unaware that they are part of the Transition Program.

If a completed Transition Program conversation is **NOT** documented in Ubiquity and the patient is unaware of their change in service:

Closing Metros

"We previously attempted to reach you to let you know we're going to transition your on-going care from our home-based care team to our telephonic support team in coordination with your primary care physician.

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 –we can help connect you to resources to find a primary care provider and get a visit scheduled if needed. Additionally, if you ever have any questions about your health plan – what's covered, anything about your payments, what services are available to you – you can always call the number for Member Services on the back of your health plan ID card. We will also be available to you at the number you called in to today.

We have appreciated working with you and that you've allowed us to be part of your healthcare journey and wish you all the best. Is there anything else I can help you with?"

Metros Remaining Open

"We previously attempted to reach you to let you know that we're really pleased with the progress you've made with your health, as a result, we're going to transition your on-going care from our home-based care team to our telephonic support team in coordination with your primary care physician.

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 –we can help connect you to resources to find a primary care provider and get a visit scheduled if needed. Additionally, if you ever have any questions about your health plan – what's covered, anything about your payments, what services are available to you – you can always call the number for Member Services on the back of your health plan ID card. We will also be available to you at the number you called in to today.

We have appreciated working with you and that you've allowed us to be part of your healthcare journey and wish you all the best, If your health status changes in the future you may hear from us again.

Is there anything else I can help you with?"